



# A Healthy North East Derbyshire

Health and Wellbeing Strategy  
2015 - 2019

## CONTROL SHEET FOR A Healthy North East Derbyshire

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**Foreword by Cllr. Graham Baxter and Cllr. Lilian Robinson**

We are delighted to introduce the District’s new Health and Wellbeing Strategy 2015 – 2019. It reflects the aspirations and aims of our new Corporate Plan and builds on the progress during the life of the last strategy.

We are pleased to say that health in North East Derbyshire is fairly good, and for this reason our District is an attractive place to live and work. Some people live in better housing conditions, some have fewer money worries. Our residents who live active and healthy lives tell us that they make time to pursue activities and develop strong support networks to maintain a sense of wellbeing and belonging.

However, we also know that some people experience poor health and the conditions in which people are born, grow, live, work and age can lead to health inequalities. This means that some people aren’t living as long as the best off in society and spend longer periods of their lives in ill-health. Health inequalities arise from a complex interaction of many factors – such as housing, income, education, social isolation, disability – all of which are strongly affected by one’s economic and social status. This is one of the reasons why creating growth in our District is the main ambition of the Council, so our communities can thrive and prosper to maintain healthier lifestyles.

According to the recently published District Health Profile Summary for 2015, the gap in life expectancy between the least and most deprived areas in our District is 8.7 years for men and 4.7 years for women, which is slightly worse than the Derbyshire average (data for period 2011-13). The good news is that we are making progress in narrowing this gap by creating the conditions in our communities for people to take control of their own lives. Our new partnership approach will enable us to work more closely with others, target resources more efficiently and to learn from best practice elsewhere.

The challenge still remains for the Council and our partners to lessen the impact on people less well off, as well as trying to close the relative gap between the best and worst off. We hope that the new strategy will play a key role in helping the Council to achieve our ambitions and make North East Derbyshire a happy place for residents to live, workers to thrive, visitors to enjoy and businesses to prosper.

**Cllr. Graham Baxter MBE** Leader of the Council

**Cllr. Lilian Robinson** Portfolio Holder Community Safety and Health

## Introduction

This Health and Wellbeing Strategy builds on the outcomes of the previous strategy, which outlined the role of local government in its pursuit of wellbeing. In particular the Council has a key role in addressing the broader determinants of health and tackling health inequalities through its services like housing, planning, regeneration, leisure, environment, revenues and benefits and including its employer responsibilities. More importantly the Council has a community leadership role through Elected Members which helps to shape the place in which people live, acknowledging the complementary role of town and parish councils. Being closer to people through its community engagement mechanisms puts the Council in a strong position to work with local people and representative groups to influence decision making, local control and promoting choice. The last strategy placed a heavy emphasis on the identification of local community assets that we can build on to address local health concerns. The existence of key assets like community centres, churches, parks and schools can help to develop healthy places – encouraging people to get together more in communities through community events, groups and activities that everyone can take part in.

Our new partnership approach provides a catalyst for a stronger “wider public health workforce” to work smarter together in communities – people who are not professional qualified public health practitioners but who work for local organisations or volunteer within the local area, who have the ability or opportunity to positively impact on public health in communities. This “workforce” could be instrumental in reducing the burden of health inequalities in the UK, the financial cost of which was last estimated at close to £60 billion through lost taxes, welfare payments and costs to the NHS.

The 2010 Marmot Review Report “Fair Society, Healthy Lives” proposed a new way to reduce health inequalities; to improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient. This means the lower one’s social and economic status, the poorer one’s health is likely to be. This requires action across the social determinants of health, including education, occupation, income, home and community, and beyond the reach of the NHS. This places renewed emphasis on the role of local government and how we work with our partners to enhance our services, particularly with the relatively new Clinical Commissioning Groups. Central to the Review was the recognition that disadvantage starts before birth and accumulates throughout life.

As a result, this plan is aligned to the Derbyshire Health and Wellbeing Strategy and its life-course approach. Derbyshire’s strategic vision is “To reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.” The Strategy is currently being refreshed, with the following emerging priorities that have relevance to our own Strategy, namely:

- Develop sustainable multi-agency approaches to keep people living independently in their own home
- Develop a collective approach to social capital
- Adopt a healthy communities approach to localities
- Focus on children’s mental health and emotional wellbeing

This new ethos will set the scene for developing a new Healthy North East Derbyshire Strategy, which will recognise the value and functions of the District Council, the community leadership role of our Elected Members and the agility of its workforce to improve health and wellbeing with partners across the life course and in targeted geographical communities. This will include using community development approaches to engage and involve local people in recognition of their role as community assets (an approach to build social capital).

## **A new Era**

### **Corporate Plan**

The Council's new Corporate Plan for 2015-2019 has the following vision:

***North East Derbyshire will be a place that is clean and attractive, a place where people are proud to live and work, where they will prosper and are safe, happy and healthy.***

The key aim of the Council is to:

**Unlock Our Growth Potential**, with the main emphasis on economic growth, we can regenerate the area and make a fundamental impact on people's lives through improved prosperity, employment and housing.

Our supporting aims focus on:

**Providing our Customers with Excellent Service** - We want all our customers to be satisfied with our services and particularly to support those more vulnerable and disadvantaged, so we work closely with other organisations to ensure we are there when our customers need us the most to help reduce unnecessary stress on their everyday lives.

**Supporting our Communities to be Healthier, Safer, Cleaner and Greener** – we will play a positive role by contributing to the health and wellbeing of our communities, using asset based community development approaches and providing opportunities to increase participation in sport, leisure and cultural activities, including health intervention services to address key public health concerns. By working with partners to reduce crime and anti-social behaviour we work in targeted communities to deliver crime reduction campaigns. We ensure a high standard of environmental cleanliness in our communities and provide enforcement and educational initiatives to maintain attractive neighbourhoods where people are proud to live.

**Transforming our Organisation** – We are committed to making the best use of our assets and resources and transforming services through technology so that our customers can access services through a variety of means. We maximise opportunities for engagement with partners to benefit our communities so that we can improve the quality of people's lives.

## Single Equality Scheme

The Council has a Single Equality Scheme 2012-2016 which sets out our approach to promoting equality, human rights and good relations between different groups. The Scheme draws together a range of data including health and disability to provide insight into our community and inform our equality objectives. This Strategy will be subject to an Equality Impact Assessment and any improvements inform the implementation of the Strategy. The scheme is currently being reviewed and a new scheme covering the period 2016-2019 will be approved by March 2016. This Health and Wellbeing Strategy and its associated actions will help the Council achieve its equality objectives under the new scheme.

## Partnership Approach to Healthy Communities

This new strategy will focus on how the Council can work better in partnerships to achieve improved health and wellbeing across the District and to tackle local inequalities that exist so that we can improve the health of the poorest fastest.

With the transfer of Public Health Teams and their budgets to Local Government, it has been recognised that district councils can be more influential in shaping future public health work through similar political structures, policies and procedures and financial accountability – this means accommodating a devolved budget.

To make this work locally, Derbyshire County Council Public Health has allocated a locality budget of £94,000 for three years to 2016/17 for local projects in North East Derbyshire to address key health and wellbeing priorities.

The Council, along with Derbyshire County Council Public Health, has been instrumental in the establishment of Healthy North East Derbyshire – a local partnership whose main focus will be to develop and deliver a new Healthy Communities Action Plan, facilitate healthy conversations with stakeholders and allocate resources to agreed priorities and monitor outcomes. *Appendix 1 shows the operating arrangements for Healthy North East Derbyshire Partnership.*

Our new approach aims to reinvent our positive contribution to improving health and wellbeing, through a new mechanism which will involve:

- This refreshed Health and Wellbeing Strategy that will combine with the Partnership's Healthy Communities Action Plan, so that Council service actions and projects can sit alongside those actions from other partners, and be transformed into innovative projects to add value in targeted communities and share best practice throughout the District;
- A key decision-making role on the Partnership for our Portfolio Holder for Community Safety and Health, supported by senior officers, to ensure the District Council's "offer" is optimised and managed through new internal governance structures;
- Provide a clear link between the work of the Partnership and the Council's Scrutiny function through representation of a nominated Elected member from the Communities Scrutiny Committee;

- A role for the Council’s Partnership Team to support the Healthy North East Derbyshire Partnership by managing the funding, commissioning and monitoring of projects;
- Hosting the Public Health Locality funded *Community Development Worker (Healthy North East Derbyshire)* within the Partnership Team to work closely with local people in targeted communities to improve local health priorities and needs;
- Becoming an Associate Membership of Healthy Communities Network to learn and share best practice from the UK and abroad to benefit the whole of our District.

Our Strategy and complementary Healthy Communities Action Plan will be developed using the following three themes:

<b>Building Healthy Communities</b>	<b>Promoting Healthy Lifestyles</b>	<b>Improving Access to Preventative Health and Social Care</b>
Lifestyle is linked to deprivation so we can help local people to make healthier choices by addressing the wider determinants of health such as employment, education and training, housing and the environment	A healthy lifestyle can help to reduce the risk of ill health and early death from major diseases like cancer, heart disease, stroke, respiratory illness and diabetes	Early identification of people at risk of requiring preventative healthcare can allow them to remain independent and self-manage their conditions, this means implementing clinical and lifestyle interventions for those individuals and communities at a higher risk of developing disease.

## **Building on Our Success**

Maintaining and improving the health and wellbeing of our District has been an important aim of the Council for many years. As a District Council we provide a range of services and create conditions in communities so people can take control of their own lives. Our progress has been good and we are starting to close the gap in life expectancy between the best and worst off people in our District.

## **Achievements and Ambitions**

The following list gives you a flavour of our key successes that impact on health and wellbeing and our future ambitions as a Council. (It also provides a handy guide for Members, officers, partners and communities of our health offer). Further details can be found in Service Plans for 2015-2019.

### **Building Healthy Communities**

#### ***Employment & Skills –***

- Employment conditions in planning applications
- 4 sector based work academies (205
- Ambition programme for young people 16 - 24 (includes employment/training, housing, health and financial advice)



- residents secured employment)
- Working Communities Project (supported 444 residents)
- Advice, pre-employment training, active confidence and sector specific training to 1192 people last year

- BNED LEADER Approach awarded £2.4 million to rural economy projects 2007-2013 and continue to 2020
- Pilot NED Business Growth fund 2015-2017

***Housing –***

- Prevention of homelessness (301 cases last year)
- Housing Options and Choices Service
- Private sector housing conditions advice and enforcement
- Private sector leasing scheme to increase housing options and support of affordable accommodation
- Empty Homes Strategy bringing homes back into use
- Affordable housing provision e.g. Decent Homes, Lifetime homes, supported housing
- Funding for most vulnerable home owners to facilitate repairs
- Healthy Futures Specialist Worker at Royal Hospital provides intensive support for faster discharge into accommodation and other services
- Use of Section 106 Agreements to provide affordable and adapted homes in developments, and disabled access
- Disabled access housing – future proofing on new developments

***Financial Inclusion –***

- Supporting Derbyshire Anti-Poverty Strategy e.g. income maximisation, child poverty, affordable warmth, advice to vulnerable people and credit unions
- Funding to local advice agencies circa £120,000 pa to provide help and support to vulnerable and disadvantaged people, including debt advice.
- Developing the CNEDCU (Credit Union) Business Plan including Family Loan Scheme, Junior Savers Scheme
- Grants to older people's/luncheon clubs £5000 pa

***Community Resilience –***

- Working with communities as part of the Holmewood & Heath Partnership Group
- Eckington Town Team
- Community Development Worker (Healthy North East Derbyshire in post from August 2015)
- Development of Grassland Hasmoor... Big Local Project awarded over £1 million
- Supporting Thriving Families Initiative

***Community Safety –***

- Community protection notices/alcohol exclusion zones
- Regulation and enforcement action
- Licensing of premises, events and taxis

- Provision of Diversionary activities
- Safer by Design housing developments

***Improving Access to Services –***

- Town centre and village regeneration
- Customer Service points in communities
- Benefits home visiting advisor
- The News and community newsletters
- Council website/online payments and enquiry services
- Facebook and Twitter

**Promoting Healthy Lifestyles**

***Increasing Physical Activity –***

- Investment in sports facilities at Dronfield, Eckington and Sharley Park
- Total attendances 714,000 last year for a wide variety of wet and dry activities
- Over 2300 Just Do More members which includes 11 – 19 year olds (May 2015)
- 330 monthly Supersaver members (May 2015)
- Walking for Health (4890 walkers) in targeted communities
- After School and Lunch Clubs outreach sessions reaching 7000 people
- Village Games (15,123 participants in last 2 years) with aspirations to work more in targeted communities
- Xplorer sessions (500 users)
- Holmewood and Heath activities (1069 participants)
- Provision of recreation grounds, open spaces and children’s play facilities around the District
- New Cycling Infrastructure Strategy being completed

***Reducing Obesity and Weight Management –***

- 522 people completed Exercise Referral Programme, totalling 19,668 attendances at Leisure centres last year
- Five/60 programme to 1000 young people per year
- Generation Games funded for 3 years for people aged 50+ in targeted communities
- Outreach sessions with partners including School Sports partnership and sports clubs
- Implementation of Heart of Derbyshire in food premises

***Reducing Smoking and its effects –***

- Regulate smoke free legislation in public places
- Refer clients to Wellbeing Workers via Health Referral Scheme
- Walking for health (social element)

***Clean, Safe and Healthy Environment –***

- Good air quality – strategy and monitoring
- Fly tipping and litter removal and

- Community Safety partnership initiatives

enforcement

- Refuse collection services

### ***Promoting Positive Mental Wellbeing –***

- Green space infrastructure improvement e.g. Avenue site
- Provision of sufficient green spaces
- Access to affordable leisure facilities
- Supporting people through the Anti-Poverty Strategy, particularly the impact of debt on mental health
- 94% of Exercise Referral Scheme completers reported a health benefit
- Developing good neighbour relationships to prevent noise nuisance, littering, etc.
- Mental Health Awareness Training of Council staff

### ***Employee Health –***

- Occupational Health Service
- Physiotherapy, flu jabs and eye tests
- Counselling service and mentors
- Flexible working
- Maternity and Paternity leave
- Childcare vouchers
- Health and Safety at Work
- First Aid
- Cycle to Work Scheme
- Employee Health Walks
- Working to becoming a Healthy Workplace

## **Improving Access to Preventative Health and Social Care**

### ***Community based Services –***

- Supporting development of community hubs through 21<sup>st</sup> Century Care – potential to explore with sports centre redevelopment plans
- Working with Wellbeing Workers and Community Waist Wise
- Decent Homes, affordable homes and Lifetime Homes
- Provision of Handy Van service
- Assisted garden maintenance
- Chair based exercise and Walking for Health to prevent falls and address mobility issues
- Active Ability sessions
- Supported housing schemes for domestic violence, young and older people
- Homeless prevention sessions in schools and mediation
- Waste bin pull out and clinical waste services to infirm/disabled residents

### ***Supporting Independence -***

- Reducing hospital admissions through Housing Options (50 people assisted by providing emergency B & B accommodation)
- Supporting wider needs of individuals through Working Communities Project and Ambition Project
- Vulnerable Adults Risk Management (VARM) preventing self-harm, and helping people with drug and alcohol problems
- Training frontline staff and VARM champions in Environmental Health and Housing Options Teams
- Making homes safer – house clearance

- Exercise Referral - providing Cardiac and Pulmonary Rehabilitation
- Supporting 3 constituted Cardiac Rehabilitation Groups
- Supporting “A Push On Falls” prevention work with CCG Liaison Group (hoarding)

## **Improvements led by Scrutiny Committee**

To support and challenge our contribution to health and wellbeing, the Council’s Health and Wellbeing Scrutiny Committee has undertaken key reviews of services in the last three years which impact on health and wellbeing:

- The Allocations Experience – looked how this process for obtaining housing worked from a customer perspective
- Child Poverty – what the Council does to support this work
- Welfare Reforms – looked at the impact of new legislation
- Anti-Social Behaviour and Young People – current initiatives and how effectively we are working with partners
- Mental Health - how we support customers and staff with mental health conditions.

The new Communities Scrutiny Committee is currently developing its work programme and will retain an overview and scrutiny role of health and wellbeing, including the work of the new Healthy North East Derbyshire Partnership.

## **Health in North East Derbyshire**

### **Overview of the District**

The district of North East Derbyshire is a mix of rural and small urban centres in and around a number of small towns and villages. It has a population of 99,325, covers about 100 square miles and surrounds the neighbouring borough of Chesterfield to the north, west and south\*.

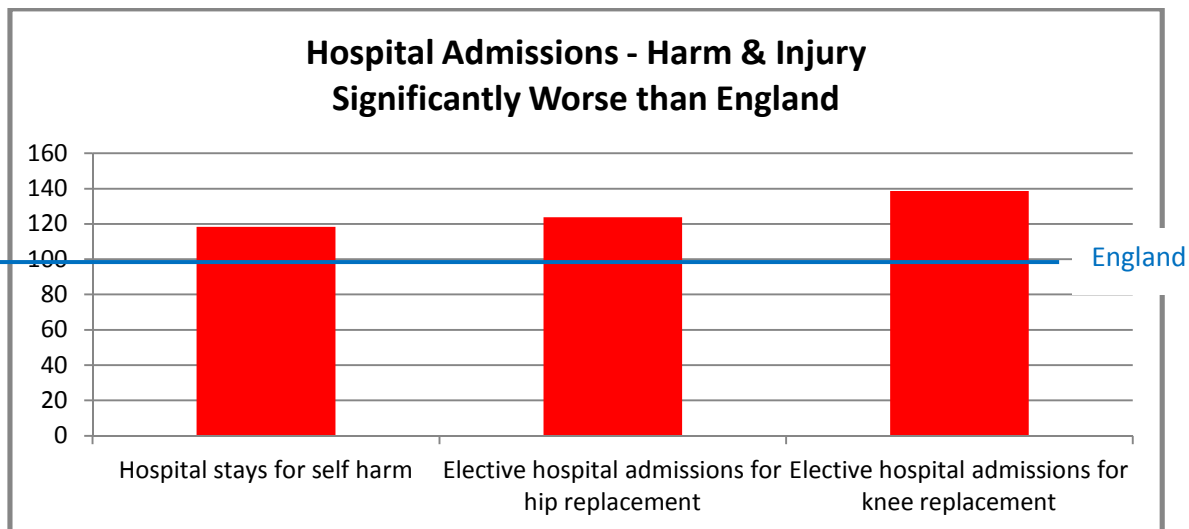
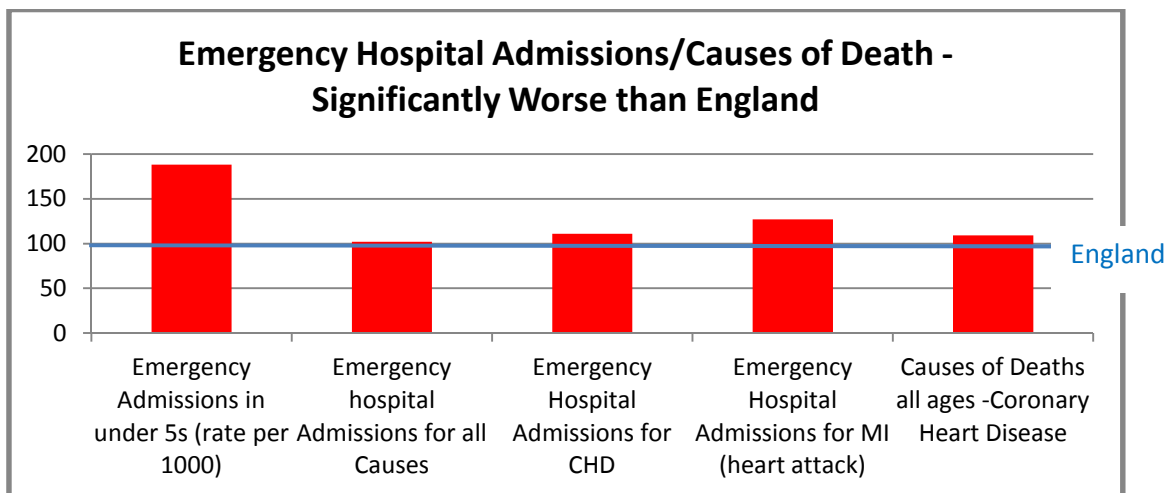
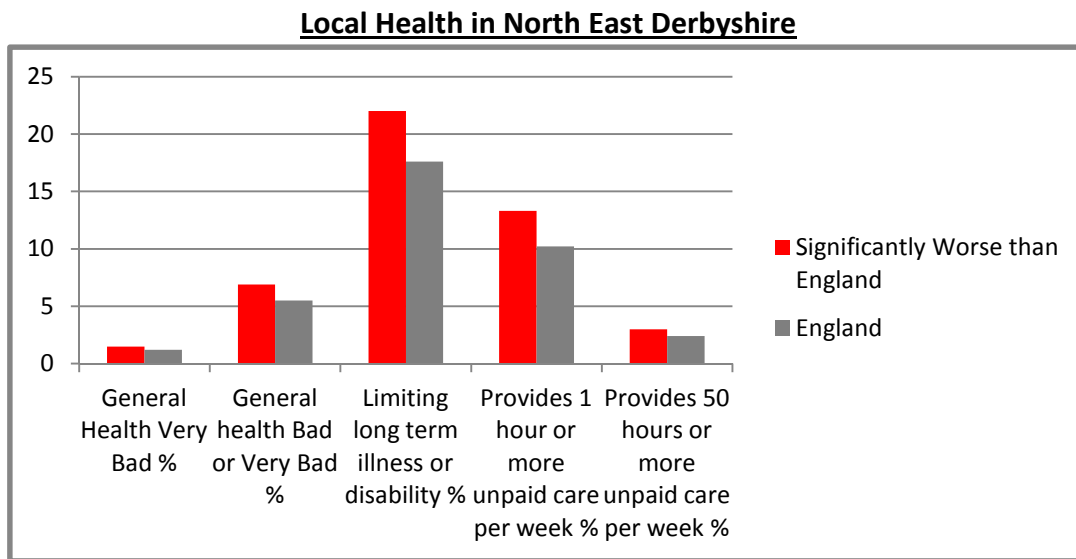
The district has 44,624 households\*\*. The majority of the population lives within the four main towns of Dronfield, Eckington and Killamarsh in the north of the District and Clay Cross in the south. There are 21,917 residents aged 65 and over representing 22% of the population. Projections show that by 2033, 30% of the population will be aged 65, 16% over 75 and 6% over 85 with a large deficit of numbers entering working age.

It has a proud industrial heritage involving mining, engineering and iron and steel production, leaving a legacy in terms of its impact upon health on the working and ageing population. Although the health of people in North East Derbyshire is generally better than the England average, 6.9% of people have described their health as bad or very bad, 22% of people have a limiting long term illness or disability and 13.3% provide one hour or more unpaid care per week\*.

\* Source: Census 2011, \*\*latest household data from Joint Streetscene Service

**Key Health Issues**

The following District headline health statistics are significantly worse than the England average:



Source: Public Health England Local Health Report 2013

These indicators have been taken from a dataset that can be compared at ward level, rather than using the summary Health profile 2015 data, so we can see the areas where the health inequalities exist.

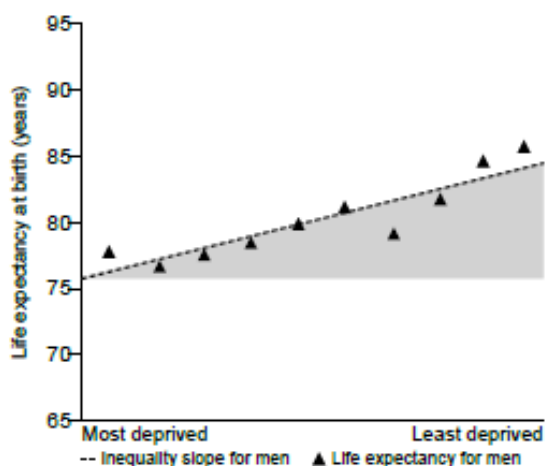
The picture of North East Derbyshire as a largely rural and prosperous district disguises considerable inequality across the District. There are inequalities within North East Derbyshire by gender and level of deprivation.

For example, life expectancy for men living in the least deprived areas is 8.7 years higher than for men living in the most deprived areas (Public Health England Health Profile 2015 using data 2011-13).

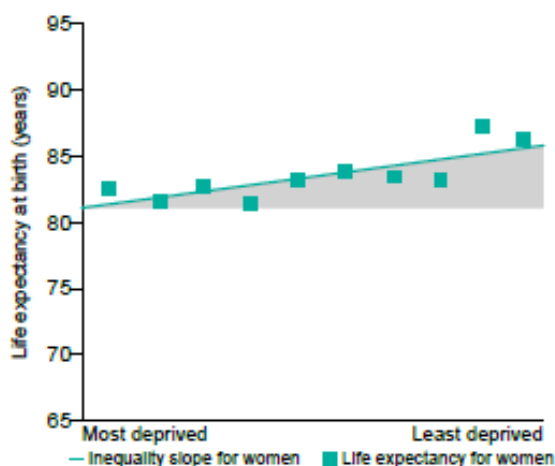
## Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 8.7 years



Life expectancy gap for women: 4.7 years

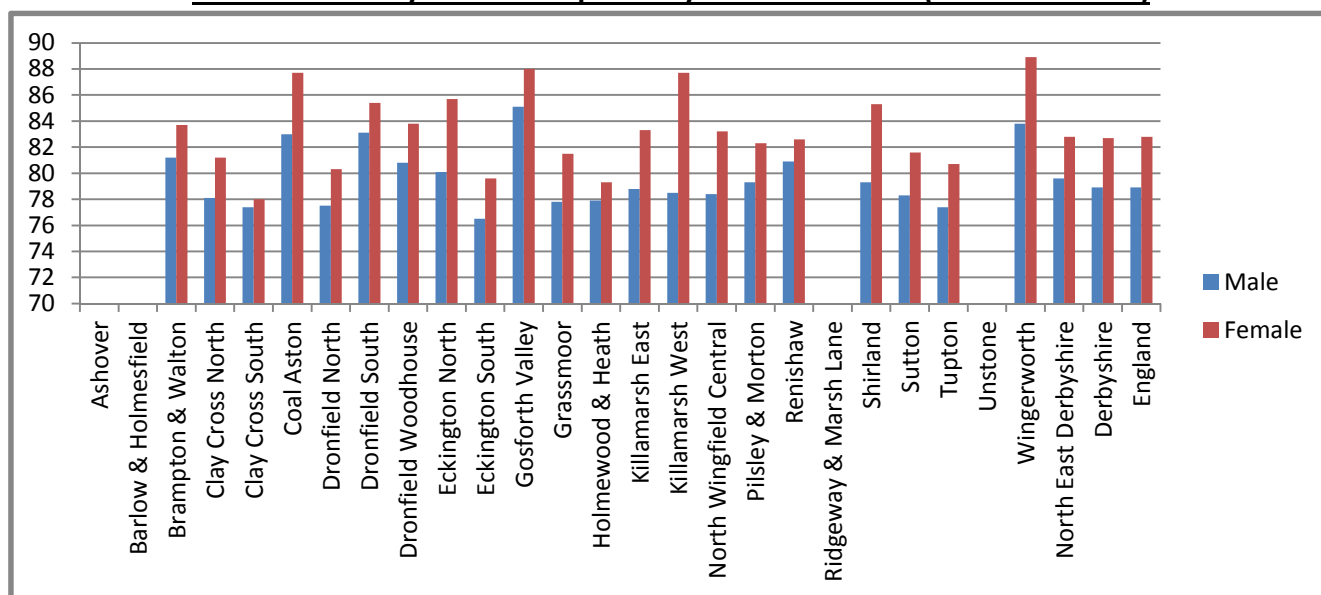


Source: Public Health England Health Profile 2015

The good news is that the slope is starting to flatten and the gaps are reducing. In terms of years, the life expectancy gap for men was 11.5 years and women 5.9 years, according to the 2014 Health Profile.

The life expectancy chart below shows that both male and female life expectancy for the District is very close to the national and county averages at 79.6 years for men and 82.8 years for women. At ward level, Clay Cross South stands out as being significantly lower (worse) than the district average for both males and females and the chart demonstrates the differences in each ward between male and female life expectancy. The data also reveals other areas such as Eckington South and Tupton where male life expectancy is significantly lower.

**North East Derbyshire Life Expectancy at Birth in Years (2008-2012 data)**



Source: Local Health Profile ONS PHE 2013

(Note: No data is available from Public Health England for the wards of Ashover, Barlow & Holmesfield, Ridgeway & Marsh Lane and Unstone)

Life Expectancy at 65 is the average number of years a person would expect to live based on contemporary mortality rates. In North East Derbyshire the number for males is 18.5 years, and 20.3 for females, which are similar to the County and England averages.

Source: Derbyshire Observatory NED Profile SNA Process 2012

## Ward based Issues in our **◆Diamond** and **§Silver** Communities

### ◆Diamond Communities

There are 17 Lower Super Output Areas (LSOAs) in the District ranked in the bottom 20% in the country in terms of deprivation spread across 11 wards located in the East of the District. Using the Index of Multiple Deprivation (IMD) 2010 Domains we have noted that top issues for the district are:

**Education, Skills and Training – featuring in 17 LSOAs**

**Employment – 11 LSOAs**



**Income – 7 LSOAs**

**Health Deprivation and disability – 4 LSOAs**

There are 6 wards in the District where all the above issues are prevalent – these are what we have termed our **◆Diamond Communities**, developed as part of the Shaping the Future research in 2013, which aimed to adopt a targeted community approach in deprived communities:

<b>◇Diamond Communities</b>		
<b>Holmewood and Heath</b>	<b>Grassmoor</b>	<b>North Wingfield Central</b>
Park Road/Shakespeare Street/Compton Street/Slack lane/Heath LSOA	Mill Lane/Shakespeare Street/Broom Drive LSOA	Hillyfields (Alma Road/White Leas Avenue) LSOA
<b>Clay Cross North</b>	<b>Clay Cross South</b>	<b>Shirland</b>
Bridge Street/Egstow/Henmoor (Valley road/North Street, Holmgate) LSOA	Penncroft Lane/Springfield Road, Danesmoor LSOA	1. Kingsley Crescent/St. Leonard's Place, Stonebroom LSOA 2. Mickley/Higham/New Higham (Chesterfield Road) LSOA

When what we know from the Census 2011 and IMD Data 2010 is combined with the latest ward health data, a picture starts to emerge which confirms that poverty contributes enormously to health inequalities, as described in the Marmot Report. Equally partners, like us, are working to improve outcomes across all of these multi- deprivation factors, then it makes sense to continue to synchronise what we do in communities to add value to each organisation's contribution (as Marmot said to "create the conditions so people can take control of their lives") through employment, training and up-skilling, improved income (the wider determinants of health) and helping them to make healthier choices in their lives, to improve healthy life expectancy.

### **Retaining Flexibility**

It is acknowledged however, that in adopting a targeted approach we will remain flexible in our approach, particularly as new IMD data (the latest information is yet to be published by the Government) may confirm that other areas should be prioritised. By designating targeted areas, the strategy will recognise that targeted interventions are necessary for all partners to concentrate resources and this work began during the life of the last strategy. It must be emphasised that other areas will not be neglected; it means that this data will help to prioritise some resources for joint projects/pilots in targeted areas. Some key partners, particularly in Public Health and CCGs will have a more direct focus on addressing individual health issues that are prevalent in particular localities and some programmes will be delivered across the District. At Appendix 3, an extract from the current Public Health Locality Plan 2014 outlines the public health programmes that cover all localities in Derbyshire.



**Ward based Local Health Report – Significantly Worse Than England**

Domain	Indicator	♦Diamond Communities					
Deprivation	Income Deprivation	Holmewood & Heath	Grassmoor		Clay Cross North	Clay Cross South	
	Child Poverty	Holmewood & Heath	Grassmoor		Clay Cross North	Clay Cross South	
	Older People in Deprivation	Holmewood & Heath	Grassmoor	North Wingfield Central		Clay Cross South	
Child Development, Education and Employment	GCSE Achievement (5 A* - C inc English & Maths)	Holmewood & Heath					
	Unemployment (JSA claimants)	Holmewood & Heath	Grassmoor		Clay Cross North	Clay Cross South	
	Long Term Unemployment (JSA rate/1000)	Holmewood & Heath	Grassmoor		Clay Cross North	Clay Cross South	
Health and Care	General health very bad	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
	General health bad or very bad	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
	Limiting long term illness or disability	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
	Provides 1 hour or more of unpaid care per week	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
	Provides 50 hours or more unpaid care per week	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
Children's Weight	Obese children	Holmewood & Heath					
Children's Health Care Activity	Emergency Admissions in under 5s (rate per 1000)	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
Emergency Hospital Admissions	Emergency Hospital Admissions for all Causes	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	
	Emergency Hospital admissions for CHD	Holmewood & Heath			Clay Cross North	Clay Cross South	
	Emergency Hospital admissions for MI	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
	Emergency Hospital admissions for COPD	Holmewood & Heath			Clay Cross North	Clay Cross South	
Hospital Admissions - Harm & Injury	Hospital Stays for Self Harm	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	
	Hospital Stays for alcohol related harm	Holmewood & Heath	Grassmoor		Clay Cross North	Clay Cross South	
	Hospital admissions for hip replacement						

	Hospital admissions for knee replacement	Holmewood & Heath	Grassmoor	North Wingfield Central	Clay Cross North	Clay Cross South	Shirland
<b>Mortality and Causes of Death - all ages</b>	All Causes					Clay Cross South	
	All cancer					Clay Cross South	
	All circulatory disease		Grassmoor				
	Coronary heart disease		Grassmoor				
	Respiratory diseases					Clay Cross South	
<b>Mortality and Causes of Death - premature mortality</b>	All causes ages under 75		Grassmoor			Clay Cross South	
	All circulatory disease aged under 75		Grassmoor			Clay Cross South	
	Coronary heart disease aged under 75			North Wingfield Central			
<b>Life Expectancy</b>	Males						
	Females	Holmewood & Heath				Clay Cross South	

Source: Public Health England 2013

### §Silver Communities

The Shaping the Future Research in 2013 using Census 2011 and other relevant data provided evidence of the growing ageing population in North East Derbyshire District and helped us to identify that 21,917 residents are over 65 – representing nearly one in five of the District’s population. North East Derbyshire has one of the highest dependency ratios in Derbyshire at 62.4% (population aged 0-15 and over 65 when compared to the working age population). The Derbyshire Strategic Needs Assessment conducted in 2012 for North East Derbyshire acknowledged that the population in North East Derbyshire is rather older than that of Derbyshire as a whole – 43% are aged over 50.

The health of older people and healthy life expectancy are key considerations that need to be addressed by the Council and its partners. There are wards in the District with over a quarter of residents who are over 65, where there is a higher than NED average of people with limiting long term illness or disability and people providing unpaid care for one hour or more/50 hours or more per week. In these wards, there is high prevalence of fuel poverty and hotspots with single person pensioner households that are above the District average of 14%. These communities can sometimes be located in more affluent areas that may be somewhat isolated, and predominantly by people residing in older type owner occupied dwellings. Life expectancy may be higher in these wards, but maintaining a healthier life expectancy in later years is a key issue to reduce the burden on health and social care services.

To demonstrate this prevalence, the following wards have been identified as Silver Communities (top 6), but this strategy accepts that maintaining the health of older people is a District wide issue and one that partners must work together to plan and address in the future.

Ward	People with limiting long term illness and disability	People providing Unpaid care for 1 hour or more/providing 50 hours or more	Fuel Poverty (DECC 2011)	Single Person Pensioner households
Ashover	19.1%	15.1/ 1.8%	35.5%	12.5
Brampton & Walton	21%	15.7/ 2.3%	26.9%	16%
Barlow and Holmesfield	18.5%	13.3/ 2.1%	27.7%	15.2%
Dronfield (all wards)	22.4%*	15.6/ 3.5%*	18.8%*	18%*
Wingerworth	19.6%	15.2/ 2.6%	16.3%	14.2%
Sutton	24.9%	14/ 3.5%	18.1%	16.5%

\* Highest in Coal Aston

Further rationale for adopting a Silver Communities approach can be evidenced by the outcome of the latest Citizens’ Panel results at Appendix 2. 73% of respondents said that “supporting older people to remain in their own homes” was by far the most important issue we should focus on to reduce health inequalities. How we can work with partners to support the Integrated Health and Social Care agenda and 21<sup>st</sup> Century Care led by the CCGs, will be key components of our work with the Healthy North East Derbyshire Partnership through the Healthy Communities Action Plan, our work with the Joint CCG Liaison Group and other appropriate forums.

## **Our Priorities for 2015-2019**

The analysis of health data at LSOA and ward level provides the following areas for action by the Council and its partners (denoted by ♦Diamond, §Silver Communities for targeted action):

### **Building Healthy Communities**

- Reducing the impact of worklessness on health and wellbeing ♦
- How we can help people who say they experience very bad/bad health ♦
- Improving the quality of life for carers § ♦

### **Promoting Healthy Lifestyles**

- Health prevention activities to reduce the risk of heart attack ♦

- Physical activity campaigns that can assist people with knee problems ♦

### **Improving Access to Preventative Health and Social Care**

- Assisting people who live with a limiting long term illness or disability (including reducing frailty) § ♦
- How we can positively reduce the high incidence of hospital stays as a result of self harm and alcohol related harm ♦
- Targeting parents and carers to reduce emergency hospital admissions for children under 5 ♦

The new Healthy North East Derbyshire Partnership will be an excellent vehicle to help to address these health inequalities, particularly in the Diamond and Silver Communities, and benefit the District as a whole. The availability of resources to address the areas for action will determine whether focus will be restricted to the Diamond and Silver Communities or spread across a wider geographical area within the District.

## **Shaping the New Strategy**

Engaging with people from a wide range of backgrounds and experiences has been an essential element of this Strategy refresh. We have used existing and new emerging mechanisms to engage with a variety of local people, community organisations, elected representatives and partner organisations.

### **Engaging the Public and their feedback**

The North East Derbyshire Citizens' Panel is made up of 1000 people who are representative of the profile of the District. 51% responded to our survey and the results will help to shape our new approach to addressing our priorities, by focusing on those issues that people tell us will help them to improve their own health. We asked what kinds of things people did to stay healthy and equally what type of things contributed to any ill health they experienced.

They told us what role the Council should play in helping them improve their own health and wellbeing and we specifically asked those people who said they experienced a health problem that limited their day to day activities or provided unpaid care, what the Council and its partners could do to improve the quality of their lives.

Panel members gave examples of projects that could help the ageing population in the District. They told us how we should prioritise our work that impacts on the wider aspects of health, what things should be prioritised in the Healthy Communities Action Plan and which were most important to fund under the three themes.

*The Headline Citizens' Panel Results are shown at Appendix 2.*

A public consultation exercise invited comments from stakeholders on the draft Strategy before the document was approved by the Council and amendments have been made based on those comments.

## **Engaging Partners and Stakeholders - North East Derbyshire Engagement Forum**

The new Healthy North East Derbyshire Partnership facilitates two forums per year to engage with a wide variety of stakeholders from statutory, voluntary and community organisations together with Elected Members, community representatives, operational staff, service users and member of the public. The purpose of the Forum is to help the Partnership and its recipient organisations to develop actions for the Healthy Communities Action Plan, discuss new initiatives and developments and share good practice. It provides an opportunity for people working to improve health and wellbeing to network and contribute to local plans. It is important for the success of the Council's Health and Wellbeing Strategy that our plans are developed in partnership with our key partners so the Engagement Forum provides a useful platform for both Elected Members and staff of the Council.

The first meeting of the Engagement Forum was held on 21<sup>st</sup> July 2015 when the key health issues were presented and workshops were held to establish how organisations were contributing to the three themes and to discuss potential projects and activities in North East Derbyshire. The ♦Diamond and §Silver Communities approach suggested by this Council was welcomed as a way forward to help address health inequalities. At the time of writing this Strategy, work is proceeding to develop a draft plan for consideration by the Healthy North East Derbyshire Partnership. The Council will be instrumental in helping to address key priorities identified by the data and its consultation and engagement process. All Elected Members of the Council, Parish Councils and Senior and Operational officers of the Council are invited to attend this Forum.

## **Engaging Staff - Service Managers Forum**

It is important for the Council's own governance systems that our performance in relation to health and wellbeing is accountable through Service Plans and our health offer is maintained and optimised through the Healthy North East Derbyshire Partnership. One of the weaknesses of the last strategy was accountability for actions and there was no sense of ownership by officers who could play a key role in improving health and wellbeing.

As part of the engagement process it was felt extremely important to re-engage with officers who could have a stronger voice in developing local plans through their services. A presentation was given to the Joint Senior Managers Forum on 9<sup>th</sup> June 2015 and the Forum will receive bi-annual updates on the Healthy North East Derbyshire Approach along with Bolsover's Plan, which will enable sharing of best practice and rationalisation of approach for joint issues. A further Special Service Managers Forum for North East Derbyshire officers was held on 24<sup>th</sup> June 2015 when a extremely successful workshop took place to establish the Council's health offer, our future ambitions and how we could transform our offer in ♦Diamond and §Silver Communities. The workshop was well received and provided a welcome opportunity for fellow officers to network and engage with one another on existing and future plans. The Workshop also decided on nominations for officers to attend an Operational Sub Group (reporting to the Service Managers Forum) that would provide an internal mechanism to guide the Council's health offer in the partnership arena.

The outcome of this workshop has helped to realise the impact of our work on health and wellbeing, by revisiting how we can capture this better through Service Plans and our offer shaped through the Healthy North East Derbyshire Partnership.

## **Involving Communities**

### **Community Development Worker (Healthy North East Derbyshire)**

We have been allocated £25,000 for two years from Public Health Locality funding to employ a Community Development Worker to work in our targeted Communities. The post holder commenced in August 2015 and will begin a continuous process of engagement and involvement with local people, initially focused in Holmewood and Heath and Shirland Wards. North Derbyshire CCG has also allocated funding to North Derbyshire Voluntary Action to employ a Dronfield Together Community Development Worker to focus on the north of the District. Using these two assets, it is hoped to engage better with local people to help them to improve their own health and to tackle those issues that lead to health inequalities. Both workers will be responsible for contributing to the Diamond and Silver Communities approaches, working in collaboration with the Public Health Team.


### **Communities Scrutiny Committee**

A presentation was given to the Committee on 31<sup>st</sup> July 2015 on the development of the Healthy North East Derbyshire Strategy and the emerging priorities based on issues and needs arising from the data and consultation exercise. The Scrutiny Committee welcomed the new targeted approach and looked forward to working with partners of the Healthy North East Derbyshire Partnership.

## **Building Healthier Communities**

### **Our Core Health Offer**

Based on the results of the data analysis and consultation exercises, the following core offer from North East Derbyshire District Council will help to address local priorities:

<b>Building Healthy Communities</b>	
<p><b>Priority 1</b> Reducing the impact of worklessness on health and wellbeing </p>	<ul style="list-style-type: none"> <li>• Using Working Communities Project, Ambition Project, links with Talent Match, Community Development Workers and partner projects like Thriving Families, Grassland Hasmoor... Big Local to promote job opportunities, pre-employment training and support in communities to increase sector based awareness of jobs particularly in construction on the Avenue site and as new opportunities emerge.</li> <li>• Develop training and activities for specific motivational and aspiration “change of mindset” training for those individuals who are furthest away from labour market/who have experienced generational worklessness (<i>subject to funding</i>)</li> <li>• Working with partners to address financial issues associated</li> </ul>

	<p>with unemployment debt and benefit entitlement.</p> <ul style="list-style-type: none"> <li>• Providing opportunities to keep socially active in groups and volunteering in the community to improve their own health, skill set and improving community cohesion e.g. community clean-ups, community events and making the most of green spaces.</li> </ul>
<p><b>Priority 2</b> How we can help people who say they experience very bad/bad health ♦</p>	<ul style="list-style-type: none"> <li>• Preventing Homelessness including specific rough sleeper assistance and schools programme and providing Housing Options and Choices through targeted publicity/joint events in communities that can help to improve health status</li> <li>• Supporting changes to welfare system – Universal Credit, providing benefits advice and processing of claims</li> <li>• Providing affordable warmth advice and support</li> <li>• Providing assisted garden maintenance</li> <li>• Providing dustbin pull out/clinical waste service</li> <li>• Providing concessionary leisure opportunities in sports centres, exercise referral and Village/Generation Games and Walking for Health promoted and delivered in communities</li> <li>• Promoting clubs, groups and activities in local communities including green spaces</li> <li>• Working with Parish and Town Councils to provide and refurbish children’s play areas</li> <li>• Creating healthier homes through house clearance to prevent hoarding</li> <li>• Providing advice and support to most vulnerable residents who may be suffering ill health due to housing conditions – pilot using Community Development Worker (BDC Community Outreach model)</li> <li>• Through community development techniques and projects like Thriving Families and Grassland Hasmoor Big Local... to understand how we can help people to improve their health status</li> <li>• Investing in advice agencies to provide support to people when they experience poorer health</li> <li>• Supporting the Making Every Contact Count by training our front-line staff</li> </ul>
<p><b>Priority 3</b> Improving the quality of life for carers § ♦</p>	<ul style="list-style-type: none"> <li>• Making the most of community assets like Clay Cross Extra Care Scheme where community activities can be held</li> <li>• Community Development Worker to make links with carers to set up carers groups and activities in communities (including green spaces) where there are gaps in provision</li> <li>• Walking for Health, Village Games and Generation Games in targeted geographical communities that are promoted to target groups</li> </ul>

	<ul style="list-style-type: none"> <li>• Concessionary leisure activities in Sports Centres</li> <li>• Handy Van service providing practical tasks (<i>subject to additional funding</i>)</li> <li>• Working with partners to deliver the Derbyshire Anti-Poverty Strategy, including investment in local Advice Agencies to provide advice and support on carers’ benefits entitlement, debt advice, affordable warmth and other financial exclusion issues.</li> </ul>
<b>Promoting Healthy Lifestyles</b>	
<p><b>Priority 4</b> Health prevention activities to reduce the risk of heart attack ♦</p> <p><b>Priority 5</b> Physical activity campaigns that can assist people with knee problems ♦</p>	<ul style="list-style-type: none"> <li>• Targeted activities in communities with partners like Holmewood and Health Partnership model – healthy cooking, chair-based exercise, yoga, Generation Games, Village Games and Walking for Health, community events and campaigns</li> <li>• Physical Inactivity funded projects targeted at sedentary 16+/sedentary people</li> <li>• Community Development Worker to recruit community health champions to promote positive health messages in targeted communities</li> <li>• Concessionary Leisure Pass Scheme</li> <li>• Sports Centre programme of activities including 50+ sessions, low impact, aquacise, swimming</li> <li>• Exercise Referral/Cardiac Rehabilitation and through Falls Prevention pathway</li> <li>• Provision of healthy green infrastructure in communities to ensure residents have access to open space and nature and activities are promoted (<i>subject to match funding</i>)</li> <li>• NED Cycling Infrastructure Strategy to be completed</li> <li>• Handy Van Service can provide help with practical tasks (<i>subject to funding</i>)</li> </ul>
<b>Improving Access to Preventative Health and Social Care</b>	
<p><b>Priority 6</b> Assisting people who live with a limiting long term illness or disability (including reducing frailty) § ♦</p> <p><i>#Definition of frailty shown at bottom of table</i></p>	<ul style="list-style-type: none"> <li>• Helping most vulnerable owner occupier households to deal with housing disrepair (<i>subject to additional funding</i>)</li> <li>• Provision of housing options e.g. shared ownership or extra care) for older people to free up larger properties and improve affordable warmth</li> <li>• Targeted support to those suffering cold related ill health ( LAEP Healthy Homes model) (<i>subject to additional funding</i>)</li> <li>• Providing advice and support to most vulnerable residents who may be suffering ill health due to housing conditions – pilot using Community Development Worker and Handy Van service</li> <li>• Scope to bring together Planners, Occupational Therapists, Housing Strategy and Environmental Health Services to influence planning applications for new developments to ensure suitable for older and disabled households</li> <li>• Provision of disabled access housing on new</li> </ul>



	<p>build/regeneration sites to meet demand – future proofing</p> <ul style="list-style-type: none"> <li>• Disabled Facilities Grants (<i>potential need for additional funding if Better Care Fund allocation is insufficient to meet demand</i>)</li> <li>• Making the most of community assets like Clay Cross Extra Care Scheme where community activities can be held</li> <li>• Integrated Disabled Club in Clay Cross/Holmewood area – activities at Sharley Park Leisure Centre</li> <li>• Work with partners to lobby for improvements to community transport particularly in rural areas where few facilities exist.</li> <li>• Working with Parish and Town Councils to provide and refurbish children’s play areas</li> <li>• Concessionary leisure activities in Sports Centres, exercise referral and cardiac rehabilitation services.</li> <li>• Walking for Health, Village Games and Generation Games and activities using green spaces in targeted geographical communities that are promoted to target groups</li> <li>• Continuing to match fund Older People’s/Luncheon Clubs and developing more social/befriending activities through community development approaches</li> <li>• Providing projects developed through community development approaches in targeted <i>communities (subject to additional funding)</i></li> <li>• Working with partners to deliver the Derbyshire Anti-Poverty Strategy, including investment in local Advice Agencies to provide advice and support on carers’ benefits entitlement, debt advice, affordable warmth and other financial exclusion issues.</li> </ul>
<p><b>Priority 7</b> How we can positively reduce the high incidence of hospital stays as a result of self harm and alcohol related harm ♦</p>	<ul style="list-style-type: none"> <li>• Vulnerable Adults Risk Management – training of frontline staff and VARM champions in Environmental Services and Housing Options</li> <li>• Working with DCC Accommodation and Support Team to commission supported housing</li> <li>• DCLG funded Healthy Futures Specialist Worker at Royal Hospital to facilitate faster discharge</li> <li>• Provision of emergency B &amp; B accommodation</li> <li>• Handy-van Service can provide practical tasks (<i>subject to funding</i>)</li> <li>• Ambition Project and Working Communities Project</li> <li>• Mental Health Awareness Training for front line staff</li> <li>• Provision of healthy green infrastructure in communities to ensure residents have access to open space and nature</li> </ul>
<p><b>Priority 8</b> Targeting parents and carers to reduce emergency hospital</p>	<ul style="list-style-type: none"> <li>• Using Community Development approaches to target parents and carers and raise profile of issue in target communities</li> <li>• Working with partners at health promotion activities and community events in communities</li> </ul>

admissions for children under 5 ♦	<ul style="list-style-type: none"><li>• Thriving Families Initiative/Grassland Hasmoor... Big Local</li><li>• Raising profile through local publicity and in key locations like Sports Centres</li></ul>
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### **# Definition of Frailty:**

*Frailty is a clinically recognised state of increased vulnerability. It results from ageing associated with a decline in the body's physical and psychological reserves. Frailty varies in its severity and individuals should not be labelled as being frail or not frail but simply that they have frailty. The degree of frailty of an individual is not static; it naturally varies over time and can be made better and worse. Frailty is not an inevitable part of ageing; it is a long-term condition like diabetes or Alzheimer's disease.*

*Source: NDCCG*

Our core offer is based on provision and resourcing in existing Service Plans. Future ambitions are subject to decisions by the Healthy North East Derbyshire Partnership, who are responsible for developing the Healthy Communities Action Plan and other external funding opportunities, as they arise.

### **Transforming our health offer through the Healthy Communities Action Plan**

Our core health offer provides a basis of how we can help to address these local health priorities. The new partnership approach will enable the Council to transform its core offer, subject to external funding or pooling resources with other partners. Performance management of this Strategy will largely rest on the development and monitoring of the Healthy Communities Action Plan. Award of funding for the Healthy Communities Plan will be managed through a commissioning process for the Public Health Locality funding. This will be managed by North East Derbyshire District Council's Partnerships Team.

The existence of the Partnership will also provide a useful platform for debate on how partners can jointly resource key actions and how external resources can be maximised. The Plan will be developed in the Autumn 2015 and endorsed by the Partnership. Derbyshire County Council expects their Local Area Committees to approve plans in October – December 2015.

Improvement and development of North East Derbyshire Council Services that can positively impact on health and wellbeing will be the focus of the Operational Sub Group which reports to the Service Managers' Forum bi-annually. This group will be chaired by the Joint Executive Director of Transformation (a strategic link to the Partnership) to performance manage quarterly activity from the Council, co-ordinate our offer and respond to new challenges.

### **Healthy Futures through Healthy Communities Network**

Healthy Cities, part of the UK Healthy Cities Network, is a global movement that engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. The

Network enables local authorities, towns and cities to access the latest UK and international learning and contribute their learning and experience to the developing pool of knowledge. In recognition that health development is not a city-only issue, the *Healthy Communities* strand was launched to allow county, district/borough and rural unitary areas to participate.

The focus of the UK Healthy Cities Network runs in phases, each with their own priorities. Phase V covers the period 2014-2018 and has the following four priorities for policy action 2020:

- Investing in health through a life course and empowering people;
- Tackling the European Region’s major health challenges of infectious and non-communicable diseases;
- Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- Creating resilient communities and supportive environments.

Network membership is via an annual subscription and is open to cities, towns and local authorities across the UK. However, as Derbyshire County Council has enrolled Derbyshire as part of the Network, there is no financial cost to districts/boroughs who are encouraged to enrol as Associate Members. All that is required is an application which shows the commitment from the district area to uphold the principles of the Network; it is expected that a local partnership such as the Healthy North East Derbyshire Partnership would provide sufficient evidence to demonstrate that the membership criteria is met.

The benefits of being a member of the UK Healthy Cities Network will add significant value to the local approaches to address health inequalities and include:

- quarterly Network meetings
- capacity building workshops, master classes and training events
- sub-groups on Healthy Cities themes and approaches
- regular e-bulletin and news updates
- development of a City/Community specific micro site accessible via the UKHCN website
- dissemination of learning and expertise from WHO, its Collaborating Centres and global leaders in the field
- access to knowledge and experience drawn from local authorities, towns and cities across Europe active in Healthy Cities/Communities
- being part of a values-based movement with a strong history of putting the principles of equity, empowerment, partnership and community participation into practice in local settings.
- Online discussion forum for City/Community co-ordinators

It is envisaged that best practice and learning will be disseminated at the Healthy North East Derbyshire Partnership and at the Engagement Forum. Countywide best practice will be developed as part of the Healthy Communities Framework proposed by Derbyshire County Council Public Health.

The existence of this refreshed Health and Wellbeing Strategy in accordance with the Healthy North East Derbyshire Partnership Approach will provide evidence of our intention to become an Associate Member of the Healthy Communities Network.

## **A Strategy for the Future**

This Strategy represents a commitment from North East Derbyshire District Council to improve Health and Wellbeing in our District. In accordance with the national Public Health Outcomes Framework 2013-16 (DH), we aim to achieve improvements in the two higher outcomes:

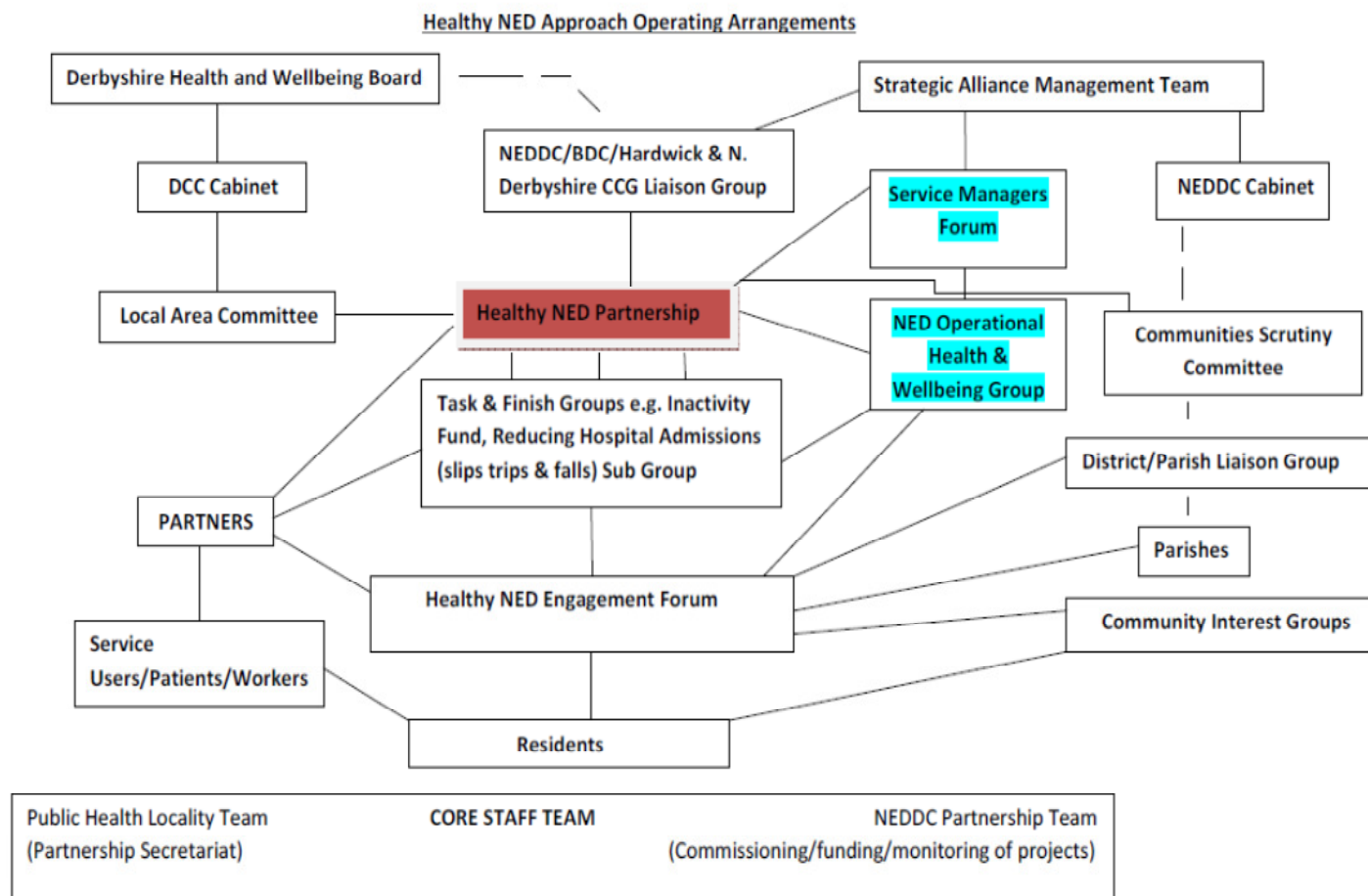
- Increased healthy life expectancy *taking account of health quality as well as length of life;*
- Reduced differences in life expectancy and healthy life expectancy between communities *through greater improvements in more disadvantaged communities*

Health data, as it becomes available at lower level geographies, will be analysed across all life stages to monitor our progress as a District. However, the nature of public health is such that improvements in these outcomes will take years – sometimes even decades - to see marked change. We recognise that we cannot do this alone and will continue to work with communities, key partners and stakeholders to address key health issues in accordance with our Vision and Corporate Plan for the Council.

## **Appendices**

1. Operating Structure for Healthy NED Partnership
2. Headline Citizens' Panel Results June 2015
3. Derbyshire Public Health Programmes/Initiatives in every locality 2014 (Extract from DCC Locality Plans 2014/15)
4. Healthy Communities Action Plan 2015 - 2017

**A Healthy North East Derbyshire - NEDDC Health and Wellbeing Strategy 2015 – 2019**



**Appendix 1**

Appendix 2 – Headline Results of Citizens’ Panel Survey June 2015

# 71% said they were in good health

Building Healthy Communities	Promoting Healthy Lifestyles	Improving access to preventative healthcare
<b>What do you do to stay healthy?</b>		
Keep socially active by meeting with others <b>Attending groups</b> Maintain good friendships Gardening/allotments Volunteer work	<b>Healthy eating</b> Drink plenty of water Take regular exercise: <b>walking</b> running cycling gym swimming exercise classes dancing Managing everyday stress <b>No smoking</b> Avoid alcohol/only drink in moderation	<b>Take prescribed medication</b> Only see GP when forced to/attend check ups

## What kinds of things contribute to any ill health you experience?

Building Healthy Communities	Promoting Healthy Lifestyles	Improving access to preventative healthcare
<b>Maintaining relationships/activities during illness</b> Stress from money worries Litter and mess in neighbourhood	<b>Stress</b> Mental health problems <b>Poor diet</b> Regular inactivity due to long term conditions e.g. arthritis Excess alcohol consumption Workplace stress Lack of regular exercise <b>Joint problems</b>	Access to NHS dental care

**What role do you think the Council should have in helping you to improve your own health and wellbeing?**

Building healthy communities	Promoting Healthy Lifestyles	Improving Access to preventative healthcare
<p>Encouraging people to attend groups – particularly elderly residents</p> <p>Promoting clubs, groups and activities</p> <p>Maintain parks</p> <p>Provide bus shelters (Highmoor Killamarsh)</p> <p>Keep environment clean and tidy</p> <p>Safe pavements, road, gritting roads early</p> <p>Helping elderly clear snow on drives in winter</p>	<p><b>Individuals' responsibility</b></p> <p>Free access to OAP swimming</p> <p>Cheaper leisure centre prices</p> <p>Promoting events in local areas</p> <p>Taster sessions for healthy eating</p>	<p>Access to advice/sources of help to prevent going to GP</p> <p>Promote local GP based health services</p>

30% said they suffered from a health problem that limited their day to day activities, and 20% provided unpaid care

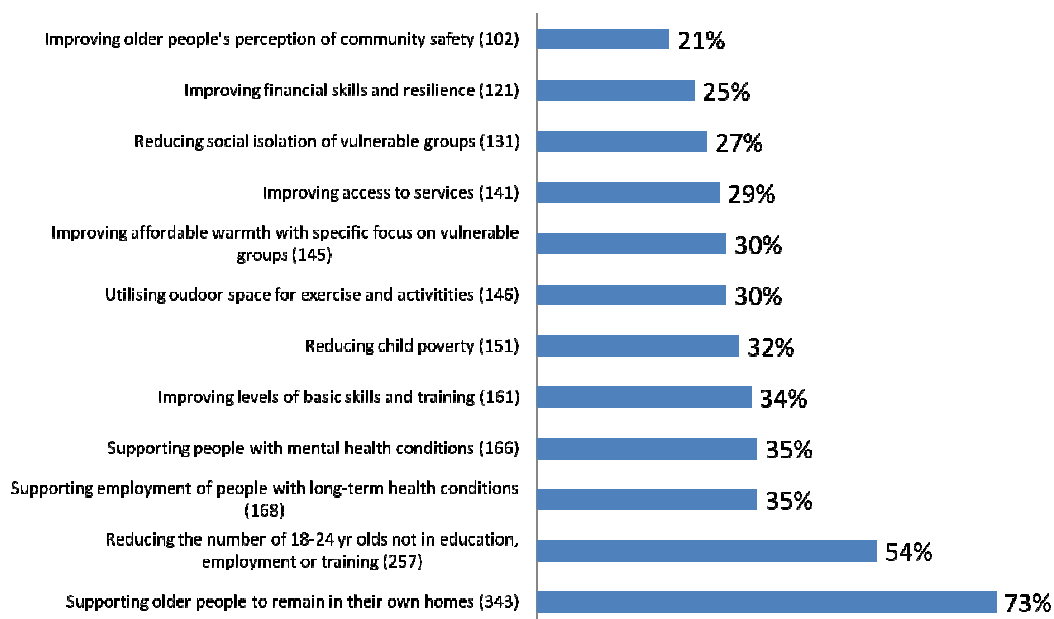
**What could partners do to improve quality of these people's lives?**

Building healthy communities	Promoting healthy lifestyles	Improving access to preventative healthcare
<p>Collecting and returning dustbins automatically for elderly residents</p> <p>Set up carers groups locally</p> <p>More outdoor benches</p> <p>Shopping service in winter for elderly in isolated communities</p> <p>Improve bus services</p>	<p>Limited lane swimming at leisure centre</p> <p>Provide respite care</p> <p>Mental health stimulation groups with free transport</p> <p>More facilities for young disabled people</p>	<p>Leaflet of services for elderly in GP surgery</p> <p>More help for dementia sufferers</p>

**What projects should the Council and partners focus on helping the ageing population to remain healthier?**

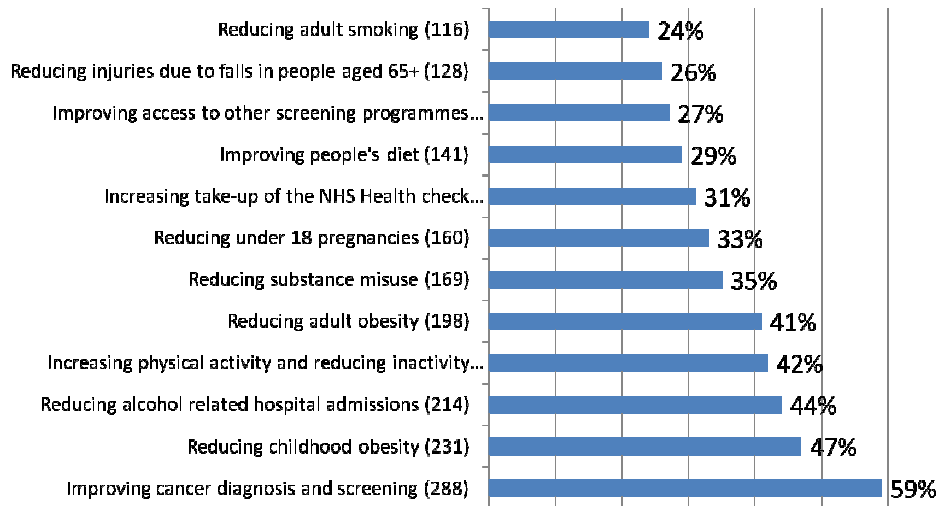
Building Healthy Communities	Promoting healthy lifestyles	Improving access to preventative healthcare
<p>Social groups serving hot food</p> <p>Better bus services (Wingerworth)</p> <p>Reducing speed limit on roads (Dronfield)</p> <p>Intergenerational gardening activities</p> <p>Visit over 80s/housebound once a month &amp; social gatherings</p> <p>Meeting places at reduced rates</p>	<p>Exercise groups for older people</p> <p>Subsidised access to swimming ,gyms, bowling</p> <p>Transport to leisure centres</p> <p>Free access to leisure centre and activities for over 70s</p>	<p>Healthy Ageing/promote activities for older people in GPs surgery</p> <p>Drop in services</p>

**What wider factors of health that impact on health inequalities should we focus on?**

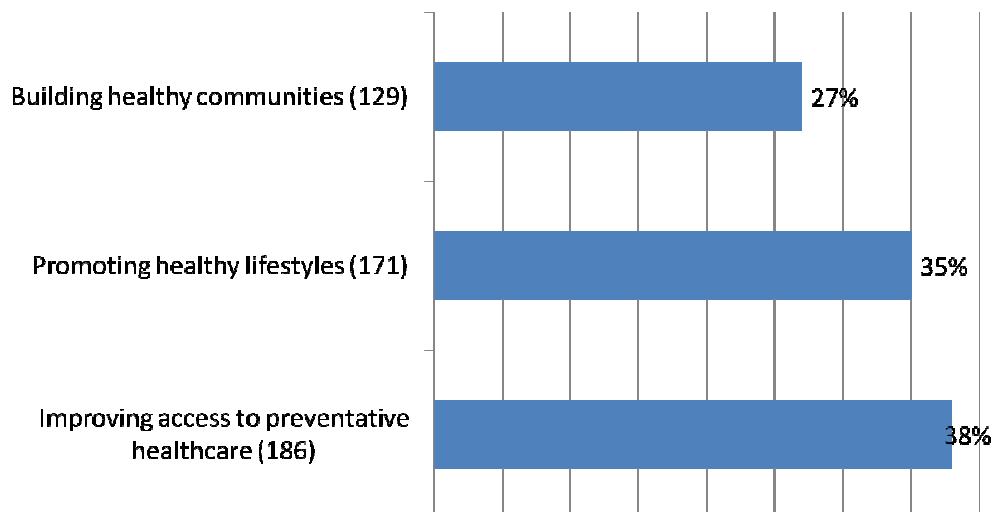




## 6 things that should be prioritised for action in NED

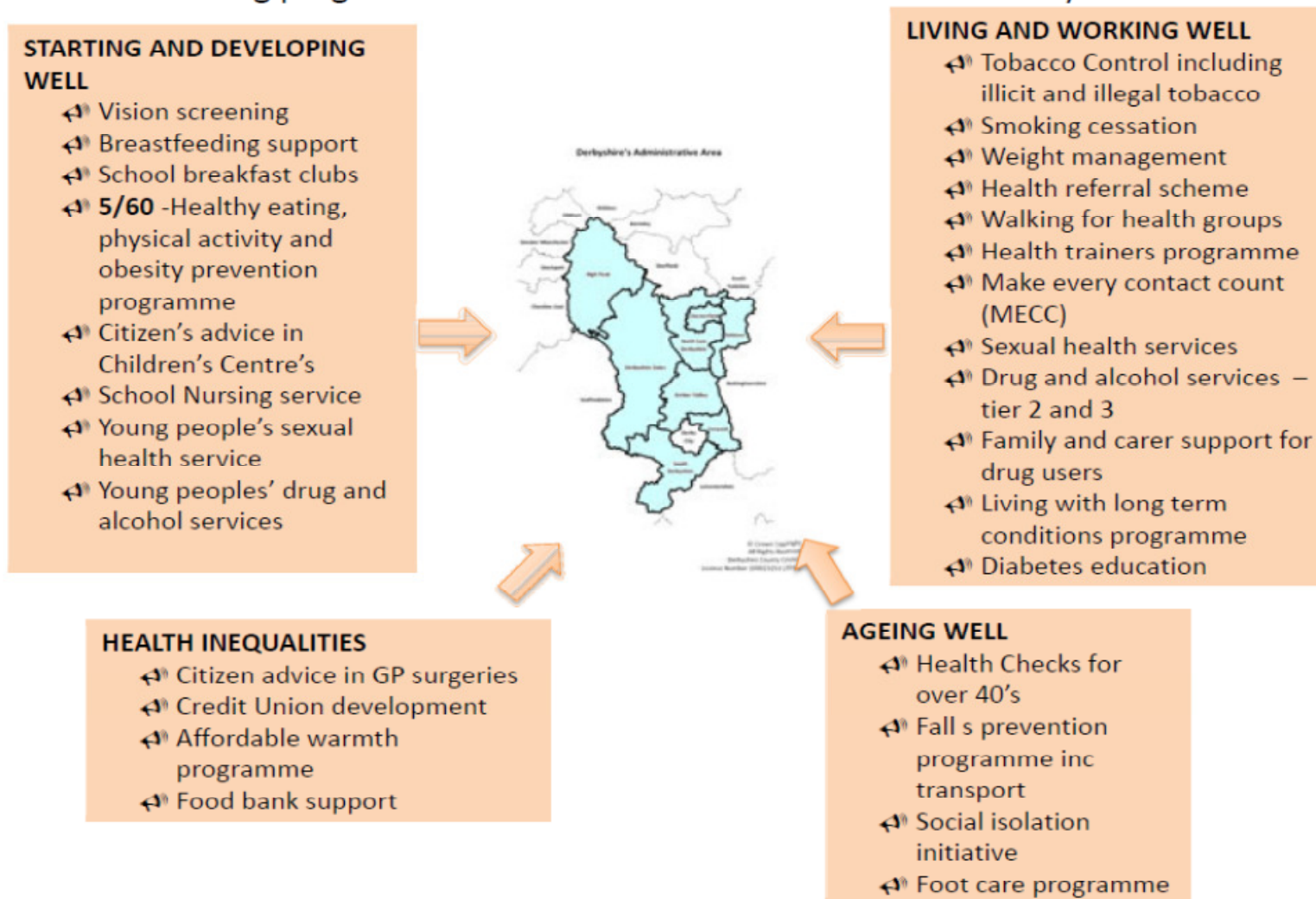


Tell us which of the following ambitions are most important for funding in NED?



Appendix 3

The following programmes or initiatives cover all localities in Derbyshire in 2014



**Appendix 4 - Healthy Communities Action Plan (Locality Plan) **under development****