

Health and well-being in Derbyshire  
“Healthy and fit, from the Peak to  
the Pit”

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# Health and Wellbeing

- Health OE hale = whole
- Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
- How to interpret this practically...and recognise the prevalence of chronic disease
- Add years to life and life to years?
- Increase the healthy life expectancy and disability free years experienced by the people of Derbyshire.

# Some parameters

- Longevity
- Enabling people to live to the full and have a good chance in life. Early years, education, healthy habits.
- Managing sickness and preventive healthcare
- Fairness and reducing inequalities
- Attention to the vulnerable
- Independence in old age and a good death
- Wider determinants. New opportunities
- Realistic but imaginative sphere of interest
- Life course

# To increase the healthy life expectancy and disability free years experienced by the people of Derbyshire

## START WELL

To optimise children's health at the start to life and before school

- Healthy pregnancy
- breast /infant feeding
- Optimal health 2.5 years
- Vaccination uptake
- Avoidable Admissions
- Experience of quality maternity services
- Keeping safe from avoidable harm

## DEVELOP WELL

Children attain potential and make successful transition to adulthood

- Vaccination uptake
- Risk health behaviours reduced
- Children in care
- Avoidable contact with criminal justice system
- Experience of care services
- Keeping safe from avoidable harm
- School readiness attainment
- Healthy School experience
- Educational attainment
- Children NEET 16-18
- Children in poverty
- Avoidable admissions for chronic illness
- Experience of care services

## LIVE AND WORK WELL

People are enabled to live healthy independent productive lives of their choosing

- Stable domestic harmony
- Mental wellbeing
- Mental health & disabled people living independent
- Health literacy
- Risk behaviours modified
- Utilisation of green space
- Violent crime
- Employment
- Employment/ purposeful activity of disabled people
- Workforce sickness absence
- Effective management of disease
- Emergency response plans
- Protection from risk and hazards to health
- Early presentation and diagnosis of disease
- Preventing avoidable admissions
- Recovery and rehabilitation
- Carers support

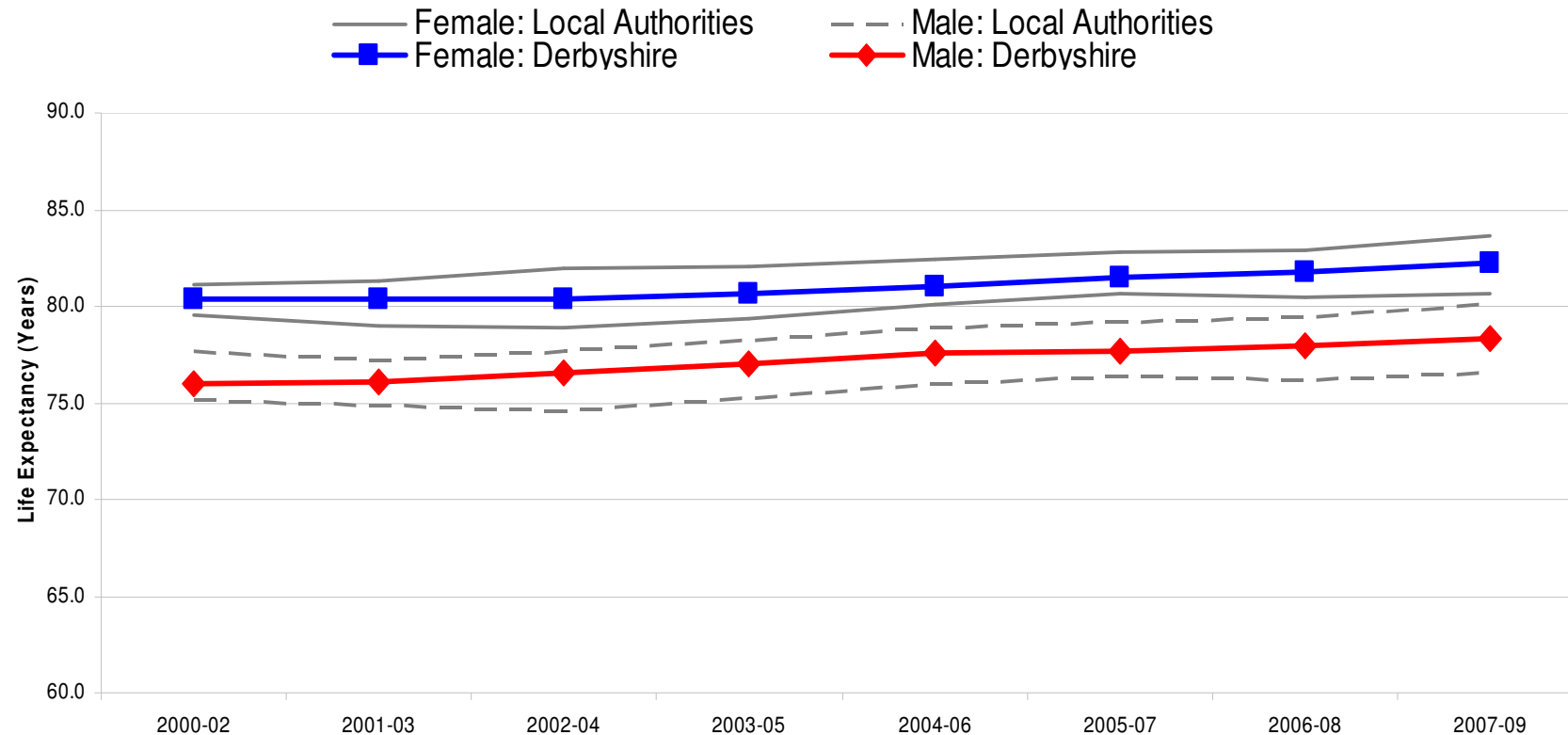
## AGE WELL

People are enabled to age in optimal health with dignity and independently in settings of their choice

- Control and direct influence over resources
- Avoidable re-admissions
- Access to support
- Effective reablement /rehabilitation system
- Experience of care services
- Social network/ connected
- Dignified end of life experience
- Secure income/ entitlement
- Safe and warm living environment
- Perceptions of safety
- Fuel poverty
- Keeping safe from avoidable harm

# Life expectancy is increasing but inequalities remain.

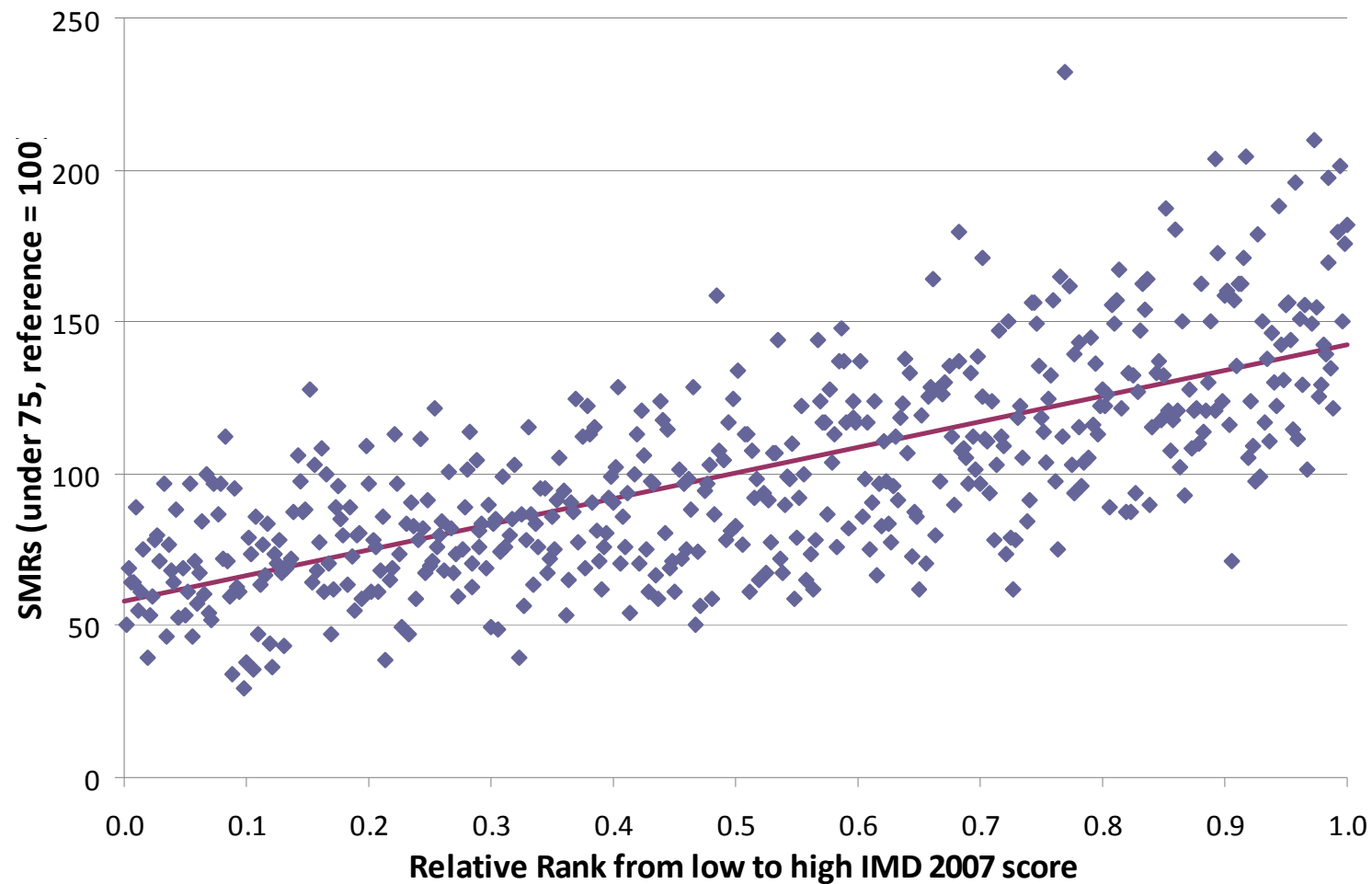
Life expectancy at birth for males and females within Derbyshire and gap between highest and lowest areas, 2001-03-2007-09



Other data from 2005-2009 shows a 7.6 year gap in L.E. between the most and least deprived areas in Derbyshire from males and a 5.4 year gap for females.

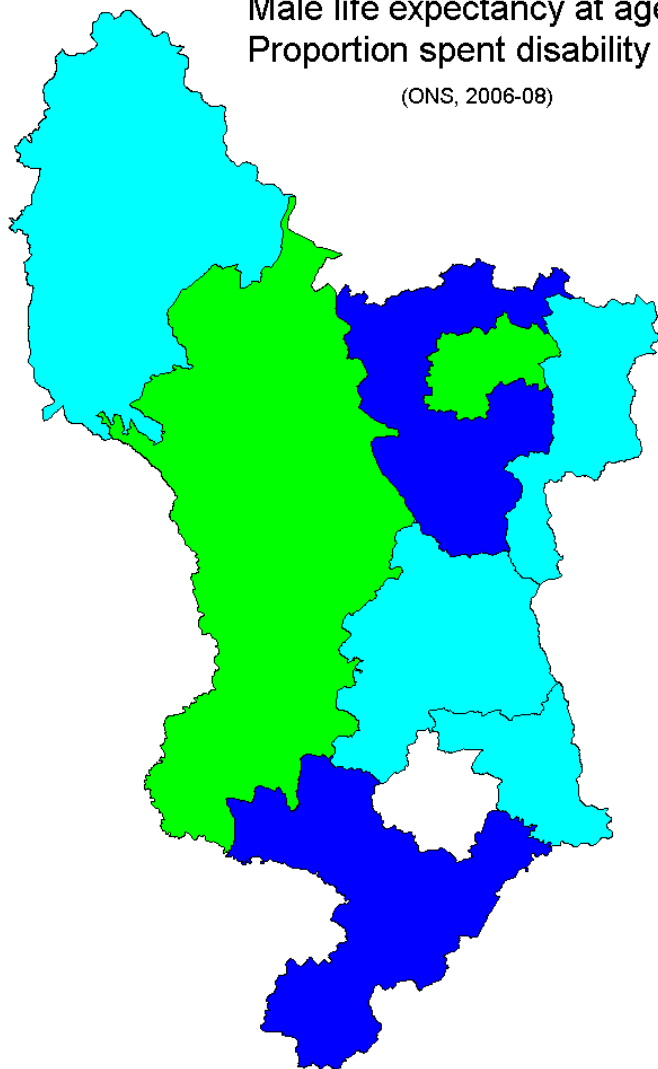
# Premature mortality varies by place of residence

SII; SMRs (under 75), LSOAs in Derbyshire County

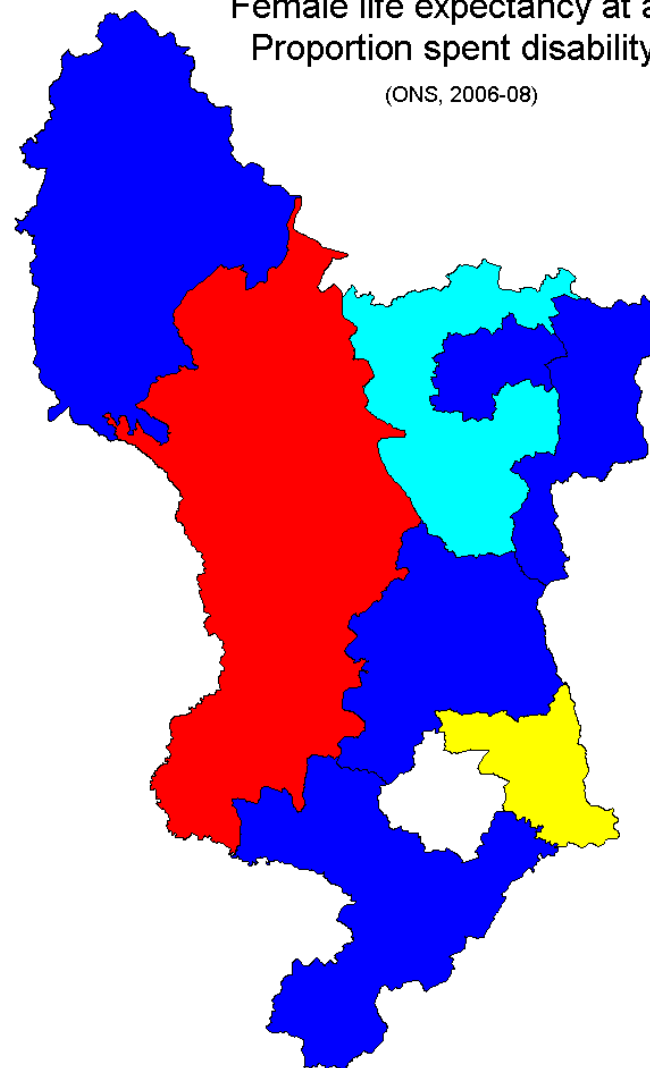


# Disability free years vary by gender & district

Male life expectancy at age 65  
Proportion spent disability free  
(ONS, 2006-08)



Female life expectancy at age 65  
Proportion spent disability free  
(ONS, 2006-08)



Proportion by National Quintile

- Q1 – Best
- Q2
- Q3
- Q4
- Q5 - Worst

# **START WELL**

**To optimise children's health at the start to life and before school**



# Early life care is on par with England but levels of early development vary

## Derbyshire

- Of the 8,092 births in 2009 7.4% had a low birth weight (<2.5kg)
- From 2007-2009 there were 139 perinatal deaths (5.6 per 1,000 live and still births)
- 61.3% of children aged five achieve a good level of development at Foundation Stage (age 5)

## In context

Similar to England (7.5%) overall, but High Peak (5.1%) was significantly lower than Derbyshire

Significantly lower than England (7.6 per 100 births) varied from 3.7 – 7.4 per 1,000 births by district

Significantly better than England, but 12% achievement gap exists between districts

# More work is needed to help new families

## Derbyshire

- 16.3% of mothers smoke during pregnancy
- After birth only 41% of babies were totally or partially breast fed at 6- 8 weeks
- 680 children entered into a child protection plan in 2009/10, 16.3% for the second or subsequent time

## In context

Significantly worse than England (14.0%)

Significantly worse than England (45.2%), possibly a worsening trend

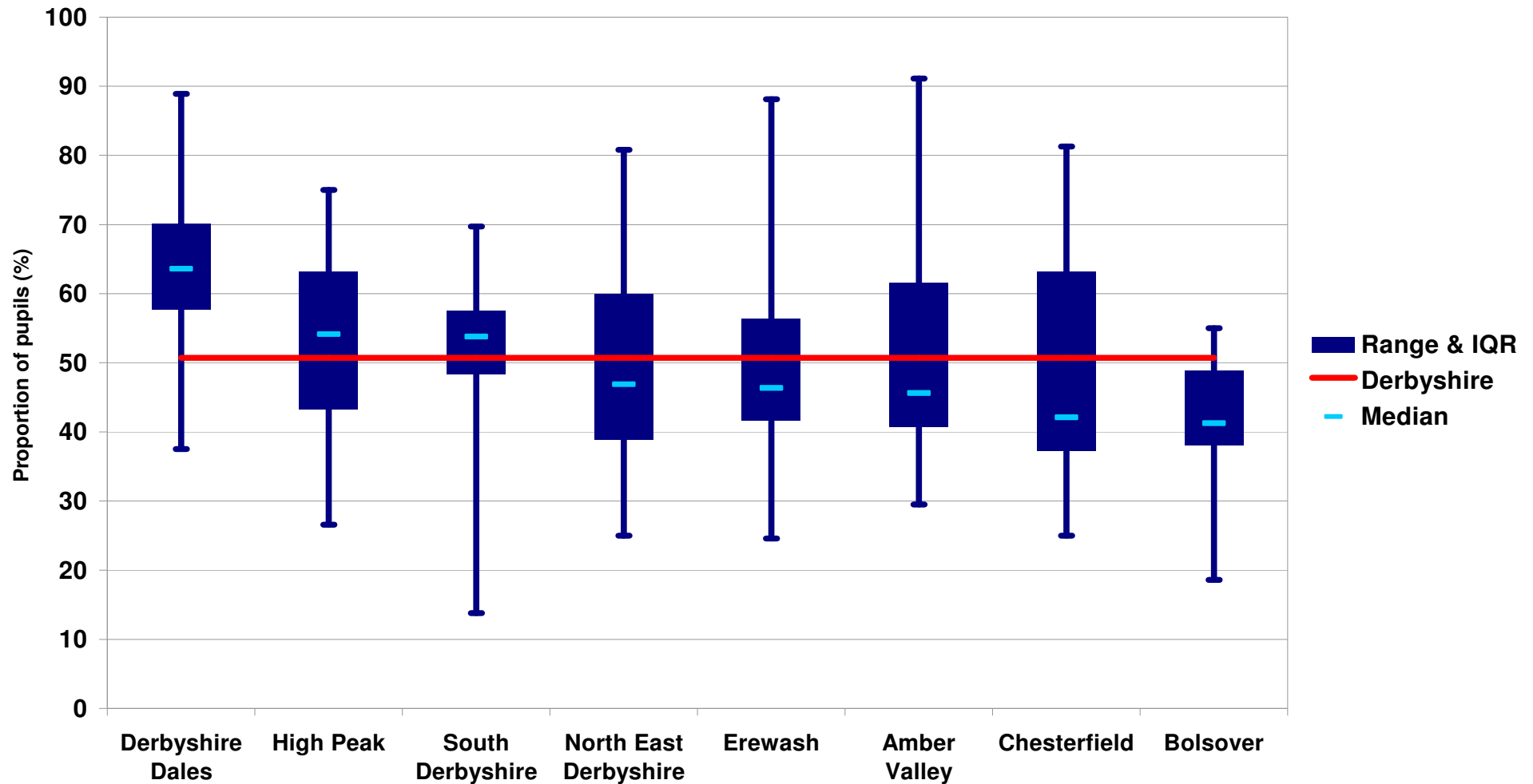
The rate of children entering a second or subsequent plan were higher than England (13.6%)

# **DEVELOP WELL**

**Children attain potential and make successful transition to adulthood**

# Education varies

Percentage of pupils achieving 5 or more GCSEs grades A\*-C including English and Maths within Derbyshire 2009



The range of achievement was 13.8-91.1% between best and worst wards\*

\* with 5 or more pupils

# Children are less deprived, but more are NEET and higher criminalisation

## Derbyshire

- 16% of under 16s live in income deprived households - nearly 23,000 children
- 7.5% of 16-19 years olds not in employment, education or training (NEETs) in 2010
- 1,181 children admitted to the criminal justice system for the first time in 2008/9 (1,530 per 100,000 population)

## Context

Significantly lower than England (21.8%), but varies widely in the county - from 3.4% to 44.1%

Worse than England (6.1) and the East Midlands (5.6)

Worse than England (1,472 per 100,000) and the East Midlands (1,320 per 100,000)

# High risk behavior in young people varies around the county

## Derbyshire

- 18% of children aged 10, 12 & 14 reported they had been drunk in the last four weeks
- The rate of teenage pregnancies in 2007-2009 was 34.2 per 1000 females aged 15-17
- In 2008/9 there were 2,002 emergency admissions to hospital for under 18s due to injury or self harm (13.3 per 1000 population)
- There were 218 alcohol specific admissions for under 18s (1.4 per 1000 population)

## Context

Higher than that reported for England (15%)

Significantly lower than England (38.2 per 1000), but inequalities exist between districts (range 24.2 - 52.1 per 1000)

Inequalities remain. The gap between highest and lowest ward was 27.2 per 1000 population

Variation in the rate from 0 to 8.3 per 1000 depending on ward of residence

# **LIVE AND WORK WELL**

**People are enabled to live healthy independent productive lives of their choosing**

# Unemployment is decreasing but inequalities remain

## Derbyshire

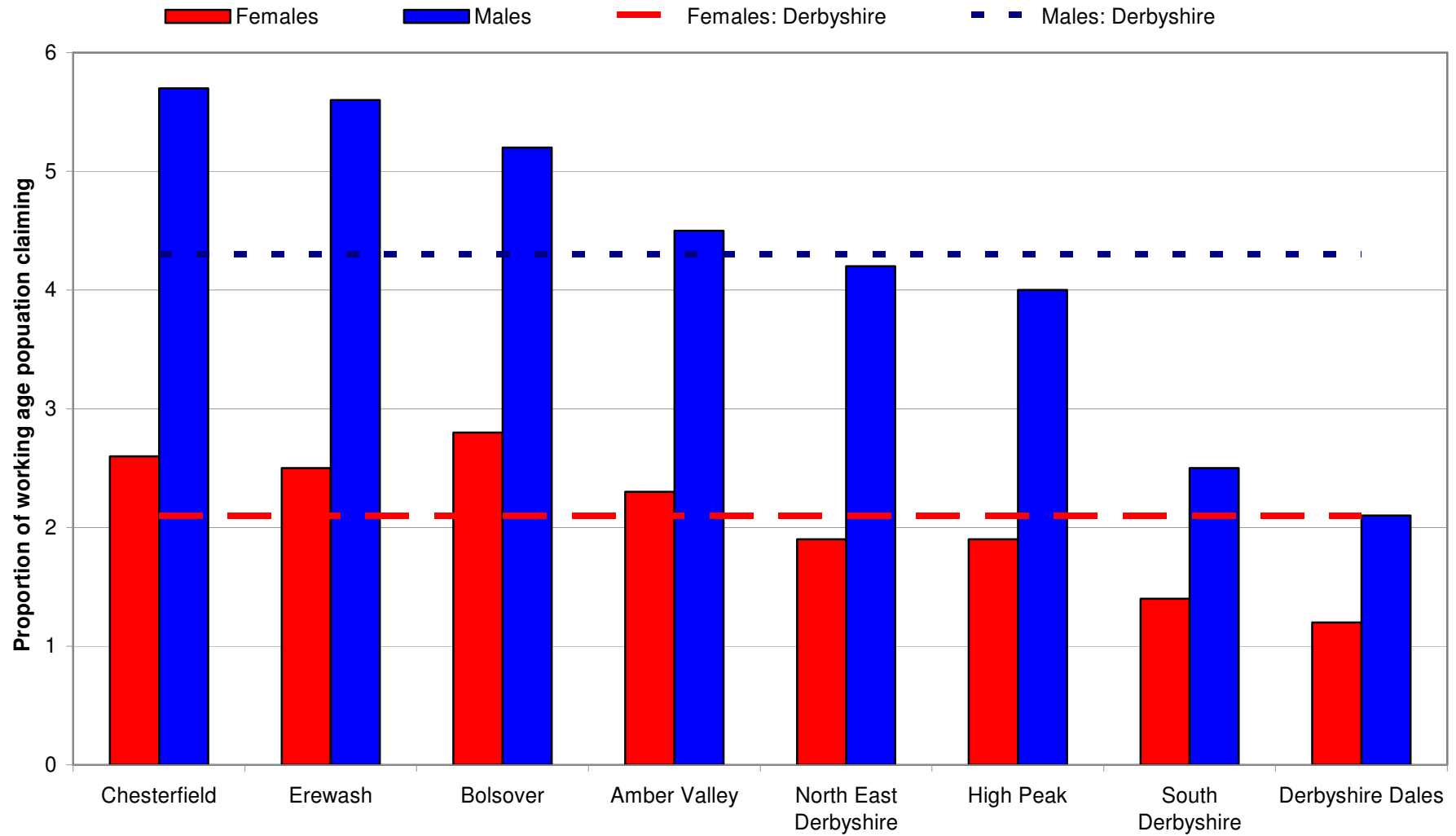
- In May 2011 the claimant count stood at 15,638 or 3.2% of the working population
- This is higher in males (4.3%) than females (2.1%) and much higher in young adults aged 16-24 (6.5%)
- 14.6% of claimants had been claiming long term

## Context

- Unemployment is lower than England (3.7% of working age population)
- 2.8% decrease in claimants since May 2010
- Claimant numbers vary by district of residence (1.7% - 4.1%)
- Long term unemployment varies from 11.6 – 17.1%



### Unemployment claimants as a proportion of males and females of working age within Derbyshire, May 2011



# Wider society

## Derbyshire

- 2.8% of people with learning disabilities were in employment in 2009/10
- 6.6% of the working age population claim Employment and Support Allowance or Incapacity Benefits
- 25 people per 1000 of working age claimed incapacity benefit for mental illness in 2008
- There were 9,600 violent crimes reported in 2009/10 (12.6 per 1000 population)

## Context

Below the East Midlands (6.0%) and the England average (6.4%)

The rate is similar to the East Midlands (6.2%) and England (6.6%)

Significantly lower than England as a whole (27.6 per 1000)

Huge variation around the county depending on ward of residence (1.2 - 83.1 crimes per 1000 population)

# Getting and staying healthy

## Derbyshire

- 12.0 % of over 16s are physically active
- 20.5% of adults in Derbyshire are smokers
- The rate of acute STI\* diagnosis in 2010 was 547.3 per 100,000 population

\*excludes HIV

## Context

Similar to England overall, but significant variation between districts (9.0-14.4%)

As above, with significant variation between districts (15.8 - 27.9%)

This was lower than the East Midlands (704.3 per 100,000), but varied by District (365.0 – 650.3 per 100,000)

# Long term conditions affect 1 in 3 homes in Derbyshire

## Derbyshire

- Local surveys estimate 31.7% of people have a long-standing illness, disability or infirmity

## Context

Slightly higher than reported for England (30%) and the East Midlands (30%)

People living longer with long-term conditions present a challenge for social and health care

# Emergency hospitalisation varies extensively

## Derbyshire

- The rate of emergency admissions to hospital for all conditions was 74.7 per 1000 population (63,326 admissions)
- A number of these emergency admissions might be avoided with better prevention, earlier identification and improved management (4.29 per 1000 population)

## Context

This varies from 43.8 per 1000 to 123.0 per 1000 depending on ward of residence

This was slightly lower than England (4.51 per 1000).  
Decreasing the rate to match the top quartile of PCTs could prevent 1651 admissions and save £3.5 million

# **AGE WELL**

**People are enabled to age in optimal health with dignity and independently in settings of their choice**

# The population is ageing

## Derbyshire

- 18.1 % of the population is aged over 65, this is forecast to increase to 20.6% by 2025
- The over 85 population is forecast to increase from 2.5% to 3.9% by 2025
- 11.6% of over 65s receive home, day or residential care (or direct payments for these)
- In the over 75 population 34% of males and 61% of females live alone

## Context

Currently this is higher than England (16.5%) and varies by district (15.6 – 22.1%)

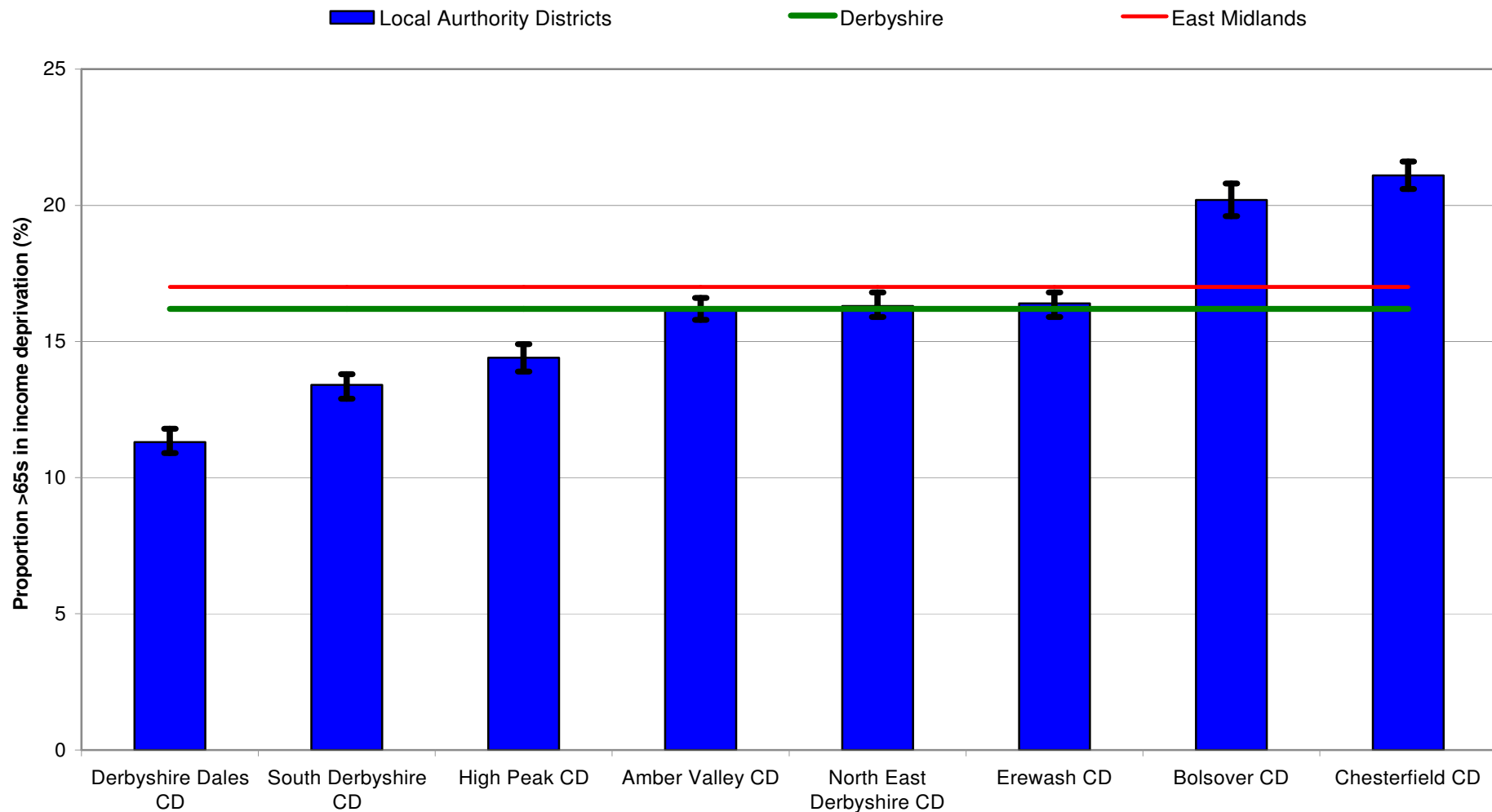
Again, higher than England (2.29%) and varies by district (1.9 – 3.0%). **These increases in will challenge the systems in place**

**This varies around the county from 4.5% to 26.7% depending on ward**

**This represents over 32,000 at increased the risk of social isolation within the county**

# Income deprivation in the over 60s population varies by district

IMD 2010 Income Deprivation Affecting Older People Index (IDAOPI)





# The older population has growing needs

## Derbyshire

- 84% of patients with a long term condition report that they receive support to be independent
- 12,192 over 65s are thought to have depression 3868 cases are severe. The number of cases is forecast to increase to 17,263 by 2025
- It is estimated that there are around 9,400 people with dementia in Derbyshire, it is estimated that this number will rise to 15,200 by 2025

## Context

Higher than the England average (81%) and a 15% increase from 2007/08

Cases in Derbyshire are due to increase by 29% which is above the England average (26%), but this will vary by district (25-35%)

Again the forecast increase in Derbyshire (38%) is higher than England (34%). The proportional increase will vary by district (31-42%) and will affect the oldest parts of the population most

# Dying with dignity

## Derbyshire

- From 2007-2009 19.6% of deaths occurred at home in Derbyshire,
- A higher proportion of males (23.1%) die at home compared with females (16.4%)
- There were 376 excess winter deaths in Derbyshire last year (15.4% greater than expected)

## Context

Significantly lower than the East Midlands (20.5%) and the rate varies by district (18.4 – 20.8%)

Excess winter deaths are similar to England, but within the county the proportion varied from 11.1- 29.9% more than expected

# Conclusions

- Life expectancy is increasing but people are living for longer with a disability
- Reducing social and health inequalities is a priority
- Many determinants contribute to life expectancy and disability free life expectancy
- There is a need to identify key areas to target resources

# Priorities for Derbyshire

- Improve health and wellbeing in early years. Every child fit to benefit from education.
- Reduce levels of harmful alcohol consumption, obesity, and smoking
- Improve management of long term conditions
- Reduce levels of unscheduled hospital care
- Improve health and wellbeing of the elderly and promote independence into old age.