The South Derbyshire Health and Wellbeing Plan 2013 - 16

1. Vision and Aim

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

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

2. Objectives

The Plan will continue to develop:

- strong collaborative working through partnership working, match-funding, shared capacity to deliver, joint ownership of key local outcomes
- local strategic outcomes to measure health improvement. Local outcomes will contribute and align to the priorities and indicators within wider strategies including:
 - Derbyshire Health and Wellbeing Strategy
 - o Strategic priorities across partner organisations delivering locally
 - o national Public Health Outcome Indicators (Appendix 1 Overview of PHOF indicators)
- opportunities to redirect current resources to better meet identified need a shared outcomes approach
- cross-agency utilisation of staff capacity to ensure an identified health and wellbeing focus eg. staff working within a community development role to meet the varying needs of communities most in need, staff supported through Making Every Contact Count (MECC)
- cross-working with county-level services, including additional county-wide Public Health commissioned services (Appendix 2) to ensure targeting to communities living with highest health inequality
- specific focus to reduce health inequalities within South Derbyshire through the principles outlined above and through additional Pubic Health resource
 - o Public Health staff capacity and the joint post (Health Partnership Manager) with South Derbyshire District Council

- New allocated financial resource 2013/15
- Maximisation of budgets to ensure efficiency and SMART outcomes across locality programmes
- planning against identified local health need, consultation with local people and local organisations and underpinned by robust evidence base
- performance monitoring to determine effectiveness
- working in liaison with the South Derbyshire Local Area Committee (LAC) who maintain an advisory role on decision-making and plan development
- locality planning through the South Derbyshire Partnership structure (Appendix 3 South Derbyshire Partnership):
 - o Health and Wellbeing Group develop and act upon the plan
 - o South Derbyshire Partnership Board ratify decisions and hold accountability for the locality plan
- opportunities to develop innovative solutions to health issues identified locally

3. Health Need in South Derbyshire

South Derbyshire is the fastest growing district in the county with a projected 30.6% growth rate upto 2035, compared to 16.2% for the whole of Derbyshire and has a current population of almost 94,915 (*Census 2011, ONS*). This projected growth rate is almost double that of some other local authority second tier districts and covers both urban and rural areas. The growth crosses both younger and older age bands with increases in the under 20s, 25-44 age group particularly and the 75-84, 85+ age group. The projected growth in housing is forecast at 38% compared to 24% for Derbyshire as a whole (2008 – 2033).

Over 6% of the population are not White British, a rate exceeding Derbyshire and there are higher variations in some communities

Over 6% of the population are not White British, a rate exceeding Derbyshire and there are higher variations in some communities within district. This demographic is higher than Derbyshire and it is important to recognise needs specific to different race and culture.

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

Health successes include:

- Over the last ten years the rates of death from all causes and rates of early deaths from heart disease and stroke and from cancer have all improved and are close to the England average
- Life expectancy in the district is similar to Derbyshire and England averages
- Deprivation levels are low and the proportion of children living in poverty is lower than the average for England as is free school meal eligibility

- Percentage of those economically active/ available to work is the highest in Derbyshire; long term unemployment is the lowest compared to Derbyshire
- Rate of adults educated to degree level is better than Derbyshire
- Rates of incapacity benefits for mental illness, new cases of tuberculosis and hospital stays for alcohol related harm are all better than the England average.

JSNA 2012/13 health data

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

Challenges to health include:

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

Health inequality in Children and Young People:

- a higher drop-off rate/ breastfeeding from initiation to 6-8 weeks compared to England
- · above England rates of smoking in pregnancy
- 17.9% of y.6 children are obese similar to England
- Childhood (5-18yrs) inpatient admission rates for asthma significantly higher than Derbyshire (2010/11)
- Above England emergency admissions (under 18s) for accidents
- Lower education attainment is low (5 A* C grades/GCSE level incl. Maths and English) (2011/12) –rate of 49% achieving compared to Derbyshire 57%

Health inequality in Adults:

- Above England rate of hospital admission for COPD (GP Practice Profiles 2011)
- Above Derbyshire rate of emergency readmissions within 30 days of discharge from hospital and higher rate of admissions for acute conditions that should not usually require hospital admission

- Above Derbyshire rate for acute hospital admissions due to a fall or falls injuries for over 65s
- Lower uptake of cervical screening compared to Derbyshire although higher than England
- Lower uptake of the NHS Healthcheck compared to Derbyshire
- Lower uptake of flu vaccination in under 65s compared to Derbyshire rate
- Poorest use of libraries within Derbyshire (out of all LAs) (may reflect access issues/ or use across borders)
- Greatest travel times to GP surgeries compared to other districts in Derbyshire

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

Health inequalities across smaller communities within South Derbyshire

Significant health inequality exists between rural and urban areas (compared to Derbyshire rates), with most inequality focussed in urban areas around Swadlincote. Newhall and Stanton ward includes a lower super output area (LSOA) ranked in the top 10-20% most deprived in England (Source: Department for Communities and Local Government, Indices of Deprivation 2010). This ranking of deprivation has shown a worsening trend since 2007.

Indicator measures specific to the urban core areas around Swadlincote, compared to the district as a whole indicate

- · poorer health amongst young people including emotional and mental wellbeing
- · poorer health amongst adults including:
 - Higher % of people where the daily routine is limited by illhealth or disability
 - Lower life expectancy
 - Higher early death/ circulatory disease/ cancer
 - No qualifications
 - Higher proportion of lone parent families
 - · Poor mental wellbeing

c. Area Summary Quilt 2013

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

Local consultation (online process and through formal meetings) identified the following inequalities:

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

- Emotional wellbeing under 18s
- Quality of housing in the private rented sector

4. Priorities

Derbyshire County Council Health and Wellbeing	Derbyshire County Council health inequalities strategy	South Derbyshire Health and Wellbeing three key Priorities
Priorities		
Improve health and wellbeing in the early years	Reduce and mitigate child poverty	Reducing health inequalities within families and young people living in the urban core around Swadlincote
Promote healthy lifestyles	2. Increase financial inclusion	Supporting health of older people in their own home
Improve mental and emotional health	3. Affordable warmth	3 Supporting individuals and families living in rural areas experiencing health inequality (rural isolation, deprivation)
4 Improve the health and wellbeing of older people	Supporting employment for vulnerable groups	
5 Promote the independence of people with long term conditions and their carers		

The Health and Wellbeing action plan for South Derbyshire reflects the Vision, Aim, Objectives and Health needs local to South Derbyshire. The Plan includes the <u>three key priorities as detailed above</u>. The additional Public Health resource (2013/15) will support the reduction of local health inequalities through addressing these **three key priorities**.

Two key	We will	Suggested
Priorities		proportion of new

		Public Locality Public Health
		money (%)
Reducing	Focus collaborative working across urban core areas to support:	75%
health	Improvements to all failing measures indicating health inequality compared to other parts	
inequalities	of the district and including	
within	Reduction in crime and antisocial behaviour.	
families and	Reduced school absenteeism.	
young people	Reduced under 18s conceptions	
living in the	Reducing selfharm	
urban core	Improving emotional and mental wellbeing	
around	Increased level of adults with basic skills	
Swadlincote		
	Work in partnership to promote and improve	
	Financial management in families	
	 Mental and emotional wellbeing across young people and families 	
	Community resilience and "sense of community" across identified inequality areas	
Supporting health of	Work with organisations including the voluntary sector, general practice and adult social care to identify older people at risk in their own home	20%
older people in their own	Ensure services that enable older people to stay in their own home are fully known to organisations, older people and carers	
home	Ensure pathways into services (both clinical and lifestyle) are known to organisations, older people and carers	
	 Develop a community support referral scheme to address social isolation and promote strong emotional and mental wellbeing amongst carers and older people in their own homes 	

Supporting individuals and families	 Work with organisations to ensure pathways into support services are visible, accessible and supportive for individuals and families living in rural communities 	5%
living in rural	Develop targeted activity to minimise the harmful effects for individuals and	
areas experiencing	families due to social isolation, deprivation and poor access to services	
health inequality		
(rural isolation,		
deprivation)		

Additional Public Health Staff resource and the Health Partnership Manager (joint post between SDDC/ Public Health) will lead and support the delivery of the plan outcomes.

The Local Structure to develop and achieve the three priorities outlined above:

The three priorities for South Derbyshire have been decided against analysis of local need, local intelligence, consultation across stakeholders and in liaison with the South Derbyshire Local area Committee (SD LAC). The plan acknowledges the discussion and agreement at the SD LAC meetings (October 2013; January 15th 2014) and the issues raised including that the plan address "hidden" health inequality across the district and in particular within more rural communities. The SD LAC will act as a reference group for the continued development of the plan to meet the priorities.

Development and monitoring of actions within the plan will be the responsibility of the Health and Wellbeing Group with ratification through the South Derbyshire Partnership Board. Commissioning decisions and performance monitoring will be through the South Derbyshire Partnership Board.

This Health and Wellbeing Plan will seek to work closely across all other local organisations with a role in the promotion of health improvement. It aims to ensure its strategic priorities are aligned across other local plans eg. the South Derbyshire Physical Activity Plan, the Children's and Young People's commissioning Plan. This model will ensure collaborative and efficient working and maximisation of positive health outcomes for local residents.

4.1 Partner Organisation Priorities

South Derbyshire Partnership	South Derbyshire District Council 13/14	South Derbyshire CCG 2013/14	South Derbyshire CVS
 Healthier communities Safer communities Vibrant communities; a sense of community Sustainable development; affordable housing, employment Children and young people 	Sustainable growth and opportunity	 Older people and people with long term conditions Mental Health Urgent care Primary care Children's health locality focus* Quality Finance Patient and public engagement CCG development Provider relationships *SD Local: Frail older people's services/Oakland Intermediate care/ Oakland Urgent Care – A&E attendance Care Pathway implementation – Dementia case finding; Dementia Management; A&E improvement pathway – falls risk. Carpal Tunnel pathway; paediatric behavioural pathway; Choose and book 	 Support for individuals in need of help Support for voluntary and community groups Promoting and supporting volunteering

5. Health and Wellbeing action Plan 2013-16 across the life course

Derbyshire	South Derbyshire	Outcomes	ACTION	Who? (lead agency	RAG/ Progress
Health and	Priorities (JSNA)	(SMART)		and partners)	rating
Wellbeing					
Priorities					
STARTING WELL/	DEVELOPING WELL				
Improve health and wellbeing in	Maintain rates of breastfeeding from	% increase in awards	SD Welcome Here Award	SDDC Welcome Here award	
the early years and	initiation to 6/8 weeks	in areas of inequality			
children and young			Support county	Children's centres	
people			services through		
	D 1	- "	locality team	D .	
	Reduce emergency	Family engagement	RoSPA programme	Partners	
	admissions accidents under 18s			Children's centres	
	under 105			CAYA	
	Reduce smoking in	Decrease in smoking	Support Integrated	SDP partners	
	pregnancy	rates during	Lifestyles Services	CAYA	
		pregnancy	through locality		
			team		
	Decrease in school	No of inspire events	Facilitate regular	EM Airport; SDP	
	absenteeism	Case study	interventions	partners; local	
	lasans Edwards	information from	"Inspire" through	business	
	Improve Education	young participants	schools, colleges	Schools and colleges	
	attainment (GCSE 49% attainments				
	compared to county				
	57%)/ GCSE				
	Decrease in under 18	Improved access to	Facilitate county	SDP partners	

	conceptions Decrease in under 18 alcohol admissions to hospital	services	services through locality team – review working across organisations; pathways	CAYA	
	Promote emotional wellbeing across under 18s	Improved access to services for young people and families with emotional and behavioural needs	Locality team to support county development of Pathway supporting emotional wellbeing and SD CCG paediatric behavioural pathway development	Public Health CAYA SD CCG schools	
DEVELOPING WEL	L/ LIVING WELL/ WOR	KING WELL	-	,	
Promote healthy lifestyles and Promote mental health and emotional wellbeing	Reduce childhood obesity Reduce adult obesity Improve physical health of people living with mental illhealth and/or disability	Increase in PA measure No of family interventions/% in urban core No of participants living with mental illhealth and/or disability	Family physical activity interventions; outdoor gym/ urban park interventions; use of www.healthiersout hderbyshire.org facilitate county services through locality team — support to Five/60	SDDC DCC (PA funding – 16yrs +sedentary) Leisure Private business GAIF National Forest Primary Care Schools Integrated Lifestyle Service	

		in urban core	
Reduce health	No of people	Public participatory	SD CVS
inequalities	consulted	needs appraisal	Organisations/ frontline
amongst young	Findings report	project, consult	staff specific to urban
people and families		and engage	areas
in Swadlincote		people within	Local people
areas (incl. Newhall		identified need	
and Stanton)		areas (IMD 2010)	
	% increase in	Financial inclusion	MoneySpider Credit
	participants	project - support	Union
	% from LSOA most	development of	SDP partners
	deprived	Money Spider	
	communities	Credit Union	
	No of participants	Facilitate an	SDP; CAYA
	No achieving work	intervention,	Local business
		supporting people	DCC Family learning
		into work; aspiring	SD CVS
		vulnerable parents	
		and carers	
	No of participants	Flourish project –	SD CVS
	% Increase in access	self empowerment	Local people and
	to services	for local people	volunteers
			SDP partners
	No of participants	Family intervention	SDP partners
		project –	
		infrastructure to	
		support positive	
		parenting	
		development	

	Increase uptake of NHS healthcheck	% increase in NHS Healthcheck uptake % uptake from LSOA postcode areas/ highest deprivation	Facilitate county service through supporting referral pathways, promoting local support information/ signposting and use of targeted model ie. Body MOTs	Primary Care/ CCG Integrated Lifestyles Service SDDC SD CVS Partners
	Promote mental health and wellbeing	No of positive promotions/ mental health	Healthier South Derbyshire Information project Workplace health intervention	SDDC Voluntary organisations Adult Care CAYA Derbyshire Mental Health FT Library service SDDC Env Health Local businesses
AGEING WELL				
Improve the health and wellbeing of older people Promote the independence of people with long term conditions	Reduce rate of hospital admissions due to a fall over 65s Improve health of older people including mental and emotional wellbeing	No of referrals Uptake of additional services	Community support referral project; Interventions/ elders – dance, active in age;	SD Locality/ CCG General practices CVS/ voluntary organisations SDP partners Older people

and their carers	Improve flu	Support to county	/ DCC (PA funding/16+
	vaccination uptake	services	sedentary pop)
		Physical activity	
		opportunities for	
		older people –	
		support to county	,
		falls prevention;	
		dance	

6.New Public Health Investment

Additional Public Health resource is allocated to South Derbyshire as follows. Funding is directed to support interventions and development specific to the identified two key priorities (section 4).

	Current position	Proposed annual additional	Total annual allocation 2014/15	Part year additional funding 2013/14
	0-100	resource		
South	£51,300	£40,983	£92,283	£10,245
Derbyshire	Senior Public	Public Health	Public Health Manager	
	Health	Manager (WTE0.4)	(WTE0.4)	
	Manager	Maintain Health	Health Partnership	
	(WTE0.2)	Partnership	Manager*	
	Health	Manager	Senior Public Health	
	Partnership		Manager (WTE0.2)	
	Manager			

• Match funding for this post is included within the PH allocation

REFERENCES

Area Summary Quilt 2013

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

Joint Strategic Needs Assessment (JSNA) 2012 and 2013 http://observatory.derbyshire.gov.uk/IAS/Custom/resources/HealthandWellbeing/GeoProfiles/JSNAGeoProfile_2012_SouthDerbyshire.pdf#view=Fit

Our Sustainable Community Strategy for South Derbyshire 2009-2029 – Fit for the Future http://www.south-derbys.gov.uk/Images/Sustainable%20Community%20Strategy%20for%20web_tcm21-112771.pdf

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March 2014

Appendix 1. Public Health Outcomes Framework 2013-16 – Derbyshire performance http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/0/par/E12000004/are/E10000007

Appendix 2 Derbyshire Public Health commissioned services



PH commissioned services county.zip

Appendix 3 South Derbyshire Partnership – organisation



APPENDIX 3 SDP - Dec 2013.zip