Agenda item 9

DERBYSHIRE HEALTH AND WELLBEING BOARD

4 October 2018

Report of The Director of Public Health

DERBYSHIRE HEALTH AND WELLBEING STRATEGY 2018 ONWARDS

1. Purpose of the report

To review, discuss and adopt the proposed 'Health and Wellbeing Strategy 2018 Onwards'.

2. Information and analysis

Appendix 1 presents the Derbyshire 'Health and Wellbeing Strategy 2018 Onwards'. The strategy identifies 5 priority areas:

1. Enable people in Derbyshire to live healthy lives
2. Work to lower levels of air pollution
3. Build mental health and wellbeing across the life course
4. Support our vulnerable populations to live in well-planned and healthy homes
5. Strengthen opportunities for good quality employment and lifelong learning

For each priority the strategy describes:

- Why this is a priority for Derbyshire.
- What we want to achieve.
- How we will achieve our ambitions.

The Strategy also identifies a number of specific ways in which Board Members, as representatives of organisations and collectively, can work together to address complex health challenges in Derbyshire.

3. Links to the Health and Wellbeing Strategy

This new 'Health and Wellbeing Strategy 2018 Onwards' both builds on previous strategies and identifies new priorities based upon factors including data on wellbeing, health and social care needs in Derbyshire and understanding of priority areas for the local population.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to discuss and adopt the attached 'Health and Wellbeing Strategy 2018 Onwards':

Dean Wallace
Director of Public Health
Derbyshire County Council

Appendix 1

Derbyshire Health and Wellbeing Strategy

2018 Onwards

Contents

Context

At a local and national level health systems are working together to develop a 'person-centred' approach to health that focuses on the holistic needs of the individual. This approach requires health and wellbeing partners to work together to enable people to remain healthy and independent for as long as possible, working in a joined-up way across a wide range of sectors including health, social care, housing and education to create environments that support good health.

Prevention is a key facet of this approach, working with local people to enable them to live healthier lives, access services designed to prevent illness and maximise their health within their living and working environments.

Nationally, the NHS Five Year Forward View has outlined progress made and next steps towards delivering an NHS fit for the future. Priority areas include working with community services and councils to support patients with less severe conditions to access more convenient alternatives to hospital care, and supporting people to remain healthy and independent into older age. Many areas are moving towards integrated systems, with NHS commissioners and providers working together with Local Authorities, the public and other stakeholders, to develop partnerships that will enable them to work better together to improve health and care outcomes in a place.

In Derbyshire the plan for developing our integrated system is 'Joined-Up Care Derbyshire'. This Sustainability and Transformation Plan (STP) describes how Derbyshire will move, over the coming years, towards an integrated health and care system with priorities relevant to the local population. Within Joined-Up Care Derbyshire, a Prevention work stream places emphasis on health and care activities that can support the population to lead healthier lives (such as smoking cessation and sexual health services) and minimise their risk of disease or disability (such as screening programmes and childhood immunisation). As a movement that brings health and social care stakeholders together, the STP is well placed to prioritise these particular areas of ill health prevention.

However, a population level approach to prevention requires a focus on the social, cultural and economic environments in which we all live, work and play; known as the 'Social' or 'Wider' Determinants of Health (see Figure 1). It is well-established that the majority – estimated between 60% and 85% - of modifiable health outcomes are due to the wider determinants of health and lifestyle[1]. In Derbyshire this means that a substantial proportion of ill health and premature mortality could be prevented by

[1] The King's Fund (2013) Broader determinants of health: Future trends. Available at: https://www.kingsfund.ork.uk/projects/time-think-differently/trends-broader-determinants-health

improving living and working conditions, and making healthy choices easier. In relation to cancer alone over 2000 cases could be prevented each year in Derbyshire.

The roots of a healthy life begin in infancy and continue through childhood and into adulthood. The Health and Wellbeing Board is in an excellent position to lead organisations in Derbyshire to address these Wider Determinants of Health, for example with initiatives that influence education, employment, housing and transport positively for health across the life course. We can also work together to influence the creation of environments in which making healthy choices is the easy choice across a range of health behaviours such as smoking, diet, and alcohol consumption. The consequences of not acting, for both the social and health care systems, are substantial. This Health and Wellbeing Strategy focuses on our priorities for the Wider Determinants of Health in Derbyshire.

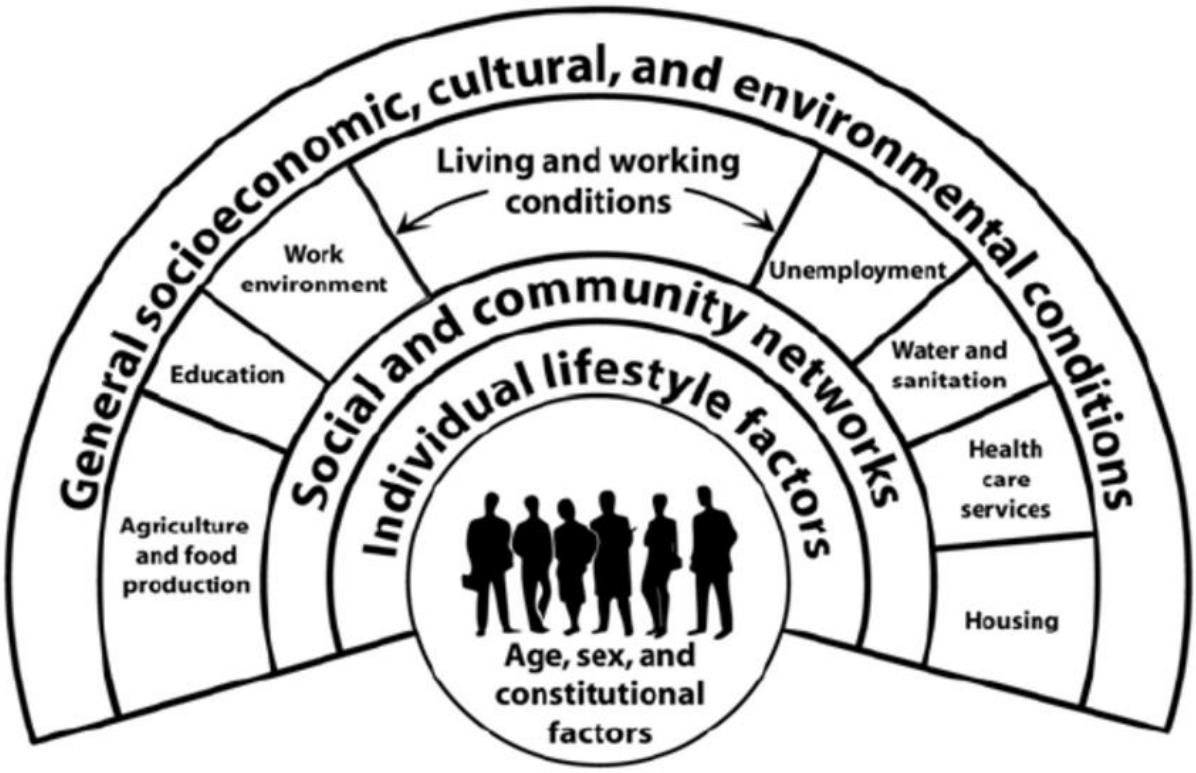

Figure 1: Dahlgren and Whitehead, 1991; Social Model of Health[2]

[2] Dahlgren, G, Whitehead, M. (1991) Policies and Strategies to Promote Social Equity in Health. Stockholm; Sweden.

The Health of Derbyshire

785,760 people are estimated to live in Derbyshire County. The population is older than the England average. The population is expected to increase by 79,000 (10%) over the next 20 years and the number of people aged over 90 years old will treble.

To understand more about the health of the population of Derbyshire we look at a number of measures, for example life expectancy and healthy life expectancy, and how many people are living with certain long-term conditions. We also look at some of the factors that evidence tells us underpin good health across the life course, for example information on financial inclusion, educational attainment, long-term unemployment and housing challenges (such as homelessness or overcrowding).

Average life expectancy at birth is 79.1 years for men and 82.8 years for women; significantly lower than the England average. Healthy life expectancy – how long a person is expected to live in good health – is 63.9 years for men and 63.5 years for women; significantly lower than the England average for women. There is a large difference in healthy life expectancy between men and women living in our most and least deprived communities. A man living in one of the least deprived communities can expected to live 13.7 more years in good health than a man living in one of the most deprived communities. For women the difference is 13.5 years.

Compared to the England average, we have significantly higher level of a range of mental and physical health conditions in Derbyshire. For example, in adults the prevalence of dementia, depression, diabetes, coronary heart disease and stroke are all significantly higher than the England average. Further, the rate of hospital admissions for self-harm at all ages is significantly higher than the England average, as is the hospital admission rate for alcoholic liver disease.

The Population Knowledge and Intelligence Team have complied a series of Bite Size reports on health in Derbyshire and the wider determinants of health. In relation to the wider determinants of health and lifestyle these reports tell us that:

1,037 mothers are smoking at the time of delivery of their baby.
If Derbyshire experienced the same prevalence of smoking at delivery as the England average 250 fewer women would be smoking at delivery.

2,515 children in Y6 (32.7%) and over 500,000 adults (63.8%) are overweight or obese.
For adults this is significantly worse than the England average of 61.3%.

3,070 babies born in 2016/17 (40.3%) were breastfed for 6-8 weeks.
If Derbyshire had the same prevalence of breastfeeding for 6-8 weeks as the England average an additional 313 babies would benefit from breast milk.

Half of cases of HIV in Derbyshire are diagnosed late.
Between 2015 and 2017 in Derbyshire 36 cases were diagnosed late, with significant implications for morbidity, survival and healthcare costs.

27% people drink more than the recommended limit of 14 units each week.
This amounts to over 210,000 people in Derbyshire who are drinking at a level that may be harmful to their physical or mental health.

Over 175,000 adults do less than 30 minutes of physical activity a week.
Physical inactivity is linked to a wide range of health and social consequences and so reducing levels of inactivity should be a local priority.

12.8% of households in Derbyshire are living in fuel poverty.
This equates to 41,350 households in Derbyshire. The England average is 10.4% of households living in fuel poverty.

4,343 teenagers achieved 5 A*-C GCSE grades (incl. English & Maths).
3,583 teenagers (45.2%) did not achieve 5 A*-C GCSE grades (incl. English & Maths), higher than the England average of 42.2%.

477 people in Derbyshire are statutorily homeless.
Statutorily homeless households are some of the most vulnerable and needy members of our communities, with a range of health and social needs.

Individually and combined, these factors contribute substantially to the burden of preventable ill health and premature mortality in Derbyshire, and present a number of priority areas in which to focus our collective efforts to improve the health and wellbeing of our population.

Vision and Priorities for Derbyshire

The Health and Wellbeing Strategy 2018 outlines five priority areas on which the Health and Wellbeing Board will focus activity over the coming years. The Strategy does not provide a comprehensive long list of the work that the Board collectively, or as individual partner organisations, are undertaking. Rather it highlights particular areas and population subgroups that have been identified as opportunities for focused work to improve the health and wellbeing of the population of Derbyshire.

In each of these priority areas progress will take time and so rather than refresh this strategy in 2 or 3 years, as we have previously, the Board will review progress towards and the relevance of each priority area against the Health of Derbyshire each spring. When the priorities are no longer perceived to be relevant by The Board the Strategy will be refreshed.

The vision of the Health and Wellbeing Board remains unchanged from that set out in the 2012-2015 Strategy:

> "To reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities."

The priorities, identified below, support Health and Wellbeing Board Partners to consider where working together and delivering through strong collective leadership will lead to an impact that is greater than the sum of its parts.

1. Enable people in Derbyshire to live healthy lives
2. Work to lower levels of air pollution
3. Build mental health and wellbeing across the life course
4. Support our vulnerable populations to live in well-planned and healthy homes
5. Strengthen opportunities for quality employment and lifelong learning

Each of the five Health and Wellbeing Board priorities are presented below as a headline 'Outcome' and then a description of:

- Why this is a priority for Derbyshire
- What we want to achieve
- How we will achieve our ambitions

The specific role of the Health and Wellbeing Board in supporting progress across these priorities is also described.

Outcome 1: All people in Derbyshire are enabled to live healthy lives

Why is enabling people in Derbyshire to live healthy lives a priority?

Smoking, physical inactivity, poor diets, drinking above recommended alcohol limits and sexual ill health are five of the biggest contributors to disease and disability in Derbyshire. Together these factors contribute to a range of conditions including (but not limited to): becoming overweight or obese, tooth decay, depression, anxiety, type 2 diabetes, respiratory diseases, certain cancers, heart disease and osteoporosis.

In Derbyshire, 20.9% of the population is physically inactive, similar to the England average of 22.2%. However, the prevalence of overweight and obesity in both adults and young children is significantly higher than the national average. Only 40.4% of babies in Derbyshire are breastfed for at least 6 weeks, compared to an England average of 44.4%. Further, only half of 15 year olds eat 5 portions or more of fruit and vegetables per day, rising to 57.8% in adults[3].

In Derbyshire, 26.6% of the population drink above government guidelines of 14 units a week, similar to the England average of 25.7%. Fewer adults abstain from drinking (9.6%) compared to England (15.5%) and the East Midlands (13.5%)[4]. Despite similar levels of risky and dependent drinking to the England average, in Derbyshire rates of admission to hospital for alcohol-related conditions are higher and there are more road traffic accidents where at least one of the drivers failed an alcohol breath test. In Derbyshire 19.9% of people are current smokers, similar to the England average of 18.0%[1]. However, 31.5% of people in routine and manual occupations smoke and 14.1% of pregnant women are smoking at the time of delivery.

Finally, the proportion of people aged 15-25 years old screened for chlamydia at 14.4% is significantly below the England average of 19.3%, as is HIV testing coverage, and the rate of late HIV diagnosis is high.

As well as variation from the England average, in many of these indicators there is significant variation within Derbyshire that relates to factors such as living and working conditions and which leads to health inequalities. Deprivation is an important determinant of health. Additionally, there are some complex population groups, for example the homeless, offenders and veterans, who experience common challenges in living healthy lives that we will collaborate to address locally.

---

[3] PHE Fingertips https://fingertips.phe.org.uk/

[4] Local Alcohol Profiles for England https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/ 1938133118/ pat/6/par/E12000004/ati/102/are/E10000007

What do we want to achieve?

A Derbyshire that enables people to live healthy lives through physical activity, healthy eating, living tobacco free, drinking at safer levels and maintaining good sexual health.

We will track indicators to understand progress towards our outcome, looking for a trend towards:

- A reduction in smoking in young people, adults and pregnant women at the time of delivery.
- A decrease in alcohol-specific and alcohol-related hospital admissions.
- An increase in testing coverage for chlamydia and HIV, and a reduction in HIV late diagnoses.
- A reduction in the percentage of the population who are physically inactive and an increase in active travel to schools and workplaces.
- An increase in the number of babies that are breastfed for at least 6 weeks.
- An increase in the number of people eating 5 fruit and vegetables a day.
- A reduction in the number of adults and children who are overweight or obese.

The specific indicators that will be tracked to understand progress towards enabling people to live healthy lives are outlined in 'Measuring Success'.

How will we achieve our ambitions?

Across these five priority areas a number of partnership groups are established to identify opportunities for working together across the system to improve population health and wellbeing across the life course. These partnerships are developing evidence-informed strategies that include various initiatives and programmes of work. For example:

- The 'Substance Misuse Strategy', which is driven by key principles around education and prevention, early intervention and harm reduction, treatment and recovery, and controlling the supply and enforcement. Within each principle the strategy sets specific objectives and actions that partners consider will contribute to reducing the harm that substance misuse causes individuals, families and communities.
- The Derbyshire Maternity Transformation Programme (DMTP) is developing priorities and actions to support women and families to give their children the best possible start in life and begin parenting feeling confident, capable and well supported. Under the DMTP, a Strategic Breastfeeding Group has been established across Derbyshire and Derby City to identify ways to work together to support breastfeeding in Derbyshire. Additionally, as children grow there are a number of initiatives in Derbyshire to support healthy eating, for

example programmes such as ‘Food For Life’ and consideration of legislation for hot food takeaways near schools.

- The ‘Sexual Health Strategy’ seeks to work collaboratively across the range of organisations within the Derbyshire sexual health system to support people to look after their own sexual wellbeing and to provide accessible and welcoming services which are focussed on prevention, early diagnosis and treatment, supporting vulnerable groups and tackling stigma. The Framework for action identifies a range of initiatives to support improved sexual health in Derbyshire, for example innovative use of technology to improve service accessibility, improving access to long-acting reversible contraceptives, understanding drivers of late HIV diagnosis, improving STI detection rates, and supporting the development of relationship and sex education in schools to ensure our young people have the right information to make informed decisions and support their emotional and relationship development.
- The ‘Towards an Active Derbyshire’ strategy seeks cultural transformation that makes Derbyshire more active through providing co-ordinated choice, motivation and support for physical activity. Delivery of the strategy is a partnership between a wide range of stakeholders – led by Active Derbyshire – that focuses on reducing physical inactivity in women and girls, young people and those living in more deprived communities. Delivery will be through a wide range of initiatives for example encouraging active travel and supporting the development of local opportunities to be active.

The specific role of the Health and Wellbeing Board in enabling people to live healthy lives is:

- To empower existing partnerships to work seamlessly together to identify local priorities and develop action plans to address those priorities.
- Identify opportunities for linking across different strategic areas of work and parts of the whole system.
- To have a regular, proactive conversations about specific areas in which Board Member (and other) organisations can work together to support each other and to explore and help to solve challenges in areas where anticipated progress is not being made.
- To support evaluation of programmes of work and specific initiatives to understand the benefits to Derbyshire and lessons that can be learned for the future.

Outcome 2: Low levels of air pollution across Derbyshire

Why is working to lower levels of air pollution a priority for Derbyshire?

Air pollution is associated with a number of adverse effects across the life course, contributing towards asthma in children, worsening of respiratory and cardiovascular disease, and cases of lung and other cancers. In 2017 alone, an estimated 530 deaths were linked to particulate matter pollution in Derbyshire[5].

Air pollution levels vary across the County due to proximity to sources of pollution such as major road networks. Two of the main pollutants of concern are particulate matter (small particles e.g. from tyre wear and tear) and nitrogen dioxide. Air pollution is harmful to everyone. However, some people suffer more than others because they: live in deprived areas that often have higher levels of air pollution, live, learn or work near busy roads, or are more vulnerable because of their age or existing medical conditions.

Whilst there have been overall improvements in air quality across Derbyshire in recent years, data suggests improvements are beginning to plateau and in those areas with the highest air pollution improvements are less marked[1].

What do we want to achieve?

A Derbyshire that brings together individuals, communities and organisations to improve air quality. Improvements in air quality cannot be achieved by any one organisation in isolation, and so we must work together to reduce levels of air pollution across Derbyshire.

The Health and Wellbeing Board will monitor the following performance measures to understand progress:

- Representation of a wide range of organisations in an Air Quality Working Group.
- Development and delivery of an Air Quality Strategy.

Outcome indicators will also be tracked, looking for a trend towards:

- An increase in the use of active modes of transport.
- A reduction in average concentrations of nitrogen dioxide.
- A reduction in average concentrations of particulate matter.

The specific indicators that will be tracked to understand progress towards achieving lower levels of air pollution are outlined in ‘Measuring Success’.

[5] Derbyshire Health Protection Board: Air Quality Trends and Health 18 October 2017

How will we achieve our ambitions?

Across Derbyshire County and Derby City an Air Quality Working Group (a sub-group of the Health Protection Board) has been established to explore ways to reduce air pollution locally. This group is looking at different approaches to improving air quality and recommends the development of an Air Quality Strategy to provide strategic direction to tackle air pollution. This ambitious strategy would be developed by a range of stakeholders working together and would to improve air quality through actions such as working collaboratively across organisational boundaries, increasing the use of sustainable modes of transport and reducing local sources of air pollution.

To support reducing levels of air pollution the Health and Wellbeing Board will:

- Champion the development and delivery of an ambitious 'Air Quality Strategy' for Derbyshire.
- Lead by example, for example in seeking to reduce the impact that services have on local air pollution levels and increasing the number of people using sustainable travel options to access work and services.
- Empower existing partnerships to drive forward the air quality agenda in Derbyshire, including identifying additional opportunities for working collaboratively to improve air quality.
- Explore, through regular discussion with partners working to improve air quality, opportunities and threats to progressing this agenda and help to solve challenges in areas where anticipated progress is not being made.

Outcome 3: All people in Derbyshire are enabled to have good mental health and wellbeing across the life course

Why is building mental health and wellbeing across the life course a priority for Derbyshire?

1 in 4 people have a mental health problem in any given year and half of adult mental health problems start by the age of 14 years. Good mental health and wellbeing begins in early years; between conception and the age of 2 years is a critical period for a child's brain development and their long-term emotional health. A wide range of factors then influence mental health and wellbeing throughout childhood and adulthood, emphasising the need for a life course approach to mental health and wellbeing.

People who have mental ill health have higher rates of health-risk behaviours, poorer physical health, are less likely to be in employment and more likely to be socially isolated. In Derbyshire 128,000 adults report feeling very anxious regarding wellbeing, 80,000 people have a common mental health problem (such as anxiety or depression) and between 15-20,000 young people report self-harm[6].

A person has good mental wellbeing when they are experiencing positive emotions, have strong cognitive functioning (e.g. thinking and reasoning), can relate well socially with others, and have a sense of meaning and purpose. Mental health encompasses the presence or not of both mental illness and mental wellbeing. Someone with mental ill health can have good mental wellbeing, enabling them to be resilient and manage their illness. Equally, someone without mental illness can have poor mental wellbeing, which has a detrimental impact on their functioning and daily life.

What do we want to achieve?

A Derbyshire that supports its population to fulfil their mental health and wellbeing potential, through investing in prevention, early intervention and mental health promotion across the life course.

The Health and Wellbeing Board will monitor the following performance measures to understand progress:

- An increase in the number of mental health champions in workplaces.
- An increase in the number of schools taking a whole-school approach to mental health and wellbeing.

Outcome indicators will also be tracked, looking for a trend towards:

- A reduction in levels of social isolation and loneliness.

[6] Driving Better Mental Health for Derbyshire - A Prevention Framework 2017-2021

- A reduction in the number of people with a serious mental illness who die prematurely.
- A decrease in the number of people who attempt or complete suicide.

Specific indicators that will be tracked to understand progress towards building mental health and wellbeing across the life course are outlined in ‘Measuring Success’.

How will we achieve our ambitions?

‘Driving Better Mental Health for Derbyshire’ outlines a prevention framework to make Derbyshire a place which supports its population to fulfil their mental health potential. Developed by partners across Derbyshire, the framework outlines themes and priorities for mental health prevention including:

- Building the mental health literacy of the wider workforce and the public (e.g. through challenging stigma and discrimination and mental health champions).
- Strengthening individuals and communities (e.g. through a whole-school approach to mental health and tackling social isolation and loneliness).

To support the delivery of ‘Driving Better Mental Health for Derbyshire’ the Health and Wellbeing Board will:

- Ensure joined-up working across the mental health and wellbeing agenda.
- Empower partners to work together deliver against priorities identified in the prevention framework.
- Have regular, proactive conversations about the ways in which Board member organisations can support each other around the mental health and wellbeing agenda and to explore and help alleviate barriers to progress.
- Support evaluation of programmes of work and specific initiatives to understand the benefits to Derbyshire and lessons that can be learned for the future.

Outcome 4: All vulnerable populations are supported to live in well-planned and healthy homes

Why is supporting our vulnerable population to live in well-planned and healthy homes a priority for Derbyshire?

Effective planning and healthy housing is key to preventing ill health and enabling people to live independently into old age. Poor condition housing is known to have significant impact on health and wellbeing, particularly for people who spend a lot of time at home (e.g. children and older people). Housing that is cold, damp, or overcrowded can also impact on people's ability to access and sustain employment. Some people have no home at all, or unstable housing, and this is detrimental to mental and physical health in a multitude of ways. Communities need to be well planned and linked so that people can live well.

Evidence suggests that housing is in poorer condition in Derbyshire than in England. The rate of fuel poverty at 12.8% is higher than the national average of 10.4%[7]. Between 2001 and 2011 the proportion of houses that were overcrowded in Derbyshire increased by 26.7%. Additionally, whilst overall the level of statutory homelessness is lower than the national average of 2.5 per 1,000 households, in Chesterfield and South Derbyshire the rate is similar to the England and much higher than the Derbyshire average.

Derbyshire has a higher than average proportion of older people (21% aged over 65, compared to 18% in England). This is predicted to increase. Older people have increased housing, accommodation and support needs, in order to enable them to live independently for longer. Joining up of planning, housing and health systems is needed to achieve this.

What do we want to achieve?

A Derbyshire that understands what makes a home healthy, and that works with planning and housing stakeholders to ensure a healthy housing stock.

The Health and Wellbeing Board will monitor the following performance measures to understand progress:

- Development of a better understanding of local population, housing and health needs to inform future planning and housing initiatives.
- Improvements in accommodation and support for older people.

[7] PHE Fingertips https://fingertips.phe.org.uk/

Outcome indicators will also be tracked, looking for a trend towards:

- A reduction in the number of people who are living in fuel poverty.
- A reduction in the number of people who are homeless or living in temporary accommodation.
- A decrease in the number of overcrowded households.

Specific indicators that will be tracked to understand progress towards supporting our vulnerable populations to live in well-planned and healthy homes are outlined in 'Measuring Success'.

How will we achieve our ambitions?

In Derbyshire a 'Housing and Health Systems Group' operates as a coalition of partners who share good practice and expertise around housing and health, as well as explore external investment opportunities and work towards a joined-up system. The partnership aims for housing to be appropriate, healthy, safe, warm, secure and affordable to meet people's needs throughout their life course.

The 'Housing and Health Systems Group' will progress the health and housing agenda through priorities including:

- Providing system leadership across the wide range of stakeholders who play a part in ensuring well planned and healthy homes, ensuring that the right stakeholders are involved in this broad agenda.
- Supporting access to and use of information and intelligence to ensure that decision-making is evidence-informed and takes account of local knowledge and understanding.
- Strengthening relationships across stakeholders to enable both shaping future investment decisions and attracting external inward investment to Derbyshire.
- Facilitating working together to identify ways to identify and support people living in poor housing or who are homeless.

To support this agenda the Health and Wellbeing Board will:

- Proactively identify opportunities for co-ordinating and collaborating across different strategic areas of work and parts of the whole system, including empowering existing partnerships to work seamlessly together to identify local priorities and develop action plans to address those priorities.
- Have regular, proactive conversations about the ways in which Board member organisations can support each other around the housing and health agenda and to explore and help alleviate barriers to progress.
- Support evaluation of programmes of work and specific initiatives to understand the benefits to Derbyshire and lessons that can be learned for the future.

Outcome 5: All people in Derbyshire have opportunities to access good quality employment and lifelong learning

Why is strengthening opportunities for quality employment and lifelong learning a priority for Derbyshire?

Education and employment are important for both physical and mental health and wellbeing. Educational qualifications are a determinant of labour market position, which in turn influences income, housing and other material resources. Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression and early parenthood. In Derbyshire, the percentage of students achieving 5 A*-C grades including English and Maths at GCSE is 54.8%, significantly lower than the England average of 57.8%. However, the number of young people aged 16-17 years old who are NEET is significantly lower than the England average of 6.0% at 3.9%[8].

Unemployment is associated with an increased risk of ill health and mortality: relationships exist between unemployment and poor mental health, higher self-reported ill health and limiting long-term conditions, and a higher rates of participation in risky health behaviours such as smoking. In Derbyshire the rate of employment, at 83.7% for men and 75.2% for women, is significantly higher that the England average of 79.5% for men and 69.5% for women. Long-term unemployment is also lower at 0.27% in Derbyshire compared with 0.37% in England. However, in Derbyshire the gap in the employment rate between those with a long-term health condition and the overall population is significantly greater than for England at 36.0% compared with 29.4%. The gap is also larger for those with a learning disability at 77.0% compared with 68.7%. These figures may suggest that it is more difficult for certain population sub-groups to access employment in Derbyshire than for the wider population.

Whilst unemployment increases the risk of ill health and mortality, employment in low quality jobs can also be detrimental to health and wellbeing. Factors such as health and safety, work-life balance, security of employment, skills development in the workplace and workplace relationships all influence the quality of work and its impact on health and wellbeing[9]. Local data on the quality of work across Derbyshire is limited; nevertheless striving for good quality employment opportunities is a priority.

Finally, unpaid caring roles can have an impact on ability to participate in the labour market, with direct and indirect impacts on health and wellbeing. In Derbyshire there are over 21,000 unpaid carers.

---

[8] PHE Fingertips https://fingertips.phe.org.uk/

[9] Eurostat. (2018) *Quality of Employment.* Available at: https://ec.europa.eu/eurostat/web/labour-market/quality-of-employment

What do we want to achieve?

A Derbyshire that enables all local people to access good quality employment opportunities and the training or education required to succeed in those roles.

The Health and Wellbeing Board will monitor the following performance measures to understand progress on this agenda:

- The level of support provided to local integration boards in Derbyshire.
- The extent of local collaborative working to improve Individual Placement Support opportunities for vulnerable populations.
- The wide range of partners engaged to consider their role in influencing the wider determinants of health.

Outcome indicators will also be tracked, looking for a trend towards:

- Improving GCSE attainment in targeted areas.
- A decreasing gap in employment rates between:
    - People with a long-term health condition and the overall population.
    - People with a learning disability and the overall population.

Specific indicators that will be tracked to understand progress are outlined in 'Measuring Success'.

How will we achieve our ambitions?

Groups already exist in Derbyshire to co-ordinate activity around education and employment, e.g. the Employment and Skills Board and the Disability Employment Strategy Implementation Group. The role of the Health and Wellbeing Board is to ensure the impact on health and wellbeing is recognised in these broader agendas.

To support this priority the Health and Wellbeing Board will:

- Build relationships and support co-ordination across existing education and employment groups, both proactively and responding when asked to contribute.
- Influence existing groups to think about the wider determinants of health in their work, for example recognising that it is difficult to get a qualification when you have unstable or poor quality housing, or financial challenges.
- Support the implementation of a Derbyshire Disability Employment Strategy that sets out a commitment to making it easier for people of all ages to find and access suitable employment.
- Provide leadership for the Derbyshire economy in understanding what good employment looks like, and delivering good quality employment for employees of Board member organisations.
- Have regular, proactive conversations about the ways in which Board member organisations can support the education and employment agenda in Derbyshire, and to explore and help alleviate barriers to progress.

How will we deliver this strategy?

Delivery of this ambitious strategy requires the commitment and drive of all Health and Wellbeing Board members. Across our organisations there is enormous capacity to support achievement across these Priorities and improve the health and wellbeing of the people of Derbyshire.

All Health and Wellbeing Board meetings will provide opportunities for mutual challenge so that we are constantly driving forward better, more integrated, working based around the needs of the person and delivered to the best possible standards. Board members are system leaders who collectively set the direction of travel for Health and Wellbeing in Derbyshire. Additionally they are all senior members of their own organisations and will work proactively to champion Health and Wellbeing Strategy Priorities internally, as well as externally and collectively with other Board members. All Board members will hold each other to account to ensure we make the most effective use of our combined resources and limited budgets.

Within each of the 5 Priorities, a lead will be identified who will regularly report to the Health and Wellbeing Board on progress being made against actions and outcomes identified within the Strategy. This will provide the opportunity to share what is working well locally, but also as a challenge to ensure that effective actions are being prioritised and as a means to identify barriers to progress that the Board can support partners to address. Early awareness of potential issues will enable the Board to consider if additional support is required and what actions can be put in place to ensure delivery of the strategy.

Additionally, there are some specific actions the Health and Wellbeing Board has committed to championing through this Strategy and the identified lead will hold the Health and Wellbeing Board to account to ensure that these actions are progressed in their Priority area.

To understand the impact that the Strategy may be having, we will track high-level indicators for each priority over time so we can demonstrate that we have begun to ‘turn the curve’ and address key health and wellbeing challenges in Derbyshire. In some instances, it will take a concerted effort over a number of years to reduce variations in health and wellbeing across the county, but we want to demonstrate that a start has been made and that the trend is towards improving health and wellbeing. These indicators will be available through a Health and Wellbeing Strategy Dashboard that shows progress towards achieving our ambitions in Derbyshire.

Measuring Success

To understand our progress towards achieving key targets across the 5 priority areas we will track a number of indicators over time using a Health and Wellbeing Strategy Dashboard. A wide range of indicators will be available through the dashboard, and a number of key indicators that we will track are presented below.

KEY	
Compared to England	
Significantly Better	
Not Significantly Different	
Significantly Worse	
CIPFA Nearest Neighbour	
Rank:- of 16, where 1 is worse Best LA:- of Nearest Neighbour	
Change from previous	
Increase/Decrease Getting Better	↑
	↓
No Significant Change	↑
	↓
Increase/Decrease Getting Worse	↑
	↓
No trend	-
No change	↔

1. Enable people in Derbyshire to live healthy lives

	Derbyshire	England	Nearest neighbour		Change from Previous	Measure	Period
			Rank (1 is worst)	Best LA			
Healthy Life Expectancy at Birth - Males	63.9	63.3	6	66.8	↑	Years	2014-16
Healthy Life Expectancy at Birth - Females	63.5	63.9	5	68.4	↓	Years	2014-16
Life Expectancy at Birth - Males	79.1	79.5	2	80.8	↓	Years	2014-16
Life Expectancy at Birth - Females	82.8	83.1	3	84.2	↓	Years	2014-16
Smoking Prevalence - 15 year olds - Current smokers	8.0	8.2	10	5.5	-	%	2014/15
Smoking Prevalence - 15 year olds - Regular smokers	5.4	5.5	10	3.2	-	%	2014/15
Smoking Prevalence - Adults	15.1	14.9	5	12.1	↑	%	2017
Smoking at time of delivery	14.1	10.7	4	8.6	↓	%	2016/17
Breastfeeding Prevalence at 6-8 weeks	40.3	44.4	n/a	50.9	↓	%	2016/17
Eating 5 a day - 15 yrs	50.9	52.4	7	60.3	-	%	2014/15
Eating 5 a day - Adults	57.8	57.4	7	64.3	↑	%	2016/17
Excess weight - 4-5 yrs	23.7	22.6	5	20.3	↑	%	2016/17
Excess weight - 10-11 yrs	32.7	34.2	7	29.6	↑	%	2016/17
Excess Weight - Adults	63.8	61.3	5	58.6	↓	%	2016/17
Physically Inactive - 15 yrs, mean sedentary time >7 hours per day	70.9	70.1	5	65.2	-	%	2014/15
Physically Inactive - Adults	20.9	22.2	11	18.5	↑	%	2016/17
Admissions - Alcohol-specific	569	563	2	346	↓	DASR/100,000	2016/17
Admissions - Alcohol-specific , Under 18 years	39.5	34.2	5	19.9	↓	DASR/100,000	14/15-16/17
Admissions - Alcohol-related	711	636.0	3	568.0	↑	DASR/100,000	2016/17
Chlamydia detection rate - 15-24 yrs	1527.0	1882.0	6	2478.0	↓	%	2017
HIV coverage	59.0	65.7	4	81.4	↓	%	2017
HIV late diagnosis	52.0	40.1	3	36.7	↑	%	2014-16

2. Work to lower levels of air pollution

	Derbyshire	England	Nearest neighbour		Change from Previous	Measure	Period
			Rank (1 is worst)	Best LA			
Air Pollution: Fine Particulate matter	9.2	9.3	7	5.8	↑	Mean ug/m3	2016
Fraction of Mortality attributable to particulate air pollution	5.2	5.3	7	3.4	↑	%	2016
Adults cyclng at least 3 times a week	2.7	4.4	2	6.7	-	%	2014/15
Adults cyclng at least once a month	11.8	14.7	1	18.2	-	%	2014/15
Licensed Diesel Vehicles per Total Vehicles	47.2	42.3	1	38.7	-	%	2017
Licensed ULEV Vehicles at quarter end	1.8	2.0	12	5.0	-	Rate/1000	2017

3. Build mental health and wellbeing across the life course

	Derbyshire	England	Nearest neighbour		Change from Previous	Measure	Period
			Rank (1 is worst)	Best LA			
Suicide Rate	10.7	9.9	10	8.2	↑	DASR/100,000	2014-16
Severe Mental Illness (SMI) recorded prevalence	0.85	0.92	5	0.7	↑	%	2016/17
Excess under 75 mortality rate in adults with SMI	332.2	370.0	11	294.5	↑	Indirect Ratio	2014/15
Self-reported wellbeing: high happiness score	74.9	74.7	5	80.1	↓	%	2016/17
Adult social care users with enough social contact	47.8	45.4	10	52.8	↑	%	2016/17
Adult carers with enough social contact	34.9	35.5	9	45.4	↓	%	2016/17
People with SMI receiving complete physical health checks*	34.3	34.8	27	44	↓	%	2016/17

4. Support our vulnerable populations to live in well-planned and healthy homes

	Derbyshire	England	Nearest neighbour		Change from Previous	Measure	Period
			Rank (1 is worst)	Best LA			
Fuel Poverty	12.1	11.0	4	6.8	↑	%	2015
Statutory Homelessness - Eligible and in priority need	1.4	2.5	9	0.5	↑	Rate/1000	2015/16
Statutory Homelessness - Eligible not in priority need	0.55	0.84	4	0.2	↔	Rate/1000	2016/17
Statutory Homelessness - In temporary accommodation	0.2	3.3	14	0.2	↔	Rate/1000	2016/17
Statutory Homelessness - Dependent children or pregnant women	0.8	1.9	14	0.3	↓	Rate/1000	2016/17
Housing affordability	5.7	7.7	4	8.6	↓	Ratio	2016
Household overcrowding	2.2	4.8	13	1.9	-	%	2011
Adults with a learning disability living in stable and appropriate accommodation	84.3	76.2	14	88.9	↔	%	2016/17
Adults in contact with secondary mental health services living in stable accommodation	86.0	54.0	16	86.0	↑	%	2016/17

5. Strengthen opportunities for quality employment and lifelong learning

	Derbyshire	England	Nearest neighbour		Change from Previous	Measure	Period
			Rank (1 is worst)	Best LA			
KS4 pupils achieving 9-5 pass in English and Maths	42.3	39.6	-	-	-	%	2017
KS5 achieving AAB grades or above	17.5	22.4	-	-	-	%	2017
16-17 year olds not in education, employment or training (NEET)	3.9	6.0	15	3.8	-	%	2016
Qualified to NVQ4 and Above	33.0	38.6	-	-	-	%	2017
Working age population in employment, 16-64 years	79.4	74.4	14	80.8	↑	%	2016/17
Unemployment	2.7	4.8	15	2.3	↓	%	2016
Long term claimants of Job seekers allowance	2.7	3.7	6	1.3	↓	Rate/1000	2016
Average weekly earnings	415	440	10	460	↑	Median £	2017
Gender pay gap	23.0	19.1	5	15.2	↑	Ratio	2017
Gap in employment rate for people in contact with secondary mental health services	68.4	67.4	9	59.3	↑	Gap % points	2016/17
Gap in employment rate for people with a long term condition	36.0	29.4	8	30.9	↑	Gap % points	2016/17
Gap in the employment rate for those with a learning disability	77.0	68.7	1	65.3	↑	Gap % points	2016/17
ESA claimants	6.4	5.7	3	4.1	↑	%	2017
Unpaid carers	2.74	2.37	4	2.05	-	%	2011