

Derbyshire

Public Health Report



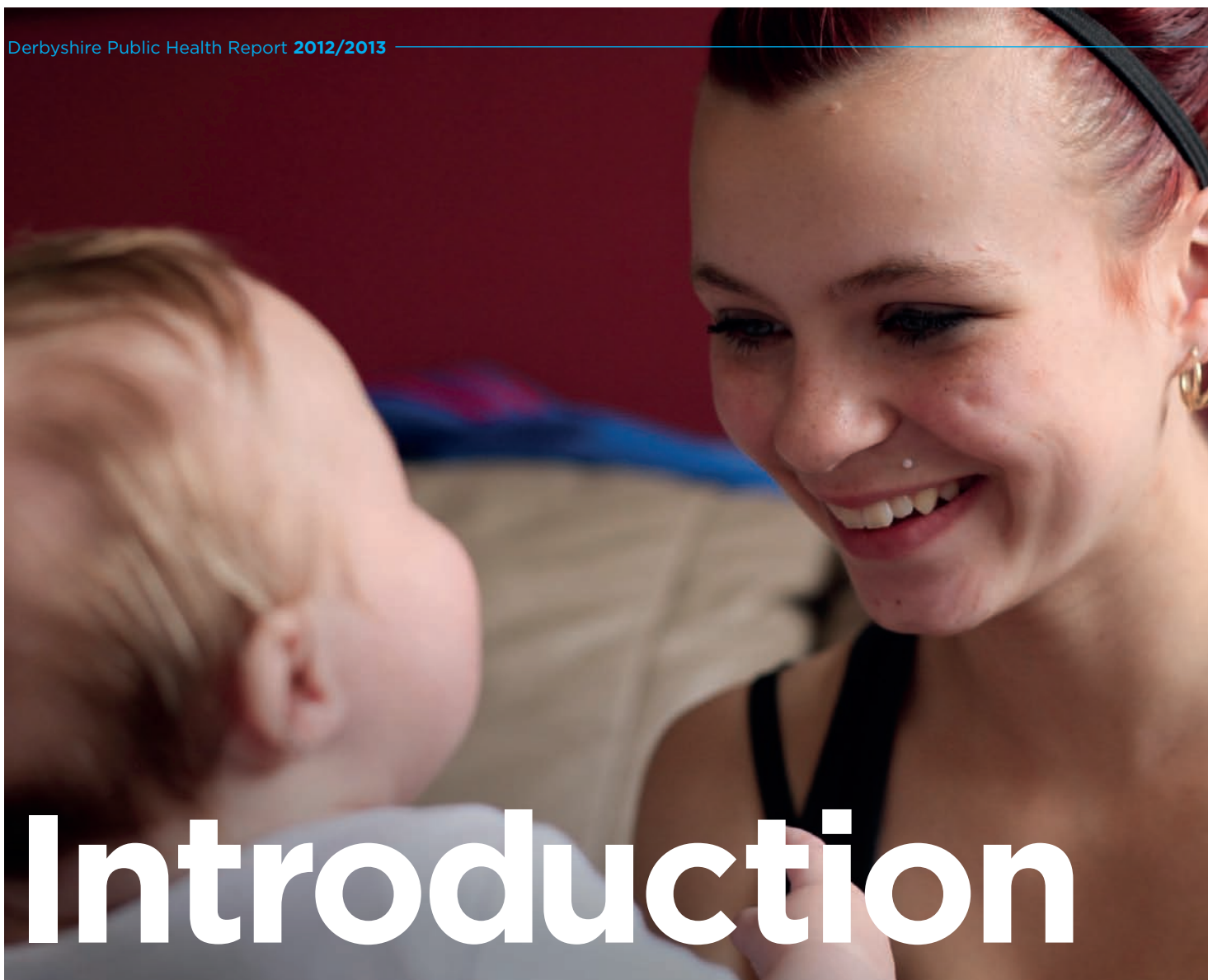
2012/2013



Contents

Introduction	4
Derbyshire at a glance	8
Starting well	11
Developing well	20
Adulthood	24
Ageing well	38
Public health support to the NHS	46
Sexual health in Derbyshire	48
Mental health and wellbeing	53
Substance misuse in Derbyshire	58
And finally...	62
Further Information	64






Introduction

Are you healthy? What does it mean to be healthy? Does it mean not having a disease? Many of us live with diseases or disabilities for years and decades and feel very healthy and live very well, with the right support. Does it mean feeling fit and strong and leading a healthy lifestyle?

To be healthy in mind must you have a sufficient measure of happiness and fulfilment? Does being healthy mean protecting yourself and your family through using vaccinations and taking part in cancer and other screening programmes, and then having easy access to good health services if required? Do you need the support of family, friends and a community, and the strong foundation to life based on love and encouragement in childhood? Is a good education essential? Do you need a job, for the money it brings and for the place it gives you in society, or failing that an adequate system of support and benefits? How important is decent housing in a neighbourhood with open spaces and other amenities? What about nutritious food, clean water, a good environment – and does a healthy society use resources sustainably so that future generations can also thrive? Is freedom from crime and fear a part of this discussion? And, finally, does all this rest on the framework provided by a system of democratic government, that reflects a set of shared values and creates a strong social contract, giving a decent stake to everyone?



The word health comes from an old Anglo-Saxon word that gives rise to the modern words “whole”, “hale”, and “holy” as well as healthy. This gives a clue that in its fullest sense health is an idea that includes all those things that can contribute to a long, fit, happy and fulfilled life, and even a good death. Health is not just the absence of disease.

As a public health professional, it is my role to work wherever I think that health in its widest sense can be promoted and improved. And in common with many in this profession I have a particular passion for reducing the impact that social and economic inequality has on the quality and length of people’s lives. This thread will run through this whole report.

...being part of local government brings us into the local democratic arena. This is of great value because it is only through contact with our residents in their communities that we can properly understand what they think of as the building blocks of a good life and how we can support them to achieve it.

The public health system has undergone a major change this year. Having worked from a base in the NHS since 1974, most of us in public health teams are now to work within local government, and some will also go to a new organisation called Public Health England. Those of us who are going to work in Derbyshire County Council are excited at this prospect because councils are responsible, in whole or in part, for so many of the services that can influence health in some of the ways identified above, and are already therefore major public health organisations in their own right. Also, being part of local government brings us into the local democratic arena. This is of great value because it is only through contact with our residents in their communities that we can properly understand what they think of as the building blocks of a good life and how we can support them to achieve it.



Of course there are big challenges in the work of transition, in embedding ourselves in a new organisation with an unfamiliar culture, ensuring that our services remain intact, and particularly in continuing to keep good links back into the health service, but two things give rise to optimism here. Firstly the council has been extremely supportive and enthusiastic in taking on its new public health role, with many feeling there like this is a homecoming for public health after a 40 year absence. Those interested in our history remember that councils, and their powerful Medical Officers of Health, were responsible for the huge advances in housing, water supplies, sewerage, pollution control, waste management and education that led to major improvements in health and longevity in the late 19th and early 20th centuries. And secondly, the new Health and Wellbeing Board brings together a wide range of groups including county and district level local authorities the various NHS partners, including the new clinical commissioning organisations, and many others, to improve the ways in which services provided to the people of Derbyshire work together to maximise their effectiveness in improving health and wellbeing. A major part of our work in the council will be to continue to provide advice to NHS planning in Derbyshire, advising commissioners on such things as the health needs of residents and on which treatments are most effective.

Derbyshire is a great place to live and to work, with strong urban and rural communities, a deep industrial heritage, and a wonderful countryside that provides open space and agricultural land.



Derbyshire is a great place to live and to work, with strong urban and rural communities, a deep industrial heritage, and a wonderful countryside that provides open space and agricultural land. The health of our average resident is pretty good - in most cases at least as good as the national average. But of course none of us are Mr or Ms Average, and those average figures are made of people – and communities - who are doing very well and others who are struggling, people who are healthy and those who are ill; those who have good jobs and careers, and others who have not yet got a foothold in employment. The sections that follow and the information presented at the end of the document, illuminate variations across the county, and also show where, as a whole, Derbyshire faces its big challenges.

In Derbyshire we have taken what we call a life-course approach to public health, looking at what makes people and communities healthy through their lives from before they are born, and their earliest years, into adulthood and through to old age. At each stage we consider what impacts most on health and well-being and how we can best use all our resources to make improvements.

Finally, the person who has most interest in your own and your family's health is, of course, yourself. None of us controls all of the factors that impact on our health and wellbeing, but whatever situation you find yourself in, your choices are as important to your health, for good or ill, as anything that a doctor or nurse or social worker or anyone else can do. So we will also use this document to point out some simple ways in which you can help yourself to be as healthy and well as possible, through how you live and how you make use of a range of services that are offered to you.

As a population, we are now living longer than ever before. Technological advances may well add even more years to our lives in the future. For many, although not all, of our communities “four-score” or more is an expectation and no longer a bonus for the lucky few. But to enjoy these long years we need to look after the machine... our bodies and our minds. County Hall in Matlock is blessed with beautiful stained glass windows dating from its time as Smedley's Spa in the nineteenth century where Victorians would take the “water cure”. Every day I go past one such window on the grand central staircase that says “mens sana in corpore sano” which is Latin for “A healthy mind in a healthy body”. We, the public health team, working with the Council, partner agencies and communities will do what we can to create an environment in which all can have the best chance of achieving this aim, and we hope that you will all be equal partners in this endeavour.

Bruce Laurence

**Deputy and formerly acting director
of public health Derbyshire**



Derbyshire at a glance

8

Derbyshire is a county with a mix of market towns and rural villages with one large urban centre in Chesterfield.

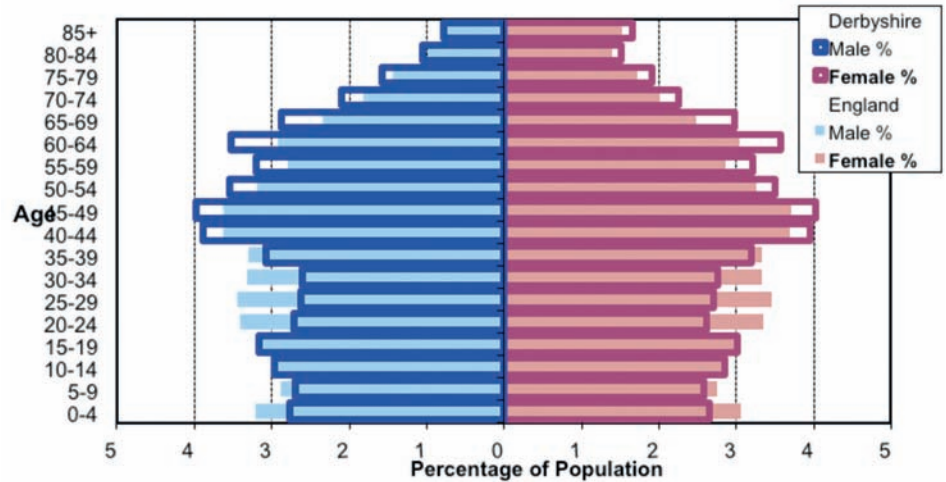
On average the health and prosperity of residents is as good as, or a little better than the England average, but there are very significant variations between the most and least deprived areas which is reflected in many statistics around health outcomes and healthy lifestyles. In the wealthiest wards people can expect to live ten or more years longer than their fellows in the most deprived areas and to be in good health for many more of these years too. Of course even within small areas there is variation and, for example, the relatively affluent rural parts of the county there are still many people and families in great need of support.

Population

Around three-quarters of a million people live in Derbyshire. We have greater numbers of older people and fewer young adults and children as can be seen in the chart below. It is projected that by 2033 27.5% of the population will be aged over 65, 14.6% over 75 and 5.7% over 85.



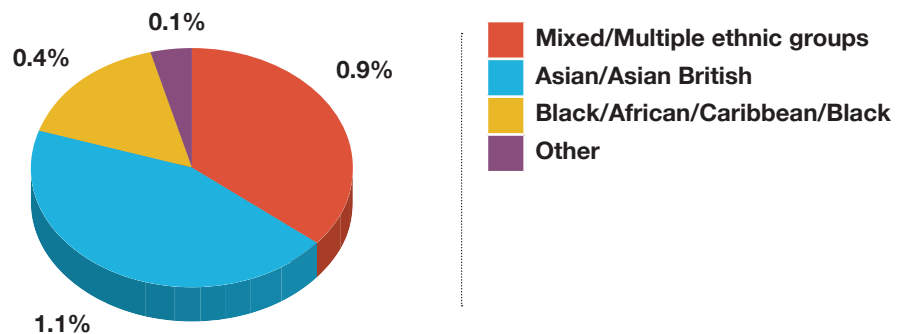
Age/Sex Structure of Resident Population (Mid-2011 Estimates)



On average men in Derbyshire are expected to live 77.7 years, which is higher than the national average, while women are expected to live 81.6 years which is slightly lower than the national average.

According to the 2011 census the great majority of people who are living in Derbyshire are white (97.5%) but there are significant numbers of residents from black and minority ethnic groups (BME) as shown in the chart below.

% of total residents by BME Group in Derbyshire County, Census 2011

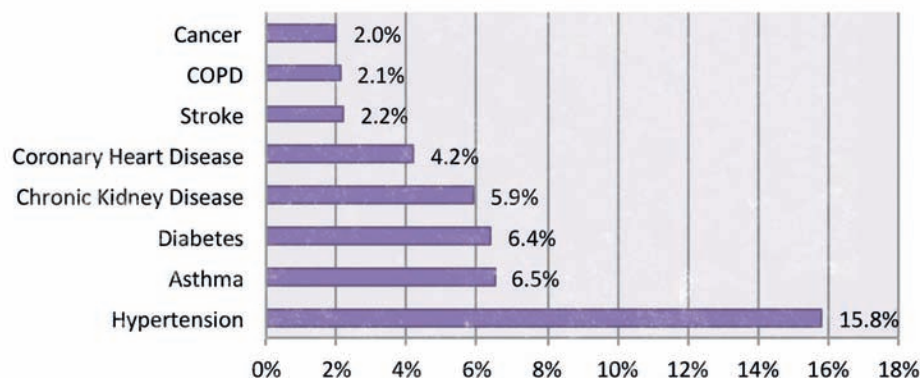


What makes people in Derbyshire ill?

The census of 2011 showed that 9.7% of the population in Derbyshire report that they have their day-to-day activities limited “a lot” and 10.7% more have some lesser restriction. This total of 20.4% is slightly higher than England’s average of 17.6%. Figures from the Department of Work & Pensions shows that over 46,000 people in Derbyshire are in receipt of Disability Living Allowance in 2012.

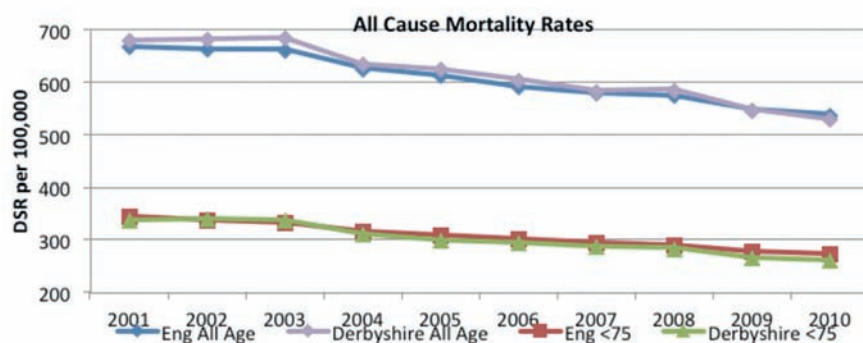
The five biggest causes of long term ill health in Derbyshire are hypertension, asthma, diabetes, chronic kidney disease (CKD) and chronic heart disease (CHD). This information comes from the registers kept by GP practices in the county. Other major causes are stroke, cancer and chronic lung diseases such as bronchitis and emphysema (known as COPD) which are common in our old mining communities and where too many people smoke.

Prevalence: 2011/2012



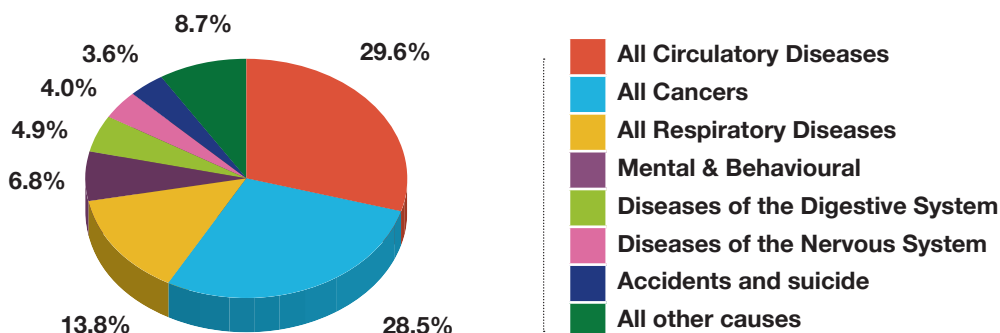
What kills people in Derbyshire?

Generally people living in Derbyshire are healthier than the national average. Over the last 10 years or so, the death rates from all causes and across all ages have continuously declined locally and in England as a whole, and so people everywhere are living longer. This is a great success for our society, but brings challenges too for our health and social services.



The main causes of death in Derbyshire are stroke and heart disease (circulatory diseases) followed closely by cancer. The chart below shows a breakdown of underlying causes of death in Derbyshire. In these proportions Derbyshire is similar to the rest of England. Control of smoking, drinking alcohol, diet and exercise would see further considerable improvements in all these figures and if our activities were well targeted would have an impact on reducing health inequalities in the county.

Main causes of mortality, Derbyshire County 2011





Starting Well

Children and young people are our future, and there is good evidence that giving them the best possible start in life pays immense dividends later in life, in terms of health, wellbeing and life chances.

Not only that, but investing early pays. The cost to society if youngsters get off to a bad start (behavioural problems, mental health problems, obesity, substance misuse etc.) can be huge. For example, by the time they are 28 years old, individuals with persistent antisocial behaviour at age ten have cost society ten times as much as those without the condition.

So, by making sure our children get a solid emotional, physical and educational grounding we can prevent problems such as obesity or criminal behaviour from developing further down the line. Never was the old adage that prevention is better than cure truer than in the case of early years intervention.

We recognise that effectively supporting children in Derbyshire requires an integrated approach, with agencies (health, local authority and third sector) and families working together through joint structures and processes such as Derbyshire's Children's Trust Board.

Successes

The health of new born babies is determined from the day they are conceived. Starting well begins during **pregnancy**, when a healthy mother can influence the health of her unborn child.

Today pregnant women are very aware of the importance of eating a varied diet, avoiding cigarettes and reducing or avoiding alcohol consumption. What women are less aware of is the importance of vaccinations to protect themselves and their unborn babies against certain infectious disease.

Vaccinations: probably the “best buy” in all of healthcare

Vaccination programmes are one of the cornerstones of public health practice. They are safe, free and prevent adults and children from catching potentially life threatening diseases. They also help reduce the spread of the disease within communities.

One such vaccine preventable disease is seasonal flu. For the majority of individuals flu is a relatively mild illness, however for a minority, the virus causes severe illness and can be fatal. Children and adults who are at most risk of severe illness are invited each year to have the vaccination.

At-risk patients are more susceptible to the virus because they have an existing health condition or their immune systems are not working as efficiently. These include elderly people aged 65 or over, pregnant women, and those with long-term illnesses such as diabetes, asthma and heart disease.

The vaccine is especially beneficial to pregnant women, whose natural immunity is less efficient during pregnancy. The vaccination boosts the mother's natural defence against the disease and this immunity can be passed to her baby. Figures for 2012-2013 flu season show uptake amongst pregnant women has increase by 12% to 43%. In 2012 the public health team worked closely with the PCT communications team to produce a DVD about the importance of flu vaccination which featured local residents, health professionals and organisations. The video has been displayed in a range of health and non-health settings throughout January and has received nearly 300 hits on you tube.

<http://www.youtube.com/watch?v=e5fke7OdBBI>

Whooping cough vaccine for pregnant women

During the autumn of 2012/13 the PCT responded quickly to national advice from the department of health to introduce a new temporary vaccination programme to protect pregnant women and unborn babies against whooping cough. This was in direct response to the largest national outbreak of whooping cough seen for over a decade. In Derbyshire alone there were 140 cases of whooping cough.

For the majority of individuals flu is a relatively mild illness, however for a minority, the virus causes severe illness and can be fatal.

Whooping cough starts off as a flu-like illness (cough, sneeze, runny nose). This is then followed by intensive bouts of a dry cough which can be followed by the 'whoop' sound, or gasping for air. Young babies in particular can be severely affected by whooping cough and it can cause significant damage to their lungs. At its worst it can cause babies to temporarily stop breathing, result in pneumonia, weight loss, brain damage and even death.

The highest rates of illness were seen in infants less than three months of age who are too young to commence their routine course of childhood immunisations. The purpose of the vaccination programme was to boost the mother's natural defence against the disease so that her immunity to whooping cough could be passed on to her baby.

The public health team working in partnership with local GP practices and midwives were able to quickly make arrangements to offer women over 34 weeks of pregnancy the vaccination.

Around 1500 such women have taken up this offer and the number of cases of whooping cough in babies under 3 months has dropped since the programme began.

Antenatal and newborn screening During pregnancy all women are screened for hepatitis B, HIV, syphilis and susceptibility to rubella infection. This means we can identify women carrying these infectious diseases and offer appropriate assessment and management for their health, as well as ensuring we reduce the risk of mother-to-child transmission.

All pregnant women are offered screening for thalassemia, a hereditary blood disease more common in people with a Mediterranean, African or Asian heritage. The Family Origin Questionnaire is used to assess the risk of either the woman or her partner being a carrier for sickle cell and other blood variants. In Derbyshire we have been consistently exceeding the 99% target for coverage (proportion of eligible population screened) for thalassemia and sickle cell.

All newborn babies undergo a series of screens involving a physical examination, hearing test, and heel prick test for a range of diseases including cystic fibrosis and sickle cell. We are putting systems in place to improve the way we give parents test results, including normal results letters for parents, and the implementation of two health visitors with specialist training to provide one to one support for families with babies identified as sickle cell carriers.

Childhood immunisation rates in Derbyshire are better than average and overall are a huge success. Over 97% of parents seek to have their babies vaccinated against once-common infectious diseases such as polio and diphtheria. These diseases are now unknown in England because the spread of infectious within families, nurseries and schools has been suppressed by the high level of protection afforded by vaccination.

All newborn babies undergo a series of screens involving a physical examination, hearing test, and heel prick test for a range of diseases including cystic fibrosis and sickle cell.

Children who have completed DTaP/IPV Booster and MMR 2nd Dose vaccinations by their 5th birthday (2011/12)

District	Completed Vaccinations by 5th Birthday			
	DTaP/ IPV Booster		MMR (second dose)	
	%	Number	%	Number
England	87.40%	564,322	86.00%	555,688
East Midlands	90.20%	46,600	88.20%	45,541
Derbyshire	92.80%	6,800	90.30%	6,617
Amber Valley	93.10%	1,299	91.00%	1,270
Bolsover	92.50%	812	90.30%	793
Chesterfield	94.70%	1,067	92.50%	1,042
Derbyshire Dales	94.00%	610	89.20%	579
Erewash	88.70%	918	86.60%	896
High Peak	93.30%	585	89.30%	560
North East Derbyshire	95.00%	708	93.00%	693
South Derbyshire	92.30%	801	90.30%	784

Data Source: Derbyshire County PCT. National & Regional data from the Information Centre for Health & Social Care.

The picture is a little different however for measles. Measles is a highly infectious viral illness. It can be very unpleasant and may lead to serious complications, including blindness and even death. But outbreaks of measles continue to occur in Derbyshire as in other parts of the country. The roots of the problem stem from discredited research linking MMR vaccination with autism and published over a decade ago. The picture is changing and parents who once refused the vaccine are revisiting this decision, whilst new parents are ensuring their children are fully vaccinated. In 2012 more children had been vaccinated than at any time since the programme commenced. Over the same period 94.5% children have been vaccinated against measles by the aged of twelve months and 90.4% had two doses by the age of five.

Health visiting: supporting all mothers and babies

There has been a major national drive to make the health visiting service bigger and better. This means an extra six health visitors per year for four years in Derbyshire. There has also been additional training and development for health visitors to ensure the service delivers evidence-based programmes such as the “Ages and Stages” assessments which aim to identify children and families that may need additional support as early as possible. Further assessment tools are being used to identify children with speech and language difficulties, autism, neglect, emotional disorders, and attachment difficulties. The service is pulling out all the stops and working with early years settings to ensure that the 2 ½ year developmental reviews are done on time, and to increase the numbers of children who are seen. In this way families can receive the right level of help at the time that they need it.



There has been a major national drive to make the health visiting service bigger and better. This means an extra six health visitors per year for four years in Derbyshire.



The Family Nurse Partnership: intensive support to young mothers

Young first time mothers can face particular difficulties, such as problems continuing with their own education, vulnerability to poor mental health and unemployment. The **Family Nurse Partnership (FNP)** is a preventive programme aimed specifically at this group. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two. FNP aims to improve pregnancy outcomes, child health and development, and parents' economic self-sufficiency. The programme focuses on building strong relationships between the mother and family nurse so they can effectively deal with problems that could prevent some mothers and fathers caring well for their child. In Derbyshire, development funding has been secured to extend the FNP programme within areas such as Erewash, where the teenage pregnancy rates are higher. The emphasis has been on making sure FNP nurses work with the rest of the health and social care team. It's also important to make sure teenage mothers who aren't eligible for FNP also receive care and support.

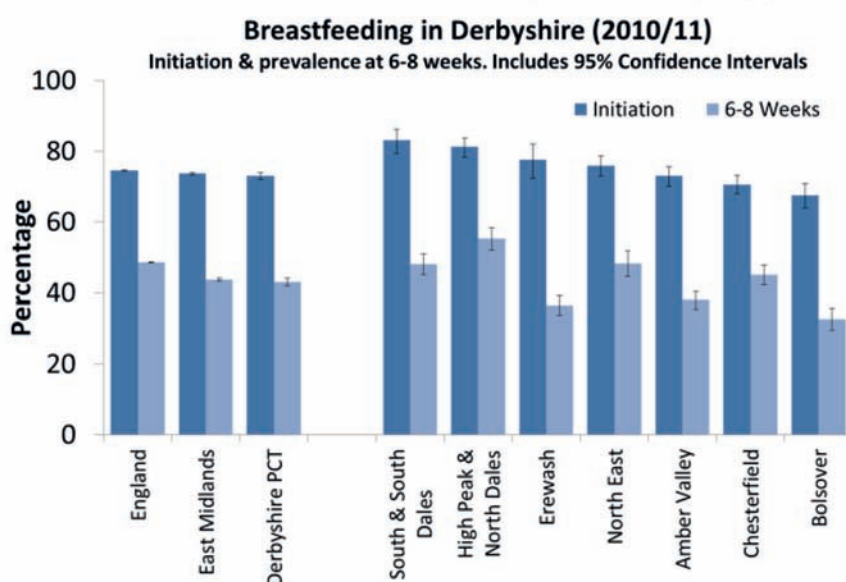
Early indicators from the programme evaluation suggest it is working, with, for example, over half of FNP mothers smoking fewer cigarettes, and 12.5% of mothers still breastfeeding at 6 months, which exceeds the programme target of 10%.

Breastfeeding

Many new mothers experience problems with breastfeeding. The message that breast is best is well understood but in some areas breastfeeding is not the norm, and even for those mothers who start breastfeeding it is not always easy to keep it up for the recommended six months. Breastfeeding prevalence at 6-8 weeks (43.0%) is significantly lower in Derbyshire than the England average (48.6%).

The chart below clearly shows the marked drop off in breastfeeding rates by 6 to 8 weeks. It also shows how rates vary across the county, with High Peak as the only area where over half of mums are still breastfeeding at 6 to 8 weeks.

...there is an improvement in the continuation and the period of exclusive breastfeeding among the mothers who have peer support, particularly in areas where traditionally these rates have been poor...



One thing that can help is peer support. Early evidence from the Derbyshire peer support programme demonstrates that there is an improvement in the continuation and the period of exclusive breastfeeding among the mothers who have peer support, particularly in areas where traditionally these rates have been poor. In Erewash for example the appointment of a breastfeeding support worker coincided with a buck in the downward trend in the proportion of women breastfeeding at ten days.

Service user feedback revealed that 92% of women using the service felt it helped them sustain breastfeeding, 92% considered the service to be very good and 100% said that they would recommend peer support to a friend.

Pregnant women and families, who are on qualifying benefits, can get weekly **Healthy Start** vouchers to spend on fresh milk, infant formula, plain fresh and frozen fruit and vegetables. Pregnant women under the age of 18 automatically qualify for the Healthy Start scheme.

The scheme also entitles low income families to free vitamin supplements containing vital vitamins A, C and D for children, and vitamins C, D and folic acid for women. Vitamins can be collected from local Children's Centres and Health Centres by exchanging Healthy Start vitamin vouchers (non-qualifying families can purchase the vitamins).

From April 2013 midwives will be issuing all pregnant women, at booking, with an 8 week supply of vitamins. This is a universal 1 year pilot across Derbyshire. Women will be encouraged to apply for the Healthy Start scheme and will be signposted to collect/buy subsequent supplies of vitamins.

Obesity, diet and exercise in young children

Childhood obesity is a major concern nationally. In Derbyshire the percentage of reception age children who are obese is 7.7% (NCMP 2011/12), which is better than average for England (9.5%) and the picture is improving.

A key element in our efforts to reduce early childhood obesity has been investment in the HENRY programme (Health, Exercise, Nutrition for the Really Young). This programme trains practitioners to work more sensitively and effectively with babies, preschool children and their parents around obesity and lifestyle concerns focusing in particular on parenting skills.

The HENRY training programme has been extensively delivered and is now part of a joint mandatory training programme for all Children Centre Workers and Health Visitor teams. This has been extended to include Glossopdale.

Derbyshire has led on the delivery of the HENRY e-learning package which offers child care providers and health professionals a readily accessible way to enhance their knowledge, skills and understanding in this area. This approach has led to 71 referrals from Children Centres and Health Visitors for families who have lifestyle/obesity problems, and has proved to be a cost-effective delivery model.

Public Health funding has underpinned the HENRY development, and to support this further all HVs have been given a set of HENRY charts to give to all new parents within 6 months of the birth of the child.

Keeping children safe from accidents: High Peak Child Safety Equipment scheme

A joint scheme with High Peak Borough Council and Buxton Volunteer Centre provides and fits a range of equipment - fireguards, safety gates, window and cupboard locks, bedrails, safety plugs, light bulbs, matchbox covers, door jams and smoke detectors - for families receiving benefits and with children of pre-school age.



Home safety checks are also offered. This free referral scheme benefits an average of 100 family homes per year, fitting around 450 pieces of child safety equipment. Similar outputs are achieved by other Child Safety schemes operating in Bolsover and North East Districts.

Challenges

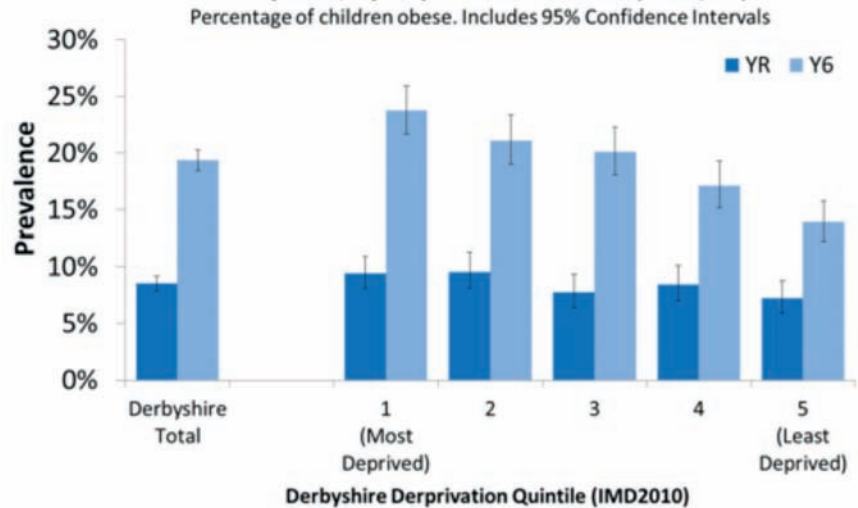
There is no room for complacency with regard to Derbyshire rates of breastfeeding initiation and smoking in pregnancy, both of which are worse than average for England. There has been a lot of debate about whether giving people financial incentives to change their behaviour works. That's why we are running a research project in Derbyshire to put the theory to the test with women wanting to quit smoking during pregnancy.

Often when we look at Derbyshire-wide figures we are masking inequalities between groups and at smaller geographies. For example, we have already noted that smoking in pregnancy is more prevalent in Derbyshire than nationally, but if we drill down we can see the rate ranges from 9.3% in Derbyshire Dales to 21.8% in Bolsover (2010-11).

A similar picture emerges when we look at childhood obesity at year 6 by level of deprivation. The graph opposite clearly shows there is a social gradient with children in the most deprived areas more likely to be obese.

Childhood obesity is a major concern nationally. In Derbyshire the percentage of reception age children who are obese is 7.7% (NCMP 2011/12), which is better than average for England (9.5%) and the picture is improving.

Child Obesity in Reception Year (YR) & Year 6 (Y6) in Derbyshire, by Deprivation Quintile (2010/11)



Just targeting our services in areas suffering the poorest health isn't enough to tackle health inequalities that affect all of us no matter where we are along the social gradient. A key challenge is to try and bring down the whole slope of inequality, not just at the extreme end and in all of our activities there is a balance to be struck between our "universal" programmes, available to all, and our "targeted" programmes, focused on those in most need. During a period of austerity affecting both the population's health and our capacity to protect it, we are faced with the challenge of doing more with less.

Opportunities

The healthy child programme creates an opportunity for integrated working between maternity, health visiting, school nursing, mental health services, and the new locally based Multi-agency teams recently set up by the council, to offer a full and comprehensive package of support to children and families. Joint working means we can effectively identify families that need extra support and provide that support at the point of need.

The use of good evidence based assessment processes, good referral pathways, and clear provision and programmes enables us to offer both universal and targeted provision.



Top tips for getting off to a good start

- Pregnant women should take up recommended vaccinations, including seasonal flu and whooping cough
- Breastfeeding exclusively for the first six months is best for your baby and you
- Children who can walk on their own should be physically active every day for at least 3 hours, spread throughout the day, indoors or out
- Catch your child being good! Frequent praise helps build emotional health



Developing well

We must enable our children to fulfil their potential by equipping them with the foundations, the skills and the resilience to flourish as they grow and develop - through their school years and beyond. After all, we are going to need their energy, innovation and productivity to meet the challenges of the future.

The school years are crucial. Healthy children learn better, and educational achievement sets us on a better path for a healthier, longer life. What's more, schools are a key setting for health promotion.

Successes

Five60 is an ambitious universal programme tackling obesity amongst children aged 7 to 10. The programme provides a structured programme of 10 x 1½ hour sessions that promote a healthy lifestyle.

Every primary school in Derbyshire has been offered the programme and uptake is currently at 92% of schools. Between 2011 and 2014, 275 primary schools will receive approximately 909 programmes, targeting 25,500 pupils in total. The programme uses pre and post pupil questionnaires to measure impact, and the Standard Evaluation Framework for weight management interventions (NOO 2009).



Eat well, play well, be well

Five60's effectiveness can only be optimised if it forms part of a sustained, collaborative and persistent approach to tackling obesity. It is widely acknowledged that we live in an obesogenic environment, one that makes it harder for us to do enough physical activity and eat well. With this in mind, Five60 plans to develop links with partner organisations such as Derbyshire County Council Road Safety initiatives, and strengthen the programme outcomes through links with School Travel Plans.

In terms of exercise the overall figures for Derbyshire are encouraging, with participation in at least 3 hours of sport/PE well above the national average 64.3% (England is 55.1%).

My Me Sized Plate



Public Health has invested in 'My Me Sizes Plates' for all Preschool children (7" plate) and primary school children participating in the Five60 programme (9"plate). The idea is to reinforce the messages from HENRY, the Five60 programme and Change4Life.

The preschool plates will be given by Health Visiting Teams at the child's 2½ year health check, where their height and weight are measured. Children's Centres will also be given a supply of the plates.

The primary school plates will be given to pupils on completion of the Five60 programme to use at home.

Raising Aspirations in Bolsover

Teenagers and unemployed young adults in Bolsover have been getting some extra support to improve their self-esteem, lifting their ambitions and attainment.



The targeted approach draws in a wide range of organisations helping steer young people onto a healthier and more fulfilling life path. A strong partnership has been built involving Bolsover secondary schools, Connexions, Chesterfield College, Community and Voluntary Partners (CVP) and Public Health, facilitated by Bolsover Local Strategic Partnership. The success of this commitment to working in partnership has been highlighted by a recent evaluation to assess the impact of Raising Aspirations on figures for “NEET” (young people aged 16 to 18 not in education, employment or training) across Bolsover, which have not only stabilised but reduced during a difficult economic period.

Perhaps more importantly, the evaluation captured a number of case studies to demonstrate the real-life consequences of the work being delivered. The responses of young people when asked what they would have been doing without the programme are stark: they replied “on the dole, in prison or dead!” To hear their stories go to the website here: <http://tinyurl.com/csxdqck>

Preventing homelessness in young people

In partnership with Derbyshire Dales District Council and High Peak Borough Council, we have supported a project run by Adullam Housing which helps to prevent young people becoming homeless and to find them supported accommodation if they are homeless. The project also helps young people find and stay in training, education or employment, and it helps young people to learn skills such as looking after their home, cooking and financial management. More recently, the project has employed a health trainer who helps young people to develop healthy lifestyle habits, such as good nutrition and regular physical activity.

Challenges

Tackling inequalities is a key challenge for school age children. Inequalities in health experienced by children in Derbyshire are illustrated by the fact that A&E admissions and hospital admissions due to self-harm in children aged 12 to 19 are significantly higher in the most deprived areas of Derbyshire compared to the most affluent. Most of these admissions are girls.

Although we have a lower proportion of children in care in Derbyshire than England, a key challenge for us is to tackle the inequalities in emotional health amongst our children in care. The average score for

Although we have a lower proportion of children in care in Derbyshire than England, a key challenge for us is to tackle the inequalities in emotional health amongst our children in care.

emotional health of Children in Care was higher for Derbyshire than for England and ranged from 13.4 in High Peak to 18.6 in Bolsover (on the SDQ tool, where a higher score indicates poorer emotional health). Four districts have an average score of 17 or over, which would be a basis for concern in an individual case.

Around one in five children under 16 in Derbyshire live in poverty, with wide variation between districts (with nearly half of children in some wards living in poverty). Clearly this can have a profound impact on children's health, education, aspirations and opportunities. We have produced a Child Poverty Needs Assessment which sets out the nature of the challenge, and a financial inclusion strategy outlining what we can do to tackle it - focusing on access to banking, credit, illegal money lending, debt, maximising income, financial capability and savings and insurance.

This isn't an easy time to be a young person leaving school. With youth unemployment around 20% and the increased cost of higher education, it is perhaps not surprising that the number of young people aged 16 to 18 in Derbyshire not in education, employment or training (NEET) has started to rise. It's also higher in Derbyshire (7.6%) than England (6.0%) and there are considerable inequalities within the county with rates ranging from 4.3% in Derbyshire Dales to 8.4% in Chesterfield.

Being NEET is associated with poorer outcomes later in life. These may include unemployment, reduced earnings, poor health and depression. Early intervention strategies are needed to identify those young people at risk of being NEET, to prevent them from becoming disengaged from learning, and missing out on opportunities. Rigorous tracking, together with the right learning, advice and support services, should ensure that all young people are given the opportunity to succeed.

Opportunities

The move to local authorities means that the public health team will be better situated to address the wider determinants of child health, such as education, transport, parks & leisure facilities. Our colleagues in these departments are already delivering health improvement and existing partnerships are already in place, but we now have an opportunity to enhance the health improvement potential right across sectors.



Top tips for helping your child to develop well

- Make sure your child starts the day with a healthy breakfast
- Believe in your child and show it
- If you smoke, give up - children from non-smoking homes are much less likely to take up the habit
- All children and young people should be physically active for at least an hour every day



Adulthood

Adulthood, before old age, is meant to be the prime of life. We expect to become independent and self-sustaining, many of us seek to raise families, we look for interesting and well-paid jobs and careers, and ideally we want a range of interests that provide us with a social life and physical and mental stimulation and development.

Of course adulthood comes with many challenges and quite a few of us struggle to find work, or a satisfactory place in the world, or to provide adequately for our children. It is also the time when bad habits or bad luck sow the seeds of the major chronic illnesses of our time, such as heart disease, lung and liver problems, diabetes – mostly now linked to obesity, and many avoidable cancers. Not a few of us have mental health problems, or are specially disadvantaged through mental or physical disability too.

Most of us more or less know the sorts of healthy habits we ought to follow, but knowing them is clearly not always enough. There are many reasons why we can struggle to live as healthily as we would like. Some of these reasons are more within the control of individuals to alter and some need more organised efforts of society.

In the public health team we have analysed in detail the causes of good health and ill-health in Derbyshire, and responded by building up, over many years, a set of networks and imaginative services that provide information, practical opportunities and a good measure of encouragement to our adult residents to live healthier lifestyles.



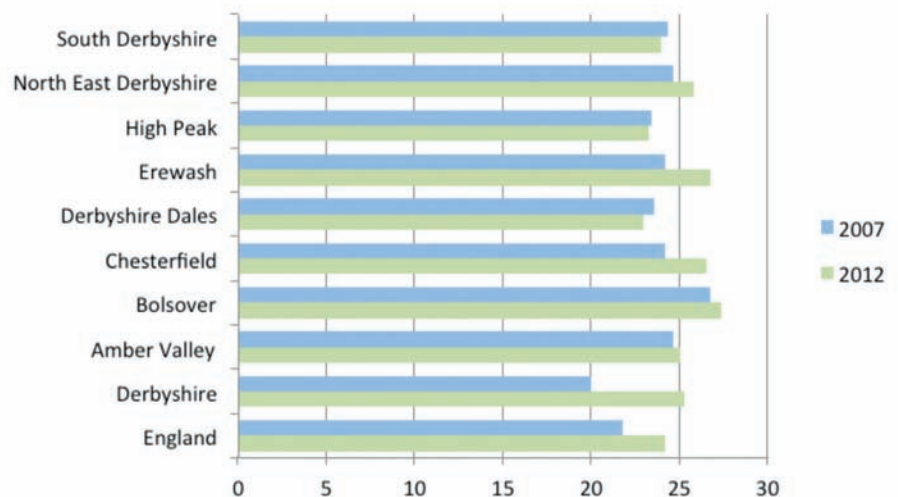
Most of these are open to all of us in the county, but we try to go the extra mile where we know that the needs are greatest and the health experience poorest.

This section will focus on a few of the major areas of our work.

Obesity

In recent years Britain has become a nation where overweight is the norm. By 2050 it is estimated that 60% of men and 50% of women may be obese. It seems that millions of years of evolution to a hunter gatherer lifestyle set us up for a life of limited access to high calorie foods and hard physical work from dawn to dusk. What we now have a society in which people eat too much, are too sedentary and do not undertake enough physical activity and as we struggle to cope with this the consequences of our increasing obesity become very dangerous to individuals and to our health services.

Obesity Rates (percentages) 2007 and 2012 showing variation across districts and boroughs



In Derbyshire our obesity rates are similar to the England average but have grown alarmingly in just 5 years from 20 to over 25%. So far it seems like this number is only going to rise, and we face the prospect of the majority of adults being obese in the next few decades. This would lead to catastrophic levels of illnesses like heart disease and diabetes and put the NHS in real danger of collapse.

Inactivity rates are also statistically similar to national rates, but remain at a high level. The chart below shows how many people exercise regularly and that those in lower level jobs tend to exercise less than an already very low average. Of course some people have very physical jobs, so this does not give the whole picture, but a large percentage of the population is clearly very sedentary.

Adult participation in active recreation and sport (Inactive adults)

	Average	Low level jobs/ unemployed	Limiting illness or disability	0 days participation in the last 28 days
Derbyshire	22.80%	19.60%	10.60%	49.20%
Amber Valley	24.30%	16.10%	6.60%	47.80%
Bolsover	19.00%	15.40%	9.70%	53.90%
Chesterfield	21.70%	16.60%	6.40%	50.70%
Derbys. Dales	26.60%	23.70%	12.00%	44.70%
Erewash	21.10%	17.20%	11.20%	49.20%
High Peak	23.70%	24.30%	13.70%	45.60%
North East	20.30%	14.80%	7.80%	51.80%
S. Derbyshire	23.40%	19.10%	11.80%	47.20%

We have spent ten years or more developing a wide range of services in Derbyshire to support people in their efforts to exercise more, eat a better diet and control their weight. These range from programmes encouraging the wider population to take part in more sport, walking and strenuous physical activity, to very intensive specialist weight management programmes for those in greatest danger from excess weight. The care pathway for weight reduction in Derbyshire is currently available at <http://tinyurl.com/ctycg6b>

Successes

Active Derbyshire (Derbyshire Sport) is a programme for increasing physical activity opportunities in Derbyshire, fronted by the website www.activederbyshire.co.uk. This contains an extensive range of opportunities, including walking groups, local authority leisure, club based activities and walk and cycle maps. There are tools for anyone to log activity and make contacts through e-mail and social media. The website is the central point for information on physical activity in Derbyshire. Here there really is something for everyone.

The Derbyshire Healthy Lifestyle Hub is an ambitious patient-centred model of care which combines the health referral scheme and a weight management intervention. This is provided through all 8 districts and boroughs in Derbyshire and Derbyshire Community Health Services. The scheme places the GP surgery at its centre making use of its unique ability to follow the patient over a lifetime.

The programme for those needing to lose moderate amounts of weight is called "Waistwise". It uses group sessions, education, individualised plans and sustainable physical activity opportunities in a range of settings to suit the clients' interests. Patients referred for other medical conditions receive specially tailored support but also aims to increase activity and improve diet. A Family Weight Management Programme

is also being launched, because we know that obese adults are more likely to bring up obese children, and that the greatest success will happen when a whole family tries to improve lifestyles together giving each other support. We have evidence that good health is even affected before birth, when a baby is in the womb, and we are piloting a special programme for overweight pregnant women.

A film outlining the lifestyle programme has been produced:

www.activederbyshire.co.uk/Health

- In Year 1 more than 7,200 people were referred
- 90% of Waistwise completers lost weight
- ¼ of patients become members of a local leisure scheme; 40% continue to use facilities.

The **“Tier 3” Specialist Weight Management Service** is a psychology-led multidisciplinary intervention for the most overweight people.

This intensive service offers a very detailed assessment to begin the process of understanding each individual’s particular situation - from physical, mental and social perspectives -to help design of a tailored programme that will lead to long term weight loss. A key support worker works intensively with the client in their home and with their family, and provides support to adopt and implement lifestyle behaviour change. There is also dietetic support and a specialist exercise programme, as well as oversight by a psychologist. Patients due for “bariatric” (weight control) surgery such as gastric banding, must take an 8 week pre-surgery programme in order to ensure that their surgery is supported by beneficial lifestyle change that lasts beyond the surgical intervention.

- 100% of clients on this programme lose weight and maintain weight loss

Walking for Health in Derbyshire is an impressive network of walking programmes that are provided free for people with health problems or issues with social isolation. The walks offer an entry level introduction to walking, allowing people to move on and do more. People enjoy the social aspect as much as the exercise, and making contacts helps people continue to exercise in the long term.

- In 2011-12 more than 1000 new walkers registered and 40,000 participations were recorded.

The programme has developed exponentially over the years with new groups and new walkers being added each year. In 2012 the Ramblers took over host ownership of Walking for Health to add their expertise to an already strong programme. See the case study of Joyce from Long Eaton as an example of the positive impact of Walking for Health (<http://www.activederbyshire.co.uk/joyce>).

Walking for Health in Derbyshire is an impressive network of walking programmes that are provided free for people with health problems or issues with social isolation.

Future work

As the public health team is moving in to the County Council, it will review all these programmes in 2013. We want to bring all our lifestyle support activities together in the most effective way, to ensure that everyone in Derbyshire can get some level of support if they want it, and to increase the impact in the most deprived areas where the greatest improvements can be made.

Community based lifestyle support: Health Trainers

About five years ago two big insights came together. One was that some people, mainly in deprived areas, had very complex and deep reasons why they struggled to live more healthily and needed help with social, financial and psychological difficulties before they could think about giving up smoking or eating better food. These folk need skilled, sympathetic, intensive and multi-faceted support. The second was that the best support to people struggling against these odds might come from people from their own communities who have similar backgrounds and face similar problems. These people would need a certain amount of training in what support is available for all the different problems identified, in what a healthier lifestyle might consist of, and crucially some training in how to understand and motivate people they work with. From these important insights was born the idea of the Health Trainer, and Derbyshire took to this with gusto and developed several varied schemes adapted to towns and rural areas.

The Derbyshire Health Trainer Programme

The Derbyshire Health Trainer programme exclusively targets the most **vulnerable** groups in Derbyshire, who continue to suffer from poor health.

- 95% of people who accessed the service are from the most vulnerable groups in Derbyshire

These groups need additional support to make changes and are supported by health trainers to reduce smoking, eat more healthily, become more physically active or reduce alcohol consumption.

In addition, health trainers support clients to address wider social, economic and psychosocial issues. For example, low income, low self-esteem, poor quality housing and unemployment. Often these factors need addressing before clients can work on more direct lifestyle changes. Clients may be helped to access employment, education or financial services.

- Over 1000 health improvement services were accessed after discussion with health trainers.

The Derbyshire Health Trainer programme exclusively targets the most vulnerable groups in Derbyshire, who continue to suffer from poor health.

To reach the vulnerable groups we used providers from the voluntary sector, housing management services, primary care, charities and the NHS, each contributing their special insights and skills.

The health trainer intervention is person-centred, enabling the client to make the changes they want to make, supported by the Health Trainer's expertise. The Health Trainer motivates clients by helping them to set goals, developing Personal Health Plans and giving practical support to overcome barriers. The goals are reviewed at 1:1 meetings, with new goals set and support from health trainers to achieve the goals. In this way Health Trainers help to build the foundations for long term behaviour change.

The Derbyshire Health Trainer Programme has very high levels of client satisfaction; 86% of clients would recommend the service to a friend or relation.

- 73% of clients maintained their behaviour change after 3 months

Working on the wider causes of ill health and health inequalities

Part of our work in public health, and a part that we hope will blossom in our new home in the county council, is to tackle some of the wider social influences on health. Michael Marmot is one of our foremost experts on health in society and his famous report on inequality, its causes and remedies, has been praised by this government and the last:

'Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. So close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.' (Marmot Review 2010).

In Derbyshire we have a good track record of addressing the 'causes of the causes' of inequalities in health: tackling the so-called social determinants of health. These include: income, social status, educational attainment, social support, employment, working conditions and housing. Below are some examples of the ways in which we are working in partnership with local agencies, communities and individuals to improve the quality of life and reduce inequalities in health within Derbyshire.



Support for those struggling with homelessness, unemployment and financial problems

A number of innovative schemes exist in the county that go beyond the traditional remit of the NHS to provide support to people in need. As public health budgets and staff move into the Council, these schemes will work well alongside existing council services. Some examples are given below.

Help to Work Partnership

The Help to Work Partnership evolved from the Bolsover Disability Partnership, which was launched in 2009 with funding from Bolsover Local Strategic Partnership and Public Health. It co-ordinates a comprehensive support network to address employment and health issues amongst disabled, vulnerable and marginalised people.

Through an on-line directory it provides information and practical advice to support local people to move off benefits and into employment. The Partnership also engages with local employers, offering advice and training on developing tailored support for more vulnerable employees. Helped by the Shaw Trust we recently secured £300,000 in European funding which sustained and widened the reach of the programme to Chesterfield.

Since 2010 over 90% of our GP surgeries have had a dedicated Citizens Advice Bureau (CAB) session delivered in the surgery.



This year we aim to build a social enterprise to provide employment opportunities for ex-offenders. We are waiting on a national funding bid, but we know that perhaps the most important thing an ex-prisoner needs if they are not to return to crime is a job, and that they often need special help if they are to get one.

For more information about the Help to Work Partnership click and go: <http://www.helptowork.org.uk/>

Pathways day centre for homeless people

Homelessness is one of the hardest things any of us might have to deal with. The homeless have little political influence and there are few services dedicated to their support. Pathways day centre for the homeless and rootless was set up in 2006, is based in Chesterfield and is the only centre of its kind in the county.

People using Pathways have many health and social care problems including low or no income, debt, poor literacy and numeracy skills, lack of general work skills, alienation from family, poor general physical health, poor oral health, mental health problems, and drug and alcohol dependency.

Access to the service is through referral from the whole range of local agencies which may come into contact with homeless people. There are currently 32 people who are actively attending the centre with an average of 15 clients attending on a daily basis.

The centre is staffed by a manager, 2 support workers, a community nurse specialist and 35 volunteers. Each client has a dedicated support worker who will assess their needs and help them plan for the future. This will include providing advice on obtaining housing benefits and settled accommodation, on gaining education, skills and jobs. A nurse will also assess clients' health and refer to health services where necessary.

Regular activities at the centre include housing clinics, dental services, a health trainer session, and a set of imaginative activities such as an allotment group, music and art sessions, a women's group and alternative therapies.

In the next few weeks the centre will be offering literacy skills sessions and Chesterfield Citizen's Advice Bureau will be running financial management and debt advice sessions.

Citizens Advice Bureaux in GP Surgeries

Since 2010 over 90% of our GP surgeries have had a dedicated Citizens Advice Bureau (CAB) session delivered in the surgery. We think that this coverage is unique in England. The purpose of this project is to help people to deal with social and financial problems before they impact on their health. For example, people in debt, maybe through

redundancy, are more likely to experience mental health problems such as stress, anxiety and depression. Many people go to GPs because they don't know where else to go or because worry has made them feel ill. While doctors can help with medical symptoms, they cannot deal with the underlying cause of the problem: but CAB staff can. They can help people to maximise income by identifying benefits, such as tax credits, unemployment and housing benefits, manage debts in a controlled way and deal with a range of housing and employment problems.

In 2011/12, the CAB working in GP surgeries:

- Provided help and advice to 5,857 separate patients or families
- Advised on 29,673 problems
- Secured additional income of £7,698,310
- Rescheduled or managed £8,138,401 of debt
- Enabled 46% of clients to receive additional income or one-off payment

This project addresses the causes of the causes of health problems and research has suggested that it is likely to reduce health inequalities. The service is easy to access and is confidential and free. This service is also supported by Derbyshire County Council, and as we move into difficult economic times we think that this service will be increasingly important. If you want to use this service it can be accessed weekly through the majority of our GP surgeries.

Credit Unions

As more families face financial hardship Credit Unions perform an extremely valuable service in enabling poorer people to access loans and savings schemes and manage their families' budgets more effectively. Working with communities they help to develop a savings culture and provide an alternative to illegal or very costly doorstep lenders. In partnership with High Peak Borough Council, and Financial Inclusion Derbyshire, funding has been found to allow Manchester Credit Union to extend its services into the High Peak. A development worker has established a drop-in point in Gamesley, Glossop and another one in Fairfield, Buxton, two areas of particular need in the county. Eventually we want to see this cover the whole of the High Peak area.

The Chesterfield and North East Derbyshire Credit Union (C&NECU) is already providing a valuable service to local people and its membership is growing ahead of plan, now at 1275 members. This year, money from the public health budget has helped to fund a move to better premises in the centre of Chesterfield. Most recently the instant family loan scheme has been introduced linked to child benefit payment enabling residents who cannot obtain credit via normal means to both save and borrow safely.

Working with communities they help to develop a savings culture and provide an alternative to illegal or very costly doorstep lenders.

High Peak Food banks

It may come as a shock to some that in Derbyshire in 2012 there are people who cannot afford to buy basic essential food for themselves and their families, but this is indeed an increasing problem in times of serious financial stress. Food banks help some of those in the very greatest need. In the last year two food banks have been established in High Peak (Glossop and Buxton) in response to increasing financial hardship. We are helping the food banks to work collaboratively to apply for funding from the Big Lottery to make them sustainable and better able to cope with the increasing demand for emergency food parcels in the area.

Promoting good health through every possible route

Making every Contact Count... another innovation pioneered in Derbyshire

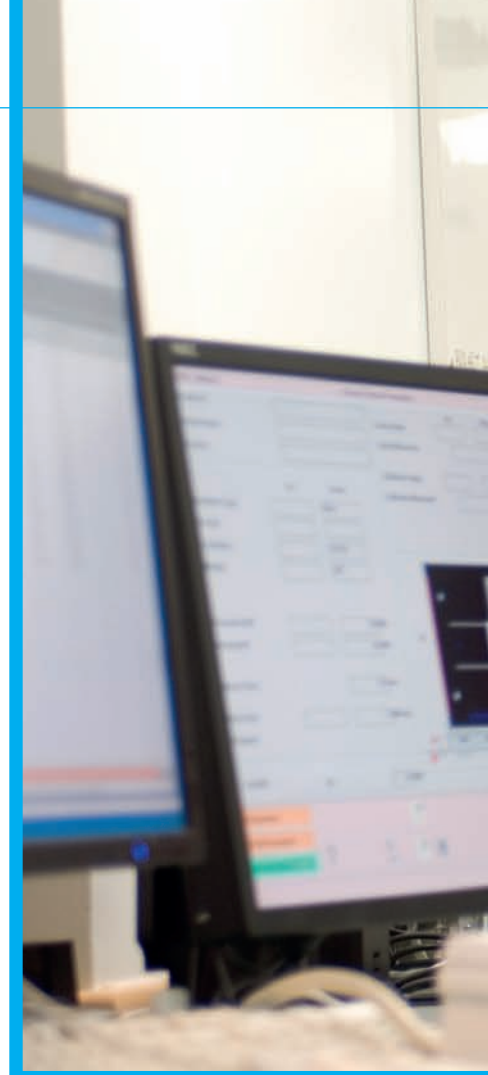
Making Every Contact Count, or 'MECC' as it's become known, is about using every contact between a member of the health and social care workforces and the public to promote health and wellbeing. In practice this means encouraging and helping people to consider making healthier choices with their lifestyle, whether that is around smoking, alcohol, mental health and wellbeing, diet or exercise. In the context of the NHS this might be a member of staff, whether a nurse, a physiotherapist or a surgeon, asking a patient about their diet or level of physical activity as part of a consultation or before an operation. Or within a leisure centre environment this might be a receptionist signposting a gym member to a local quit smoking service. Whatever the setting, promotion of health and wellbeing should be at the core of an organisation's design and service culture. This is especially true for health and social care organisations. The public expects us to do more than just care for them when they are ill, but many workers who could be influential feel inhibited about raising health issues with clients either because it takes a bit of courage or because they don't know what to advise if a client brings up a particular issue.

We have piloted MECC with Derbyshire Community Health Services and now we're extending its reach into other organisations. To really embed MECC within a workforce requires a lot of work and, crucially, support at the highest level of the organisation so that there is an expectation within that organisation that all staff will "make every contact count". Interestingly, staff trained in this programme have often then made changes to their own lives which has made them more effective in helping others. We want to see the widest possible workforce engaged in this activity, and so far we have trained some staff in all our main health providers, the Fire Service, Chesterfield library and the Derbyshire First contact service.

The Derbyshire example is now being followed right across the region. To help embed MECC, we have developed a toolkit designed to help organisations support people in making and maintaining positive lifestyle behaviour change. You can see this at <http://nhs.lc/makeeverycontactcount>

Health Information Points (HIPs)

Started out in 2010 on Shirebrook Market place this is a rolling programme of weekly stalls operating May to October, which brings together a wide range of services to offer advice and information to local residents opportunistically. We go out to markets and other community venues that people know, use and trust. In 2012 the addition of a Health Advice Tent, offered a more personalised and private support which has proved very successful. Every week some 200 people visit the stalls for advice and information, with over 20 people accessing the 1-1 sessions. In 2013, the success of Shirebrook HIP will be shared across Bolsover District, with communities in South Normanton and Bolsover town set to benefit. The Healthy Neighbourhoods team are currently developing plans with local GPs and the Health Promotion Service to explore how these venues can be used to increase the uptake of the NHS Health Checks.



Screening programmes in Derbyshire

Screening is a process for identifying apparently healthy people who may be at increased risk of a disease or condition. Early detection through screening is a major part of our Public Health armoury. A number of programmes are available to adults in Derbyshire. Some are discussed below and some in the section on older people.

The new “Health Check” programme

The health check programme is a major new initiative that is designed to help people to live healthier lifestyles and to pick up the earliest signs of dangerous illness in the population. It has been called the “Health MOT”. It will be offered every 5 years to everyone from 40 to 75 years of age who is not already diagnosed with a long-term illness (and therefore “on the radar” and being offered necessary support and treatment). That gives us 235,000 people to get through.

If you are invited for a health check you will see a specially trained health worker who will ask you a series of simple questions about your lifestyle, such as whether you smoke, what you eat, what exercise you take, what you drink and whether you are suffering from undue stress or distress. You will then get a set of simple tests. You will be weighed, have your blood pressure taken and have a few blood tests such as blood sugar and blood cholesterol. All the results will be fed into a computer programme to tell you whether you are at high risk in the future or showing early signs of major illnesses like diabetes or conditions of the heart or kidneys.

Screening is a process for identifying apparently healthy people who may be at increased risk of a disease or condition. Early detection through screening is a major part of our Public Health armoury.



If you are found to need more specialist advice, or referral to another service, such as a smoking cessation or alcohol support service, or if you need to be seen by the doctor, that will all be arranged at the same time.

The people doing the health check are highly trained to work with you to understand what is important to you in your life, to set realistic goals and help you to make changes that fit into modern hectic and pressurised lives and which are affordable as well. Depending on the results of the various tests, you may also be prescribed medicines such as blood-pressure tablets or statins which lower unhealthy fats in the blood.

The good news is that most of us can make a few simple changes that will make big differences to our health and that of our families. Taking part in healthy activities and improving what we eat can be fun and can leave us feeling energised and much more “in control”. The less good news is that some habits are harder to break and need some commitment and effort. It is also important to understand that while medicines can help us in lots of ways, they cannot make us really healthy if we eat badly, take no exercise, smoke or drink too much.

In Derbyshire we have already done many thousands of these checks; 17,000 in 2012, when the programme was getting into gear. In that year we detected 122 cases of diabetes and 380 people with high blood

pressure and were able to give advice to thousands of others. We are using GP records to target the earliest checks at those likely to be at highest risk, but over five years everyone between 40 and 75 will be invited to a session. Although the service is now offered in over 90% of practices, there have been some difficulties getting as many people invited into the programme as we would have hoped, and it is a big priority for the coming year to accelerate this programme which will now be the responsibility of the county Council. I highly recommend that you take up that offer when you are invited.

Cervical cancer is the most common cancer in women under 35 in the UK. Cervical screening can prevent around 45% of cervical cancer cases in women in their 30s, rising with age to 75% in women in their 50s and 60s, who attend regularly. Women aged 25-49 are invited for screening every 3 years and those aged 50-64 are invited every 5 years.

Here in Derbyshire our Cervical screening programme is performing well, with coverage at 83.7% we have the 2nd highest coverage in England. Women are also getting their screening results promptly (98% getting them within two weeks).

We are combating cervical cancer in a number of ways. In addition to the screening programme we are offering HPV (Human Papillomavirus) vaccine to schoolgirls as we know that HPV is the main cause of cervical cancer. We are also encouraging protection against the virus through sex and relationships education in schools and the promotion of safe sex including the use of condoms to prevent the spread of sexually transmitted infections. All these together should see continued falls in this cancer, but only if we can ensure that enough people from all communities are being reached by these initiatives.

Breast cancer is the most common cancer in the UK with around 1 in 8 women developing the disease. The breast screening programme invites every woman aged 50 to 70 in a three year cycle - so although a woman may not receive an invitation when she is 50, she should receive an invitation by her 53rd birthday. Women over 70 years of age can opt into the programme too.

In Derbyshire 82.1% of eligible women had a screening test within the last 3 years, above the national average of 77.2%.

Diabetes is the most common cause of blindness in people of working age, which is why all people with the disease are offered specialist diabetic eye screening to check for damage to the eyes' blood vessels. Each year the NHS Derbyshire Eye Screening programme invites over 50,000 people aged 12 years and over, who have been diagnosed with diabetes, for eye screening. The screening test is simple and involves having a digital photograph taken of the eyes to check for early signs of disease.

Here in Derbyshire our Cervical screening programme is performing well, with coverage at 83.7% we have the 2nd highest coverage in England.

More and more people with diabetes in Derbyshire are taking up the offer of eye screening as they become familiar with the services that are provided in local clinics and hospitals across the area. And 2.5% of screened patients last year were referred to be monitored and/or treated for sight threatening diabetic eye disease.

In 2012 NHS Derbyshire County received a prestigious national award from the Plain English Campaign for its 'crystal clear communications' on diabetic eye screening. Find out more about the local programme by visiting the website: <http://www.ddrss.nhs.uk/>



Top tips for living well

- Try to do 150 minutes of moderate intensity exercise per week. Any exercise is better than none, but more is better. If you can build it into a daily routine (eg cycling or walking to work), or if you can make it something really enjoyable like dancing or football or whatever you like best, it will be easier to sustain.
- Balance your diet using the Eatwell Plate (www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx)
- Contact your GP to be referred into a healthy lifestyle programme and get advice, encouragement and companionship.
- If you are struggling with debt or in financial difficulties visit the Citizens Advice Bureau in your high street or at your local surgery to see what help is available.



Ageing Well

The contribution that older people make to society is invaluable; their voluntary work in caring and family maintenance alone is valued at over £50 billion per year and compared to our parents and grandparents many of us remain healthier, more youthful and independent for much longer.

However, as people get older many still eventually become increasingly vulnerable, are at risk of social isolation, and are more likely to have complex health problems and high health and social care needs. For these reasons improving the health and wellbeing of older people is of fundamental importance, because giving older people the right support in the right environment will help them continue to enjoy good quality, active, healthy and fulfilling lives and secure their independence for as long as possible.

On 1st April 2013 the public health team will move to Local Authority. This will enable a more joined up approach to addressing the health and social needs of older people. This section presents the key facts about older people in Derbyshire, some achievements from last year and the challenges for the next year.

Key facts:

- 1 The population of Derbyshire is increasing. Numbers of older people are projected to grow at a faster rate than the overall population.
- 2 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 average of around 16%.
- 3 People are living longer, but that extra life isn't always of good quality or spent in good health.

The following projects were implemented across Derbyshire to address some of the priorities in elderly care.

1 Falls and Bone Health

Falls in older people have a significant impact on the demand for both health and social care services, and are the leading accidental cause of death amongst the older population.

Nationally each year more than a third of people aged over 65, and 45% of those aged over 80, experience a fall. Falls which result in a hip fracture are of particular concern as 10% of hip fracture patients will die within 30 days of the injury and 30% will die within one year. Of those that survive, about half will not return to full independence. When an older person experiences an injurious fall they require an immediate response from emergency services.

The cost to society of falls is considerable. In 2011/12, 2872 Derbyshire county registered patients over the age of 65 were admitted to hospital as a result of a fall, and 840 experienced a hip fracture. The admission costs for these were £4.29 million and £7.66 million respectively. The true cost of community health and social rehabilitation for these patients will be an even greater figure.

Because the population is ageing, the incidence of falls is expected to increase by more than 50% by 2030. Demand for services to deal with falls will increase 2% year on year.

We need a broad range of interconnected services to reduce the harm from falling, and improve bone health. Some recent developments include the new fracture liaison services within the acute hospitals, including osteoporosis in the Quality and Outcomes framework, participation by the two main acute trusts in the National Hip Fracture Database, and the development of the "Strictly No Falling" quality branding and database to support evidence based community exercise provision.

a Fracture Liaison Services:

Fracture Liaison services have now been developed to cover both of the main acute hospital providers in the county. The service will ensure that those older people who have suffered a fracture due to poor bone health get the best treatment once they have left hospital to minimise the risk of them suffering a fracture in the future.

b Strictly No Falling

Many older people wonder what action they can take themselves to stay independent, steady on their feet and enjoying life. There are many exercise groups and activities which run across Derbyshire. It can be hard to know which are good for maintaining general health and which will help people to exercise in a way to develop strength and balance and reduce the risk of falling.

For those at a high risk of falling there are the NHS specialist falls services across the county. However, many people do not need that high level of support but would like to do something for themselves to improve their balance and mobility.

Derbyshire County Public Health has now established the “Strictly No Falling” directory of activities and group sessions across Derbyshire. These are sessions that the public can be reassured include exercises known to help people to reduce their risk of falling. All the sessions in the directory have been checked to ensure they include balance and strength exercises and that they are run by competent instructors in a style suitable to help people improve and progress.

For those at a high risk of falling there are the NHS specialist falls services across the county.



2 Flu and Older People

Influenza, or ‘flu’, is a highly contagious acute viral infection that affects people of all ages. Most people recover in a week or two, but flu can cause serious illness and death, especially in the very young and the elderly. Flu epidemics occur mainly in the winter and can result in widespread disruption to healthcare and other services. A vaccine is produced every year based on the strains of virus expected to be circulating.

The Department of Health recommends that everyone aged 65 or older should have a flu jab each year. This is important to reduce the levels of poor health and hospital admissions due to flu, respiratory and related illnesses that are experienced over the winter periods.

In the 2012/13 winter season Derbyshire met the national target of 75% flu vaccine uptake, with more than 108,000 people aged 65 or over having had their flu jab.

3 Outreach for the Vulnerable Elderly - 'LOVE' Project in Erewash

This pilot project is based at Littlewick Surgery in Ilkeston and was developed to help older people who are frail and vulnerable. 'Frailty' is defined here as people over the age of 70 years who have a long term condition such as dementia, chronic lung disease, heart failure, a neurological condition such as Parkinson's Disease, or who are at high risk of falling.

The project aims to develop an integrated way of assessing the unmet needs of the frail elderly at the practice, and to provide or signpost to appropriate support as early as possible.

Fifty-five people were identified and assessed using a specifically designed assessment questionnaire. The interview focused on winter warmth, social isolation and the risk of falling.

As a result of the interviews, six people were referred to the Energy Officer at Erewash Borough Council for winter warmth advice; twelve referrals were made to falls services; and one person was referred to their GP Practice because they were under nourished.

This project was awarded the National Energy Advice Footprint award for 2012/13 and has received additional funding so it can reach a further 50 people. These interviews will be undertaken by the Energy Officer from Erewash Borough Council.

4 Screening programmes for older people

Screening is an important element of public health practice. Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment at the earliest possible stage to reduce their risk of that disease seriously damaging their health in the future. Under the NHS constitution there is a requirement to ensure that all patients have access to nationally recommended screening programmes. The constitution also sets out our responsibilities as members of the public to take part in important public health programmes, to keep appointments, and recognise that we can make a significant contribution to our own good health and well-being.

a Bowel Cancer screening

About one in 18 people in the UK will develop bowel cancer during their lifetime. The NHS Bowel Cancer Screening Programme aims to reduce death from bowel cancer by identifying cancers early in their development when treatment is highly effective.

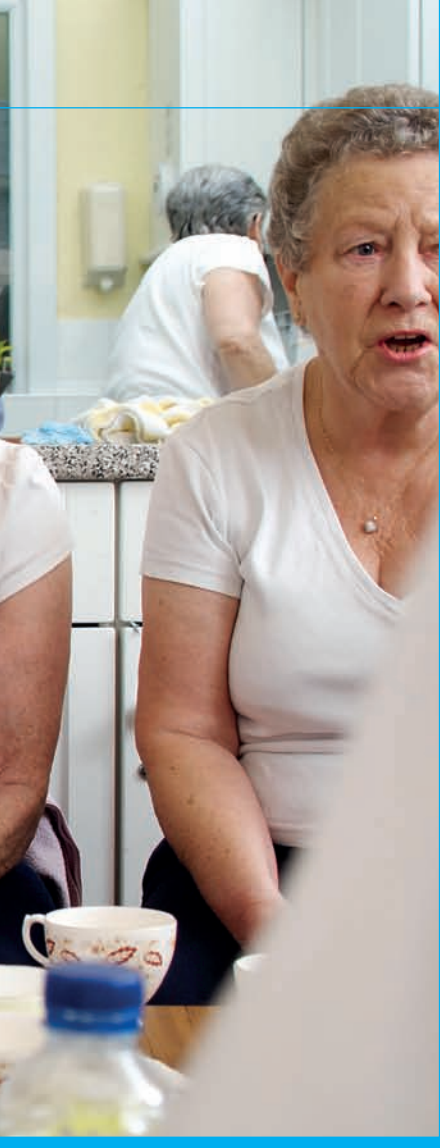


The Derby Bowel Screening Centre commenced its services in 2007 and has always been the vanguard of bowel cancer screening practice and research. The programme is delivered in local clinics and hospitals across the county. Men and women aged between 60 and 74 are invited to be screened every two years. You are sent a Faecal Occult Blood test kit in the post, which you complete at home and send to a laboratory for testing. Getting a positive result doesn't necessarily mean you have cancer, but it is a possible early warning sign. Anyone with a positive result is referred to hospital for further tests and any necessary treatment. People aged 70 and over can request a kit.

The Centre works closely with the public health team to ensure as many people as possible are enabled to take up the offer of screening and in 2012 uptake reached close to 60% (57.9%) which exceeds the national uptake of 54%. At present slightly more women than men take up screening.

In 2009 we began to observe a small decrease in deaths from bowel cancer, and it is expected that this will decrease further over time as the programme will identify and remove cancers at an earlier stage in their development when treatment is most successful. Indeed this programme brings a double benefit because many cancers of the colon start to develop in small non-cancerous growths on the bowel wall

The Centre works closely with the public health team to ensure as many people as possible are enabled to take up the offer of screening and in 2012 uptake reached close to 60% which exceeds the national uptake of 54%.



called polyps, and if any polyps are seen as part of the investigation process they are just snipped off, so it is hoped that some “cancers” will be removed literally before they start.

b. Screening for Abdominal Aortic Aneurysm (AAA)

Abdominal aortic aneurysm is a form of cardiovascular disease (affecting the arteries) which results in a ballooning of the big artery known as the abdominal aorta. If the artery bursts this is a major medical emergency requiring surgery, and is often fatal by the time someone gets to hospital.

The Derbyshire Abdominal Aortic Aneurysm Screening Programme started in March 2012. This programme is part of a national screening programme for AAA. Men aged 65 are offered an ultrasound scan of the abdominal aorta in order to detect this disease early so that surgery to prevent the aorta bursting can be performed. The scan is performed in community settings. Men older than 65 can request a scan from their GP if they want one.

There are approximately 6800 men who reach the age of 65 years in Derbyshire each year. Since February 2012, 4800 men have been screened and the uptake into the programme is 86% which compares very favourably with the national picture. Of the men who have been scanned 3 have been found to have large aneurysms requiring surgery, and 50 men with smaller aneurysms will receive regular follow up. It is anticipated that by the end of March 2013 90% of men entitled to this test will have been invited for a scan.

43

5 Dementia in Derbyshire

Dementia is an increasingly important public health problem. It is becoming the main cause of disability in older people. Dementia has significant impact on family, carers, society, health and social services.

The main risk factor in the development of dementia is age, so with our ageing population, and in the current economic climate, dementia is expected to increase the financial pressure on health and social services. Although there are some new drug treatments that can help to slow the processes of dementia to some extent, it cannot yet be stopped in its tracks or cured so we need to ensure that services are in place to help sufferers and their carers deal with the gradual loss of memory and function.

It is estimated that in Derbyshire there are currently around 12,487 people living with dementia. A lot of work has been done in the past few years to increase the services for detection and management in Derbyshire but still less than half of all estimated cases have been diagnosed. In Derbyshire we want to ensure that at least 50% of people with dementia have been diagnosed within two years and then increase that number year by year.

The recent changes in the NHS with public health moving to Local Authorities provide a good opportunity to transform the way in which dementia services are delivered across Derbyshire and to improve efficiency and patient/carer experience so that everyone with a diagnosis of dementia is treated with dignity and respect.

We do know that living a healthy life, eating well, keeping physically and mentally active and fit and avoiding too much alcohol can all reduce our chances of succumbing to dementia in the future.

6 Fuel poverty in Derbyshire

A household is said to be fuel poor if it needs to spend more than 10% of its income on fuel to maintain an adequate level of warmth (including hot water, lights and appliances). The main drivers for fuel poverty are income, fuel prices and energy consumption.

The Marmot Review Team outlined the direct and indirect health impacts of fuel poverty and cold housing. The review concluded that fuel poverty contributes to 40% of cardiovascular disease and 33% of respiratory disease, negatively affecting mental health, and carries high risk of mortality.

The latest figures from the Department for Energy and Climate Change show 80,766 households – 19%– in Derbyshire are living in fuel poverty. This is slightly above the regional average of 18.2%.

Older people in the most rural areas are particularly vulnerable to fuel poverty. And older people on low incomes in these areas experience greater difficulty accessing services and support.

Rural Action Derbyshire runs an Oil Buying Scheme to benefit people who use heating oil to heat their homes. The scheme aims to keep fuel costs as low as possible in rural areas to help struggling families and pensioners to keep their homes warm.

Challenges

Supporting older people remains a public health priority in Derbyshire. We need to adequately meet increasing demand as our older population increases, to ensure high quality services and support are in place so people can stay healthy and independent for longer.

Growing numbers of elderly people have a significant impact on health and social services and present a challenge to ensure mainstream services are accessible to all residents.

We also need to remember that our older people are a tremendous resource, contributing a great deal in their communities (caring for grandchildren or partners, volunteering, providing community

The recent changes in the NHS with public health moving to Local Authorities provide a good opportunity to transform the way in which dementia services are delivered across Derbyshire...

leadership), carrying with them a wealth of life experience and wisdom. Intergenerational work can help us honour the elders and recognise the assets they bring.

The Public Health team is committed to reduce inequalities in elderly care and to develop a greater focus on disease prevention and health promotion among older people.



Top tips for ageing well

- Keep physically active: aerobic exercise of 15–20 minutes per day improves balance and co-ordination and thus reduces falls.
- Maintain a healthy diet: If you are at a normal weight or are overweight, eat plenty of fruit of vegetables and limit fat, sugar and salt. But many older people do not eat sufficiently and are actually underweight. If you are getting thin seek advice about improving your diet.
- Be sociable: remain actively engaged with other people. Social isolation causes stress and depression.
- Get regular health checks and report problems early.
- Keep warm in winter.



Public health support to the NHS

46

Between 1974 and 2012 public health teams have worked inside the NHS playing a major role in health service planning and improvement. Our health budget is finite and it is essential that we make the most of it.

To help achieve this we have looked at the health needs of the whole population of Derbyshire, identified the most effective treatments that we should be spending our money on, and showed how our local services matched up to the best in England. We have also focused on whether everyone in Derbyshire with a similar type of need was making fair and equal use of services.

Making best use of medicines

The NHS now spends nearly a fifth of its budget on medicines. That is £11 billion per year. Public health teams look carefully at how GPs in Derbyshire prescribe drugs to ensure that they use them effectively and get the best value for money. Many new drugs are launched each year and by analysing research studies we also help doctors understand which of these bring real benefits and which do not, and we also advise commissioners on which specialist treatments they should be buying. We develop policies not only for new medicines but for all sorts of new treatments including surgical operations, psychological treatments, the use of

specialist new radiotherapy machines for treating cancers, and even new diagnostic tests.

Working with the new NHS organisations

Now that most of the public health team has moved to Derbyshire County Council, we have developed a small but important unit there called the Clinical Effectiveness Team (CET) that provides all of these functions for the new Clinical Commissioning Groups (CCGs). In addition other public health consultants in the Council work with the senior management teams of each new CCG to guide them in their commissioning functions and also to look into how clinical practice varies across the county aiming to bring all practices in line with the best. We also focus on ensuring that GP practices are supported to take on their role in preventing illness as well as treating it, and to look after the interests of the most needy and vulnerable so that we all work together to reduce health inequalities in Derbyshire.

All this work is based on providing regular and sophisticated information to CCGs and practices and the team is backed up by a small but expert group of information analysts.

Through the new Health and Wellbeing Board, the Council now has a degree of responsibility for local health services that it has never had before.

47

Individual funding requests: “special cases” for experimental or expensive treatments.

One of the most difficult decisions for commissioners has always been what is now called the Individual Funding Request (IFR). This is where someone asks to be treated as a special case and obtain a treatment that the NHS does not usually provide, either because there is too little evidence that the treatment will help patients with a particular disease, or because it is too expensive for the service to afford for the amount of benefit obtained. These decisions can be very tough and very personal, and the public health team have helped to develop a fair, transparent and rigorous system for making such decisions, based on the best information and evidence available and based on the principle that everyone in the population should be treated equally. Our system in Derbyshire is now strong and we have had no legal challenges to any decision in recent times.

Through the new Health and Wellbeing Board, the Council now has a degree of responsibility for local health services that it has never had before. By providing this support to the new NHS commissioners through the CET, public health team we will strengthen health services in Derbyshire and make the very best use of our budgets, so that all residents will benefit.

A photograph of a young man and woman looking off to the side. The man is in the foreground, wearing a dark jacket and a grey scarf. The woman is behind him, wearing a dark jacket. They are both looking towards the right of the frame.

Sexual health in Derbyshire

48

Sexuality is an important area of human life, and good sexual health and relationships are essential to our physical, mental and social wellbeing from teenage years right into old age.

This is promoted by easy access to information and services to avoid the risks of unintended pregnancy, sexually transmitted infections (STIs) and coercive or abusive relationships.

The great majority of the population requires access to basic sexual health services, such as the provision of contraception and the occasional treatment of a sexually transmitted infection, and we provide that for everyone who needs it in Derbyshire. But we also know that certain groups in society experience much greater risk of poor sexual health, and these include teenagers and young adults, men who have sex with men (MSM), some minority ethnic groups, injecting drug users, sex workers and those in the criminal justice system. Tackling inequalities in sexual health outcomes is an important public health priority, so improving access to services for those who experience poor sexual health is a key challenge.

Transfer of most sexual health responsibilities from the NHS to the Local Authority in April 2013 provides a number of opportunities to address these inequalities. The Local Authority will be responsible for commissioning specialist contraception and sexual health services (C&SH – formerly family planning), enhanced contraception and emergency contraception in primary care, sexually transmitted infection testing and treatment, sexual health promotion, HIV prevention and outreach services.

Key achievements

As a result of a ten-year programme to improve sexual health in Derbyshire, there has been a marked improvement in a number of key sexual health outcome indicators, and in general Derbyshire has better sexual health than the population of England as a whole (see table 1).

Table 1: Key sexual health indicators

Indicator	Derbyshire	England	Compared to England*
Teenage pregnancy rate 2011 (per 1000 girls aged 15-17)**	25.8	30.7	Green
Decline in teenage conceptions 1998-2011	38%	34%	Green
Acute Sexually Transmitted Infections rate 2011 (per 100,000)	565	792	Green
Abortion rate, 2011 (per 1,000 women aged 15-44)	12.5	17.6	Green
Repeat abortions in under 25s, 2011 (% of total <25 abortions)	21.10%	26.40%	Green
NHS funded abortions under 10 weeks, 2011	70.60%	77.90%	Red
Chlamydia diagnosis rate (per 100,000 15-24 year olds) 2011-12**	2294	2090	Green
GP prescribing of LARC (per 1000 women aged 15-44), 2011-12	79	52.4	Green
Proportion of late HIV diagnoses, 2009-11**	59.40%	50.00%	Yellow
Violent crime including sexual violence, rate per 1000, 2011-12	10.6	13.6	Green

Green significantly better Yellow not significantly different Red significantly worse

** Public Health Outcomes Framework indicator

Recent progress:

- Contraception services (C&SH) have increased the number of first contacts year by year, including an increase in the number of young people (aged under 20 years) accessing the service
- In 2011 the C&SH service achieved greater uptake of Long Acting Reversible Contraception (LARC); 35% compared with 28% nationally among women accessing the service for contraception reasons, and our GPs also play a key role in providing both general contraception and LARC.

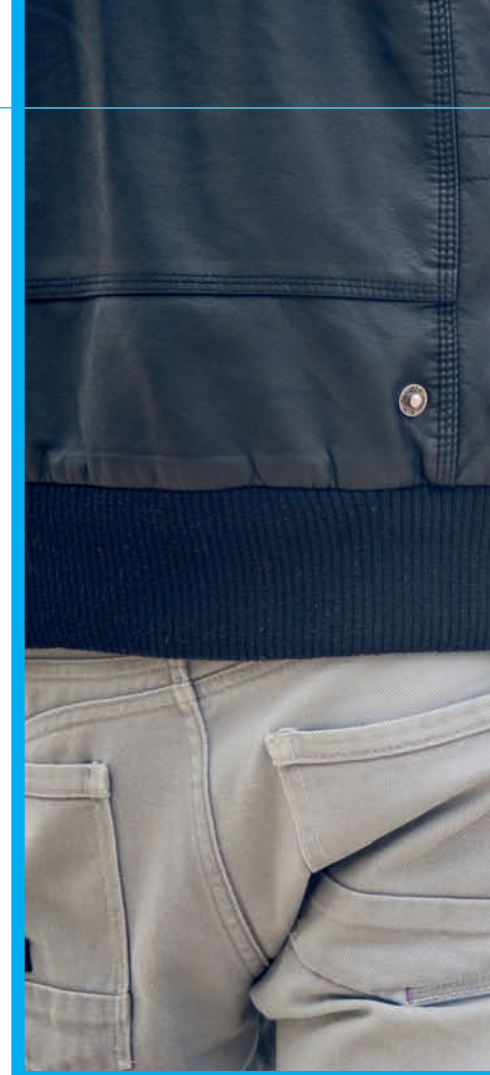
- We have done a pilot study of a sexual health service in the Drug Treatment Service in Chesterfield. This has worked well and so it will now be provided in the future. It is most important that people whose lives are chaotic through the misuse of drugs are given good contraception so that they can avoid having children until they are better able to take care of them.
- Sexual Health Promotion Services are now fully integrated with the community based sexual health services (C&SH). This makes it easier for people to obtain preventive and treatment services at the same time.
- C&SH and genitourinary medicine (GUM) services have worked with commissioners on new methods of funding sexual health services and this will enable us to understand better where investments in these services provides the most impact and the best value.

The main sexual health challenges facing Derbyshire now

- Maintaining investment in preventive interventions (eg. Long Acting Reversible Contraception provision, sexual health promotion and condom distribution to at risk groups) to avoid rising treatment costs for poor sexual health outcomes (eg unplanned pregnancies and new HIV infections and other STIs).
- Training staff across the whole system including partner organisations who have responsibility for the wellbeing of young people and adults, to ensure that everyone who works with young people can help to promote good sexual health and a responsible approach to sexual relationships.
- Further strengthening of joint working between the hospital and community parts of the service to ensure that services work most effectively around patients.
- Working across the health and social care system to ensure that commissioning of sexual health services is planned alongside with other key areas such as general planning for children and younger adults, substance misuse, mental health and sexual abuse and violence.
- Ensuring strategic oversight of the whole sexual health agenda and engaging other bodies responsible for commissioning sexual health service: For example the NHS Commissioning Board is responsible for HIV treatment and care and sexual assault services and CCGs are responsible for services for termination of pregnancy (abortions).

Main areas for implementation and investment

The overarching strategic aims are to reduce unplanned pregnancy, reduce rates of undiagnosed STIs and HIV and improve access to effective sexual health prevention, treatment and care services.



Sexual Health Promotion Services are now fully integrated with the community based sexual health services (C&SH). This makes it easier for people to obtain preventive and treatment services at the same time.



During 2013/14 we will work collaboratively with Derby City to review our specialist contraception and STI services across the whole of Derbyshire with a view to achieving an integrated model of provision, improving patient care across the whole pathway, from prevention to specialist treatment, and ensuring value for money. This review process will use the updated Sexual Health Needs Assessment and consultation with service users and stakeholders to explore options for development of sexual health services in the future to meet the needs of Derbyshire residents.

In addition we will:

- Review sexual health service provision for residents of Glossopdale to ensure equitable access compared with the rest of Derbyshire
- Review and streamline commissioning of enhanced contraception via GPs, emergency contraception via community pharmacies and the Chlamydia screening programme
- Explore opportunities to increase the provision of sexual health services through community pharmacies
- Do more to raise awareness about local sexual health services among groups most at risk of poor sexual health outcomes, using existing channels and the new media.



Top tips for living well – sexual health

■ Don't want to get pregnant?

Choose LARC contraception methods: implants, injections and coils are much better than the pill or condoms at preventing pregnancy, and don't rely on you remembering to use them! For more information see: www.onelessworry.nhs.uk

If you've had unprotected sex or the condom broke, you can get **free emergency contraception** from most pharmacies

If you **think you might be pregnant**, seek advice and support as early as possible – community sexual health (C&SH) services can advise you about your options

■ Don't want an STI?

Use a condom – they are the best protection there is against transmission of Sexually Transmitted Infections (STIs) – they are free for under 19s through the Derbyshire C Card scheme and through sexual health services (GUM and C&SH)

If you're aged under 25, **get screened for Chlamydia** at least once a year and each time you change your sexual partner.

See www.fancyaquickie.org.uk

If you're concerned about your previous sexual history, **get checked out** – testing is straightforward and confidential and most STIs can be cured

■ Need more information?

Visit www.derbyshiresexualhealth.nhs.uk for **information and advice** on sexual health services across Derbyshire



Mental health and wellbeing

All that happens to us throughout our lives is somehow processed through our minds. It is therefore quite true that there can be “no health without mental health”, which is the title of our current national mental health strategy

What is “good mental health”?

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.



Promotion of good mental health is more than just the treatment of mental illness, important though that is. It is about creating an environment in which people are given the support to increase their personal resilience and to help them with the stresses of life before they become overwhelming.

In Derbyshire we are committed to promoting mental health and wellbeing and have included mental health as a priority in the Derbyshire Health and Wellbeing Strategy.

Working in partnership: raising awareness and training the workforce

People living in more deprived circumstances have an increased risk of mental illness. 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. Effective cooperation between different agencies that deal with the public is vital to ensure that a wide range of community resources are available to promote mental health and recovery.

In Derbyshire we actively promote mental health awareness-raising with staff from a wide range of organisations whose work may bring them into contact with people with mental health problems.

Promotion of good mental health is more than just the treatment of mental illness, important though that is.

Working in partnership: Citizens Advice

Mental health problems can increase in times of economic and employment uncertainty. Poor housing, unemployment and loss of income, often leading to debt, impact significantly on positive mental health.

In Derbyshire we fund a Citizens Advice service in every GP practice so that patients whose health may be affected by these kinds of problems can seek prompt help and advice.

Children and young people's 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 and significant numbers of children show manifestations of stress, and even overt mental illness. Substance misuse, self-harming, eating disorders and anti-social behaviours can all begin early in life.

In Derbyshire we promote a number of parenting programmes to assist parents and develop their confidence so that they are better able to give their young children the care and attention that will lay the foundation of emotional security, personal resilience and the ability to make good relationships throughout life. Our schools have a vital role in promoting good mental health from anti bullying policies to promoting supportive environments as well as early identifying children who are struggling and then providing targeted interventions aimed at children who may need more support. In recent years we have developed specialist mental health support workers who can help schools manage children who are showing signs of distress.

These services can link up with the more specialist child and adolescent mental health services (CAMHS) when necessary.

As the economy is likely to remain difficult in the coming years more children might be expected to suffer poverty and its effects, and we are in the process of developing a Derbyshire child poverty strategy.

Adults with mental health problems

In Derbyshire we recognise the importance of good quality, easily accessible services for those people who experience mental health problems. Mental health problems encompass common mental disorders of varying severity such as anxiety and depression as well as severe mental illnesses such as psychoses including the bi-polar psychosis and schizophrenia.

It is 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.

Promoting access to psychological therapies

Psychological therapies or “talking therapies” as they are sometimes called are available to some but not all people in the county depending on where

they live or which GP they are registered with. It is widely recognised that where there is over-reliance on drug therapies for mental illness we will not see the best outcomes for patients.

In Derbyshire we are committed to making a wide range of psychological therapies available to people whatever their age and wherever they live.

People with long term conditions

Over 50% of people with long term physical health conditions like heart or lung disease, diabetes or arthritis also have a mental health problem. This fact is associated with a number of adverse consequences, including poorer quality of care for the physical condition, difficulties in sticking to treatments, increased health service and social care costs and poorer health outcomes.

Here, we are implementing a psychiatric liaison service called RAID (rapid assessment, interface and discharge). This will ensure patients admitted to general hospitals who are also suffering psychiatric symptoms due, for example, to old age or substance misuse, are recognised and receive the appropriate support.

Improving physical health

It is quite a shocking fact that people with a severe mental illness like schizophrenia die on average up to 25 years earlier than those without. There are many reasons for this but whatever they are we urgently need to narrow this gap.

In Derbyshire a dedicated team are now working with GPs, clinicians and service users to improve physical health for this vulnerable group. Derbyshire has been recognised as a leader in the field for our work in this area and we are increasingly being asked to talk about this work in other parts of the country.

Suicide prevention

Suicide is a devastating event that results in unnecessary loss of life with far reaching emotional, social, health and economic consequences for families, colleagues and friends. It can also mark the extreme end point of poor mental health in a population and rates of suicide say something about the level of mental distress in a community and often about the ability of services to spot people in most difficulty and provide adequate support. Many things can contribute to the stresses leading to suicide. These include chronic illness and pain, alcohol and drug misuse, unemployment, family breakdown, bereavement and isolation as well as things like age, sex and personality.

In Derbyshire we have an active Suicide Prevention Strategy, which we have been developing for many years and which we are currently updating in line with the national strategy released last year.

It is 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.

Many people who commit suicide have been in contact with specialist mental health services, and many of the rest are likely to have at least been in contact with a GP in the year leading up to the event.

Every year we investigate every suicide in the county in order to understand why people have gone to this extreme, whether anything more could have been done to help, and how we might do better in the future. This work is done with lots of partners including mental health service providers and users and bereavement charities like Papyrus who work to prevent suicide in young people and support those left behind. Last year Derbyshire was recognised by the All-party Parliamentary Committee on Suicide as a place where innovative work had been done that should be shared nationally.

People in certain occupations which are either highly stressful or where the means of self-destruction are easily available can be at higher risk. In Derbyshire, for example, we have worked with our hard-pressed farming communities over many years to provide support in different ways. We set up a drop in health clinic in Bakewell Agricultural Centre, helped to establish a multi-functional Farming Life Centre (www.thefarminglifecentre.org.uk), contributed to a project that set up a mobile agricultural chaplaincy service and put on a high profile young farmers photographic project, which included exhibitions in the Gallery of the House of Commons and DEFRA headquarters in London.

Conversely, farm settings can also be used to promote good mental health in the wider community, and in Derbyshire we have pioneered something called “Care Farming” where residents with mental health problems obtain benefits by doing supervised activities on some of our farms. This brings a new dimension to our mental health services while giving farmers some extra skills and much-needed income.

Overall we have had some measure of success in Derbyshire, with suicide rates falling by a third since 1995, but as we are moving into an unfavourable economic climate we need to redouble efforts to support people and communities to prevent mental ill-health and to treat it early and effectively where it occurs.



Top tips for positive mental health and wellbeing

- Connect with the people around you
- Take notice, be aware of the world around you and what you are feeling
- Keep learning, it's fun and builds confidence
- Volunteer your time or join a community group, look out as well as in
- Make sure you're getting enough rest

Substance misuse in Derbyshire

The use of “drugs” seems to be part of the human condition.

The majority of adults in almost all societies use one or more substances such as caffeine, nicotine and alcohol to provide stimulation, relaxation or consolation, and significant numbers of people in Britain use prescribed medicines (eg. sedatives and anti-depressants), or a range of legal and illegal drugs for altering mental states.

Equally, most such drugs are known to be able to cause harm if used unwisely, or to excess, and humanity has for thousands of years tried to find ways of co-existing with these substances while attempting to limit those harms. The range of harms is also very widespread, from poisoning and addiction in individuals to social problems like violence and drug-related crime.

The Drug and Alcohol Action Team in Derbyshire is responsible for working across partnerships to reduce harmful substance misuse and provide good access to appropriate treatment and recovery services. The team has particularly focused on ensuring that the same treatments are available wherever you live in the county. After a lot of detailed planning a new county-wide substance misuse service was launched in April 2012.

A major focus of the new drug service has been to get more people living drug-free lives, which means that we must also provide on-going support within the community for those who have taken this step and are “in recovery”. Examples of recently established recovery projects include a number of mutual aid groups across the county, the development of peer-led recovery champions, and the implementation of a range of community-based projects such as allotment projects

There has always been a lively debate in this whole field between two basic approaches to drug services. There are those who say that people should be encouraged to live drug-free lives as the only satisfactory long-term solution to drug-misuse. The other view is that a lot of people will continue to use drugs over the long term and that it is equally valid in some situations to make careful use of drugs such as methadone over long periods as well as other interventions like needle-exchanges and vaccinations, to ensure that those who continue to use drugs do so with minimum harm to their physical, mental and social health.

Many professionals and services recognise that a range of approaches is needed to cater for the many different clients who need help, but the current approach emphasizes the former - drug-free – aim and this is having a big impact on which services are being provided and promoted.

Successes

Improvements in performance have been seen in the latest Local Alcohol Profiles for England. Whilst previously several of our problems with alcohol in Derbyshire have been significantly worse than the average for England for four of the alcohol related hospital admissions indicators, there is now only one that is significantly worse.

The Public Health Outcomes Framework includes a key indicator on alcohol related admissions to hospital. Although Derbyshire still has a higher rate of alcohol related admissions than the country as a whole, this has declined by 3% between 2010-11 and 2011-12 so we are moving in the right direction.

Nationally there is evidence that children and young people are actually starting to consume less alcohol than in previous years. There is absolutely no room to become complacent about this, but it is also important to recognise that some general progress has been made and recognise that many of our young people have responsible attitudes towards alcohol and drugs... while much of the over-drinking in our society is in older adults quietly over-consuming wine and spirit in the privacy of their own homes, and thus risking a lot of excess illness for the future.

Our services are performing well in many ways. Waiting times for treatment of alcohol misuse, the average length of a course of treatment and the percentage of clients that have been in treatment for more than a year are all lower than is seen nationally, with Derbyshire also having a higher percentage of successful completions than seen nationally (2011/12).

However we do know that only a small percentage of dependent drinkers are in treatment, maybe as few as one in ten, so there is a pressing need to encourage many more problem drinkers to recognise their problem and seek help.

When we look at the use of other important drugs, the picture in Derbyshire is a bit different. The latest figures from the National Treatment Agency suggest that the number of people using opiates like heroin and methadone, and crack cocaine, are lower as a percentage of the population than the national average.

Waiting time targets for adult drug treatment continue to be met, with improvements in the number of opiate and crack users within the county accessing treatment services being seen in the past year.

Percentages of successful completions from adult drug treatment during the 2011/12 period were in line with performance reported nationally.

Main health needs and challenges

There are still many areas where we need to see change and improvement.

1. It is extremely important that we help young people to avoid the worst effects of drinking excess alcohol. As stated above we have seen some good progress in England over the past decade, but we need to continue to work in schools, with the police, licensing authorities, retailers and leisure and youth services to provide the right education and create the best environment for avoiding under-age drinking and ensuring moderate and safe drinking in all our young people. One of the clearest measures of success will be when we reduce alcohol admissions in young people to well below the national average. This is the sort of coordinated action that will be promoted by the new Health and Wellbeing Board.
2. Ensuring that our drug services continue to focus on getting clients off drugs and into recovery schemes.
3. Increasing the safety of children of drug-users, particularly those to whom we prescribe methadone. A child recently died from taking his mother's methadone. This was shocking and tragic and all possible steps must be taken to see that it does not happen again.

Several service areas will be reviewed this year to ensure that we constantly improve the offer to Derbyshire residents.

4. Working across the health and social care system to ensure that health problems linked to substance misuse are managed appropriately. Some of the diseases most closely linked to alcohol abuse are those of the liver and brain as well as cancers of the mouth and gullet. But overuse of alcohol also considerably increases the risk of many of the most common major diseases like health disease, strokes and a wide range of the more common cancers.
5. Keeping ahead of changes in patterns of drug misuse. For example rogue chemists are unleashing a steady stream of new drugs onto the market... so called “legal highs”, some of which can be very dangerous. We need to understand these new drugs and educate our residents, particularly young people, in their effects and dangers, while also trying to restrict supply where possible.

Plans for the coming year

Several service areas will be reviewed this year to ensure that we constantly improve the offer to Derbyshire residents. These will include the intensive inpatient detoxification service, specialist community-based alcohol services, and the Family and Carer support services. The public and service users will be invited to share their views with the council. We also hope to trial new peer-support service in Foston Hall prison, a new detox clinic in Chesterfield and we are looking to train successful service users to become “recovery champions” supporting others undergoing the same struggle.



Top tips for living well – substance misuse

- Keep to the recommended alcohol guidelines and don't drink any at all if you are pregnant
- Try and have at least one day each week when you don't have a drink at all
- Consider swapping pints for halves, or strong beers or wines for ones with a lower strength
- Try the handy tools and apps at NHS Choices:
<http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx>
- If you are concerned about a young person's drug use go to
www.talktofrank.com

And finally...

We hope that you have enjoyed reading this report. If you want to find out more about the subjects covered there are links to follow within the chapters of this document, and we have added a number of references below which will take you to websites covering different topics.

These include the joint strategic needs assessment, the health and wellbeing strategy and others specific to particular areas of work or sections of the population. You are also welcome to contact the public health department at Derbyshire County Council.

This is a momentous year for public health workers in England. We have had a forty year stay in the NHS, during which we have helped to plan and shape all of our health services, and have also made the NHS into a health promoting as well as an illness treating organisation. This report is, to some extent, a celebration of a few of the achievements of this era, particularly the more recent ones. But now, from April of this year, the largest part of the profession will go “back to the future” by returning to the embrace of local government where we have roots going back to Victorian times. Well before the rise of modern medicine, the provision of decent housing, clean water and sewerage systems - all council-led services influenced by Medical Officers of Health and other public health workers- created huge improvements in people’s health and life expectancy.



Derbyshire County Council has made great efforts to welcome us into its midst and take on its new role as the largest public health organisation in the county. Councils, including district and boroughs, with whom we will maintain our close links, continue to provide so many of the services that local people rely on, and they have through their elected councillors, close and dynamic links with our communities, so we are excited at the prospect of finding fresh opportunities in this new arena. Of course, times change and the range of challenges we face going into the councils of the 21st century will not be the same as those faced by our Victorian forebears, although many will actually be rather similar.

Some important public health responsibilities such as screening and vaccination programmes will now go to new health organisations including Public Health England and NHS England, which are also being formed this year. We will ensure through our local networks that this complex transition happens smoothly and that the public does not see any deterioration in these services. Through all this change we will also retain our links to the local NHS and continue to help local commissioners get the best health care for the people of Derbyshire with the resources available.

And then, overseeing the whole system, there is the newly minted Derbyshire Health and Wellbeing board which if successful, will find new ways of aligning and focusing all our efforts to improve health and reduce inequalities in our great county.

This will be the last annual director of public health report that comes to you with an NHS logo, but the show will very definitely go on... and onwards... and maybe even upwards.

Further Information

Derbyshire Health & Wellbeing Strategy

http://www.derbyshirepartnership.gov.uk/thematic_partnerships/health_wellbeing/strategy/

Derbyshire JSNA

(Joint Strategic Needs Assessment) including district profiles:

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

Local Health including interactive maps at various geographies:

www.localhealth.org.uk

Vaccinations

Local video about 'flu vaccination:

<http://www.youtube.com/watch?v=e5fke7OdBBI>

Further information about whooping cough and the vaccine for pregnant women can be found at

www.nhs.uk/Conditions/Whooping-cough/Pages/Introduction.aspx

A list of key dates of vital childhood jabs can be found at

<http://www.nhs.uk/Planners/vaccinations/Pages/Vaccinationchecklist.aspx>

64

Screening

National NHS Screening programmes:

<http://www.screening.nhs.uk/>

Local Diabetic Eye Screening Service:

<http://www.ddrss.nhs.uk/>

Early Years

Healthy Start Programme:

<http://www.healthystart.nhs.uk/>

The HENRY Programme:

<http://www.henry.org.uk/>

Families

Derbyshire Child Poverty Needs Assessment:

<http://tinyurl.com/cxm2kp6>

Change4Life:

<http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>

Smoke-free homes:

<http://www.smokefreefamilies.co.uk/>

Adults

Derbyshire care pathway for weight reduction:

<http://tinyurl.com/ctycg6b>

Derbyshire Health Trainers:

<https://www.derbycitypct.nhs.uk/staying-healthy/derbyshire-health-trainers/>

NHS Healthcheck:

<http://www.nhs.uk/Planners/NHSHealthCheck/Pages/NHSHealthCheck.aspx>

Sexual health information for Derbyshire:

<http://www.derbyshiresexualhealth.nhs.uk/>

Good mental health in Derbyshire:

<http://tinyurl.com/c4djqa3>

Older people

Falls prevention in Derbyshire

<http://tinyurl.com/cvczhr2>

Physical Activity

Active Derbyshire

(including details of local opportunities to get active):

<http://www.activederbyshire.co.uk/>

Key national documents

Healthy lives, healthy people: Improving outcomes and supporting transparency. Public Health Outcomes Framework, Department of Health 2012.

<http://tinyurl.com/d45acrg>

Healthy Lives, Healthy People: our strategy for public health in England. Department of Health 2010.

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

Fair society, healthy lives: the Marmot review.

Michael Marmot, 2010:

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

