DERBYSHIRE County Council

Helen Barrington
Director of Legal and Democratic Services
County Hall
Matlock
Derbyshire
DE4 3AG

Extension 38324
Direct Dial 01629 538324
Ask for Alisha Parker

PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 2 February 2022

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 10 February 2022** in Council Chamber, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

Helen E. Barrington

Helen Barrington
Director of Legal and Democratic Services

A G E N D A

4. Health and Wellbeing Board Strategy Update (Pages 1 - 28)

This page is intentionally left blank

Derbyshire Health and Wellbeing Strategy

2022 Refresh

Contents

2

Foreword

Health and wellbeing is important to all of us. Good mental and physical health helps us to play an active and fulfilling role in our families, communities, and wider society. We have all recognised the importance of good health and wellbeing as we have lived through the challenges of the Covid-19 pandemic.

In light of the pandemic, the Board felt it was right to refresh and update the Derbyshire Health and Wellbeing Strategy mid-way through the strategy cycle to reflect the learning on the impacts of the pandemic to date and to make sure the shared actions and priorities outlined in this document remain the correct area of focus.

It is also right that the Board reviewed the strategy at this time to make sure it aligns with the aims and ambitions of the Integrated Care System for Derbyshire and help informs the Integrated care Strategy, The strategy will allow joint action wherever possible to tackle health and wellbeing issues across Derbyshire alongside our local partners, aligning with Derby City's Health and Wellbeing Board where it is right to do so.

The pandemic has had an unequal impact on our communities. Recovery from the pandemic requires a renewed focus on all aspects of health and wellbeing, which is shaped by the environment in which we live, the homes in which we reside and the schools where we learn and the social connections we sustain from childhood to older age.

Partners across Derbyshire acknowledge that creating the conditions for health and wellbeing to thrive is about more than just health service provision, and it requires the ongoing dedication and input from a range of partners across the public, voluntary and independent sectors. The Derbyshire Health and Wellbeing Board will continue to enable and support strong partnerships and I want it to continue to be a key forum to collectively tackle health inequalities via the ongoing implementation of this strategy.

Councillor Carol Hart

Cabinet Member for Health and Communities and Chair of the Health and Wellbeing Board

Context

Locally and nationally, health and wellbeing systems are working together to develop person-centred approaches to health and care that focuses on the needs of the individual. In Derbyshire, members of the Health and Wellbeing Board are working together to:

- enable people to remain healthy and independent in the place they call home for as long as possible,
- collaborate across a wide range of sectors including health, social care, housing and education to create environments that support good health and positive wellbeing.

It is now well established that tackling issues early and preventing them from escalating is critical to supporting positive health and wellbeing outcomes for the citizens of Derbyshire. We also need to ensure recovery from the pandemic does not further increase health inequalities and at every opportunity seeks to reduce them.

Joined Up Care Derbyshire partners will become an integrated health and care system in 2022, and prevention and population health management are at the heart of an emerging plan. However, there is more which can be achieved through a wide and diverse partnership to develop preventative approaches which enable citizens to live healthier lives, reduce ill health and maximise wellbeing within both living and working environments. In summary, the Health and Wellbeing Board remains committed to tackling the causes of the causes of ill health. Both the Health and Wellbeing Board and the Integrated Care Strategy will develop an evidence-based approach to activity utilising the Derbyshire Joint Needs Assessment.
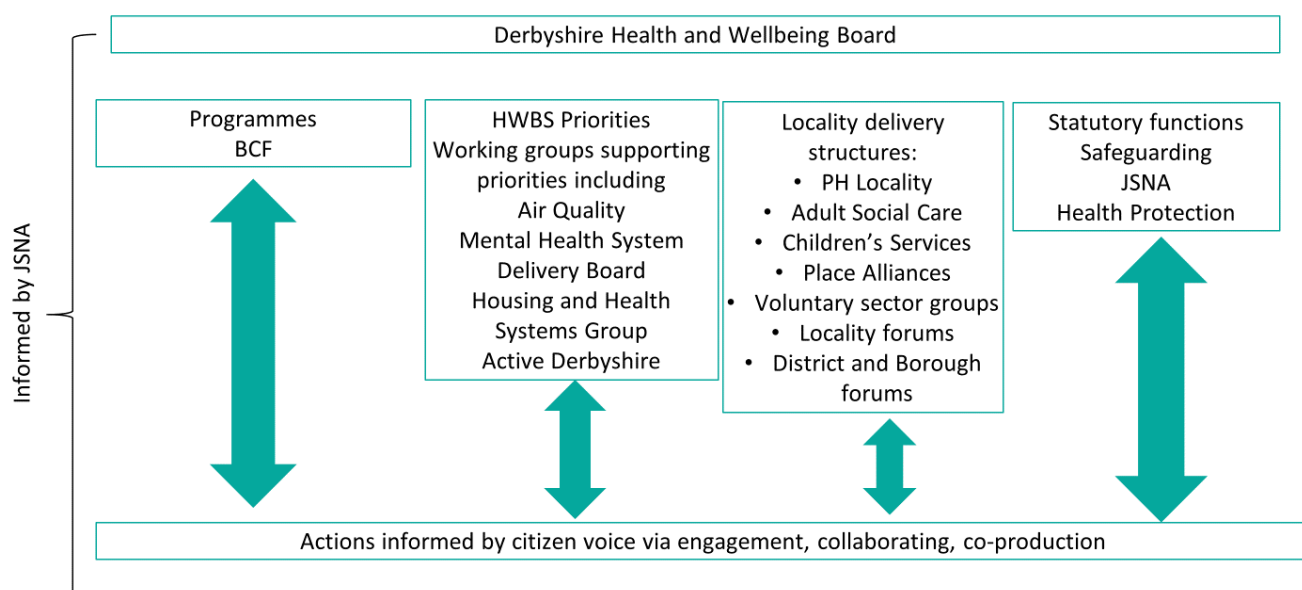
The work of the Board will continue to focus on the wider determinants as they contribute between 60% and 85% of modifiable health outcomes (Kings Fund, 2013). An example of this in practice could be described in relation to non-decent living conditions, such as a cold or damp home. In turn the damp home increases in respiratory issues for an individual and that then impacts on their performance at work, leading to reduced job satisfaction and mental ill health. If the person took time off work, this could then result in them falling behind with rent or mortgage payments leading to financial arrears and a crisis point. Similarly, the roots of a healthy life begin in infancy and continue through childhood and into adulthood and older age. In Derbyshire this means that a substantial proportion of ill health and premature mortality could be prevented by improving living and working conditions and making healthy choices easier.

The Health and Wellbeing Board now needs to place an even sharper focus on a population level approach to tackling health inequalities, which existed before the pandemic but have been more openly exposed throughout the past two years. Tackling inequality in all forms will help improve the health outcomes at a population level. The Board can tackle inequalities and seek to develop inclusive and sustainable communities and increase local economic prosperity by considering health and wellbeing by seeking opportunities to tackling social deprivation alongside increasing social mobility.
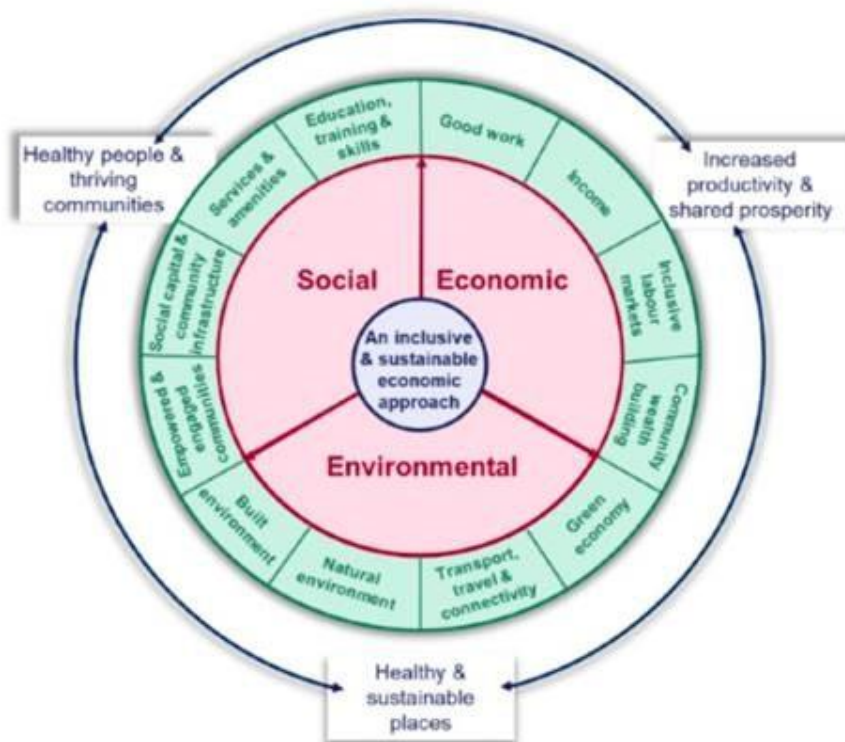
Diagram from Public Health England, *Inclusive and sustainable economies: leaving no one behind*, 2021

The role of the Health and Wellbeing Board within the emerging Integrated Care System

Throughout 2022, the Health and Wellbeing Board will need to focus on developing relationships, so they remain effective within the new Integrated Care System structures. The Health and Wellbeing Board will have a key role in coordinating activity at Place (Derbyshire). In addition, the locality delivery structures and wider partnerships which sit within Place will coordinate a range of actions to address the wider determinants of health. Where appropriate the Derbyshire Health and Wellbeing Board will seek to align activity with Derby Health and Wellbeing Board. A governance diagram showing how the different groups and structures link together is summarised below:
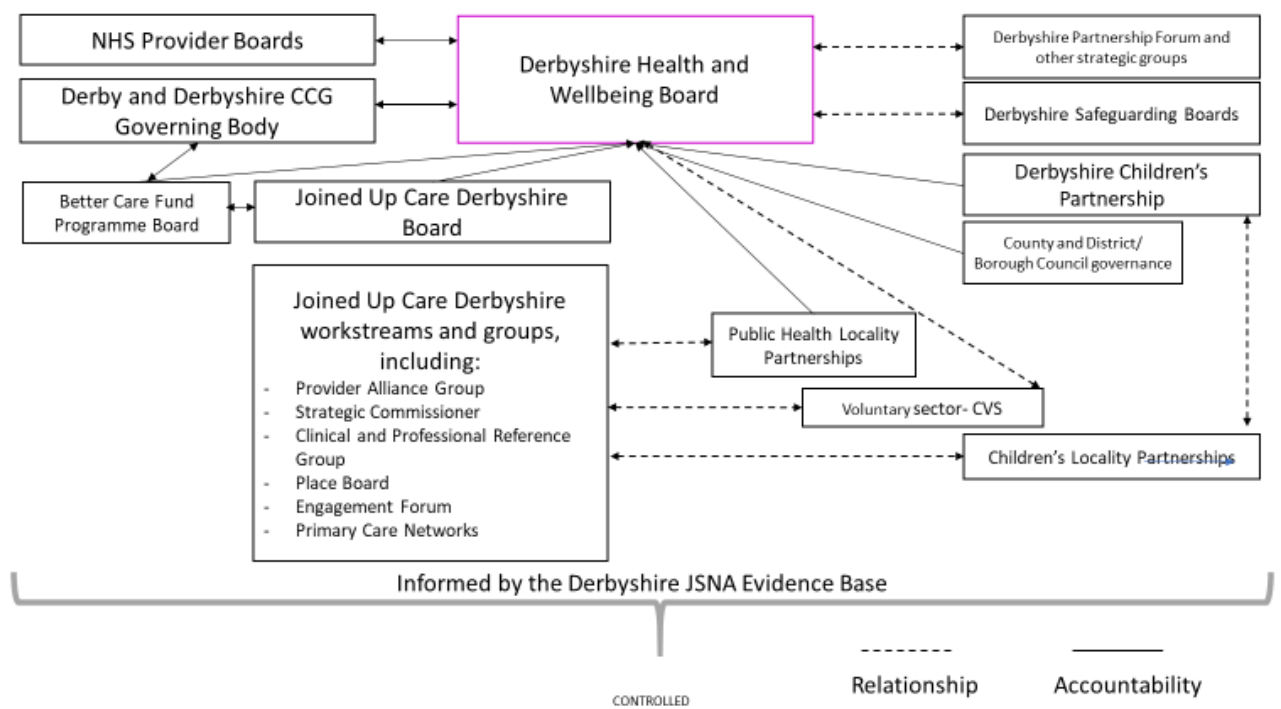
This diagram will be refreshed in April 2022 to reflect new Integrated Care System structures as they go live.

The Health of Derbyshire

In 2020, 807,183 people are estimated to live in Derbyshire. The population is older than the England average, with a greater proportion of people aged 45 and over when compared to the England average. According to the latest population projections, the population is expected to increase by approximately 100,000 people by 2043 to 896,116 people. The number of people aged over 90 years old will more than double.

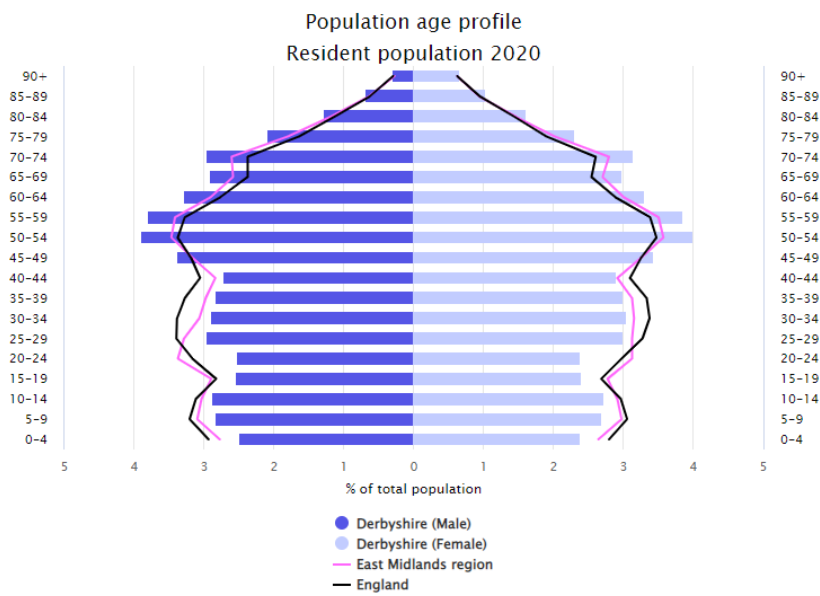Public Health Outcomes Framework: Population age profile - Resident population 2020

To understand more about the health of the population of Derbyshire we look at several 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 managing finance, educational attainment, long-term unemployment and housing challenges (such as homelessness or overcrowding).

According to the Public Health Outcomes Framework using data collected between 2018 and 2020, the average life expectancy at birth is 79.2 years for men and 82.8 years for women. Using data collected between 2017 and 2019, the average healthy life expectancy – how long a person is expected to live in good health – is 61.1 years for males and 61.3 years for females; more than two years lower than the England average for males and females.

There is a large difference in healthy life expectancy between males and females living in our most and least deprived communities. According to the Office for National Statistics, a male living in one of the least deprived communities can expected to live 18.4 more years in good health than a male

living in one of the most deprived communities. For females the difference is 19.8 years.
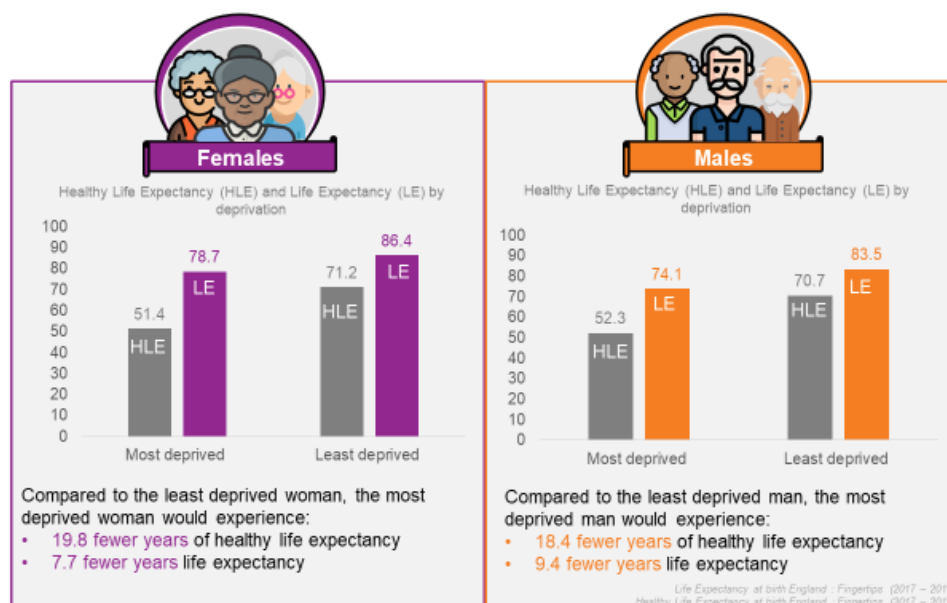
The Joint Strategic Needs Assessment, using data from the Office for Health Improvement and Disparities Fingertips tool, summarises key health challenges and these are:

- 800 Derbyshire mothers were smoking at the time of delivery of their baby in 2020-21.
- 1,675 children in year 6 (32.8%) and over 500,000 adults (66.8%) in Derbyshire were overweight or obese in 2019-20. Relatively few children in Derbyshire are obese or overweight compared to England as a whole. However, rates of obesity among adults in Derbyshire are significantly higher.
- 2,813 babies born in 2020-21 (41.8%) were breastfed for six to eight weeks after birth. This is significantly lower than the England figure (47.6%).
- 40% of cases of HIV (14 cases) in Derbyshire were diagnosed late (2018-20).
- 29.1% of adults in Derbyshire drank more alcohol than the recommended limit of 14 units each week between 2015 and 2018. This is significantly higher than the England figure (22.8%).
- 10.6% of households in Derbyshire were living in fuel poverty in 2018. The figure across England for this was 10.3%.
- 1,140 16-17 year olds in Derbyshire not in education, employment or training or whose activity was not known (2019). This was 7.4% of people of this age – worse than the England average (5.5%).

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

Our vision and priorities

The Health and Wellbeing Board will continue to deliver against the following vision:

Our vision: By focusing on prevention and the wider determinants of health, the Board will reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities

Our objectives will enable residents in Derbyshire to:		
Start Well	Live Well and Stay Well	Age Well and Die Well

Our Population Health Outcomes		
Increase life expectancy	Increase healthy life expectancy	Reduce inequalities in healthy life expectancy and life expectancy

Our five shared priorities are:				
Enable people in Derbyshire to live healthy lives	Work to lower levels of air pollution	Build mental health and wellbeing across the life course	Support our vulnerable populations to live in well planned and healthy homes	Strengthen opportunities for quality employment and lifelong learning

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.

9

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.

Data from Public Health England's Fingertips Tool shows that in Derbyshire, 20.5% of the population was physically inactive in 2019-20, slightly better than the England average of 22.9%. However, the prevalence of overweight and obesity in adults is significantly higher than the national average. Only 41.8% of babies in Derbyshire are breastfed for at least 6 weeks, compared to an England average of 47.6%.

In Derbyshire, 29.1% of the adult population drink above government guidelines of 14 units of alcohol a week, above the England average of 22.8% which is from the latest data covering 2015-18. The latest data from 2015-18 also shows that fewer adults abstain from drinking (10.6%) compared to England (16.2%) and the East Midlands (16.1%). In Derbyshire 11.0% of adults are current smokers, similar to the England average of 12.1%. However, 17.9% of adults in routine and manual occupations smoke and 11.8% of pregnant women were smoking at the time of delivery in 2020-21. This data is based of a Q2-Q4 survey only due to the impact of the Covid-19 pandemic. Finally, the proportion of people aged 15-25 years old screened for chlamydia and the HIV testing coverage are below the England average.

Social deprivation is an important determinant of health. Additionally, there are some complex population groups, for example people who are homeless, offenders and military veterans, some of whom may experience challenges in living healthy lives that we will collaborate to address locally.

What do we want to achieve?

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

10

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

- A reduction in smoking particularly among 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, a reduction in HIV late diagnoses and an increase in PrEP uptake (pre-exposure prophylaxis HIV prevention).
- Increase the proportion of people who are physically active and an increase in active travel to schools and workplaces.
- An increase in the proportion of babies that are breastfed for at least six weeks.
- A reduction in the proportion of adults and children who are overweight or obese.

How will we achieve our ambitions?

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, 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 strategy will be refreshed throughout 2022 so it is in line with the national 10-year strategy.
- The Derbyshire Local Maternity and Neonatal System (LMNS) is developing an equity and equality action plan to support families to give children the best start in life. Under the LMNS, Live Life Better Derbyshire work closely with maternity services to improve the pathway for pregnant women to access stop smoking services, and an Infant Feeding Steering Group works collaboratively across Derbyshire and Derby City to identify ways to work together to increase the proportion of babies that are breastfed. Additionally, there are a number of initiatives in Derbyshire to support healthy eating for children and families, for example programmes such as the Health, Exercise and Nutrition for the Really Young (HENRY) service.
- The Sexual Health Strategy seeks to work collaboratively across 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 strategy is due to be reviewed to ensure it aligns with the new national strategy which will be published in 2022. A section 75 agreement is currently in

11

development to support this area of work and ensure greater integration and alignment across health partners.

- The Making Our Move Strategy, our shared vision for Uniting the Movement in Nottinghamshire and Derbyshire seeks to create a culture where everyone can be active and move more. Priorities include enabling children and young people to have positive experiences of being active throughout their childhood, maximising the potential of being active to improve physical and mental health, working with people and communities who experience the greatest inequalities and creating accessible, safe and inclusive places and environments. Delivery of the strategy is a partnership between a wide range of stakeholders – led by Active Derbyshire. Delivery will be through a wide range of initiatives, for example, encouraging active travel and supporting the development of local opportunities to be active through walking and the planned Active Neighbourhood pilots.

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 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 and initiatives to understand the benefits to Derbyshire and lessons that can be learned for the future.

Has the Covid-19 pandemic changed anything?

The Covid-19 pandemic response has impacted this priority in a range of ways. There have been limits placed on many opportunities for physical activity, including organised sports, gyms and school-based activities. Social alcohol use declined due to restrictions but increased among others influenced by adverse effects of lockdowns. Rates of smoking in Derbyshire reduced during the pandemic and many people modified eating and drinking habits alongside obesity already increasing. The emerging impact of Long Covid may reduce people's opportunities to live healthy and fulfilling lives and for many people with a long-term condition health condition or disability, and their carers, there have been reduced opportunities to participate in regular groups and activities that enable them to feel supported. There are also concerns that the pandemic resulted in increased domestic abuse reduced safeguarding referrals for both children's and adults.

What have we achieved?

- Despite national restrictions placed on sexual health services during the pandemic, local services adapted to continue to deliver and to meet health need. Clinics had 16,895 attendances in 2021-22 with a focus on complex and the needs of those most at risk; 19,741 orders were received for online sexually transmitted infection services – a 32% increase compared to 2019-20. The Sexual Health Promotion Team engaged with 83 people of vulnerability through virtual 1:1 consultations. The new photo-diagnosis for appropriate infections was introduced. 94 patients were seen for pre-exposure prophylaxis (PrEP) / HIV prevention to date in 2021-22.
- Walk Derbyshire funding has been approved and a website will be formally launched in 2022
- Section 75 arrangements between Public Health and Derbyshire Community Health Services for health visiting have been embedded.
- Maternity Voices Partnership events have helped shape maternity and neonatal services
- Treatment and recovery services for drug and alcohol use continued to deliver services to clients throughout the pandemic in-line with national recommendations. A total of 1,767 new presentations were seen in 2020-21, bring the total number of clients on caseloads to 3,831. The service saw an increase in the proportion of clients who were retained for more than 12 weeks or who completed treatment.

What are the priorities for the next 24 months?

- A development of a section 75 partnership for the mandated sexual health sexual health service will be developed and finalised in 2022 enabling greater collaboration across the local sexual health system of providers and commissioners.
- Increased uptake for PrEP.
- The Walk Derbyshire programme will be fully implemented with pilot areas up and running as part of a system wide approach to physical activity.
- The review of the Substance Misuse Strategy to ensure engagement from a range of partners to align with the new 10-year vision.
- Continuing to support children, including those with a learning disability and/ or autism, to have the best start in life. We want to ensure children and young people develop and thrive and make sure there is a clear focus on this in light of the challenges of the pandemic.

How will continue to measure success and track progress?

We will track the following indicators and report on them annually to the Health and Wellbeing Board:

- Prevalence of smoking: 15-year olds; adults; pregnant women at time of delivery
- Pregnant women's smoking status at time of delivery
- Breastfeeding prevalence at 6-8 weeks
- Excess weight in 4 to 5-year olds; 10 to 11-year olds; adults
- Physically inactivity among 15-year olds and adults
- Alcohol related and alcohol specific hospital admissions
- Chlamydia detection rate in 15 to 24-year olds
- Sexually transmitted infection (STI) and HIV testing coverage
- Rate of HIV late diagnosis

14

Outcome 2: Lower levels of air pollution in 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.

Air pollution levels vary across the county due to proximity to sources of pollution such as major road networks. There is also emerging evidence to suggest links between dementia and air pollution. 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.

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.
- Delivery of the 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.

How will we achieve our ambitions?

Across Derbyshire County and Derby City an Air Quality Working Group has been established to explore ways to reduce air pollution locally. In 2020, this

group developed an Air Quality Strategy to provide strategic direction to tackle air pollution for the next ten years. This ambitious strategy aims 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 delivery of the ambitious Air Quality Strategy for Derbyshire.
- Empower existing partnerships to drive forward the air quality agenda in Derbyshire, including identifying additional opportunities for working collaboratively to improve air quality.
- Demonstrate shared leadership, 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.
- Explore, through regular discussion with partners how we can collectively work to improve air quality, consider shared opportunities and threats to progressing this agenda and help to solve challenges in areas where anticipated progress is not being made.

Has the Covid-19 pandemic changed anything?

The Covid-19 pandemic and response saw a decline in air pollution from vehicles due to a reduction in travel and changes to working practices. However, many of these changes were temporary and the impact on use of public transport may remain.

The pandemic also meant less progress was made on the actions set out in the Air Quality Strategy and, due to greater focus on net zero and climate change, the focus of the Strategy will align to other strategies that will achieve greater positive change.

How will continue to measure success and track progress?

We will track the following indicators and report on them annually to the Health and Wellbeing Board:
- Air pollution: fine particulate matter
- Fraction of mortality attributable to particulate air pollution
- Adults cycling: at least 3 times a week; at least once a month
- Licensed diesel vehicles per total vehicles
- Licensed ultra-low emission vehicles (ULEV)

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?

Good mental health and wellbeing begins in early years; between conception and the age of two 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 2017, we estimate 105,000 people over the age of 16 experienced a common mental disorder, defined as any type of depression and/or anxiety. This equates to approximately 16.0% of the over 16 population, which is similar to the national average. In 2019-20, there were an estimated 700 young people between the ages of 10 and 24 who were admitted to hospital as a result of self-harm. This is a rate of 576.8 admissions per 100,000 of the population, which is significantly worse than the England average.

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.
- 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.

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).

This framework will be updated in early 2022.

To support the delivery of Driving Better Mental Health for Derbyshire, the Health and Wellbeing Board will continue to:

- 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.

What have we achieved?

- Further developed and promoted the Derby and Derbyshire Emotional Wellbeing website.
- Delivered mental health and suicide prevention training to 585 people from 207 different organisations in 2020.

- Commissioned delivery of the Whole School Approach to mental health and emotional wellbeing.
- Invested in the emotional wellbeing of children and young people through a locality partnership approach.
- Launched a Mental Health First Aider network at Derbyshire County Council.
- Appointed a Public Health Wellbeing Counsellor to support the wellbeing of the voluntary, community and social enterprise sector in Derbyshire.

Has the Covid-19 pandemic changed anything?

The pandemic and response has had a range of mental health impacts to people of all ages and circumstances. This includes everything from access to support for new parents, increased anxiety among children, social disconnection and financial stress among adults, and isolation among older people and those who are less well connected. Generally, the pandemic has increased the risk factors for poorer mental wellbeing and increased mental ill health. In the medium term there may be increased incidence of depression, increased risk of suicide and in the longer-term children and young people may be impacted from having less social contact at key developmental milestones. For people with learning difficulties and neurodevelopmental disorders the changes to regular routines and support may have an impact on needs.

What are the priorities for the next 24 months?

- Decrease mental health stigma
- Increase positive mental wellbeing and self-care
- Increase awareness of support and services
- Improve the interdependency between mental wellbeing and the wider determinants of health
- Work to mitigate the increased risk factors for poor mental health caused by the pandemic

How will continue to measure success and track progress?

We will track the following indicators and report on them annually to the Health and Wellbeing Board:
- Suicide rate
- Severe mental illness (SMI) recorded prevalence
- Excess under 75 mortality rate in adults with SMI
- Adult social care users with enough social contact
- Adult carers with enough social contact
- People with SMI receiving complete physical health checks

19

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 are 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. For example, affordability and overcrowding are associated with increased stress, anxiety and depression in children and adults. Communities need to be well planned and linked so that people can live well.

The relationship between housing and health can broadly be categorised into three main areas:

Homelessness and precarious housing	• Homelessness, risk of homelessness and rough sleeping • Insecurity in rented sector
Unsuitable housing	• Overcrowding • Unable to meet the needs of the resident e.g physical disability, aging population • Shared accommodation
Unhealthy and unsafe	• Cold and damp including fuel poverty • Disrepair, unhealthy, and unsafe housing including hoarding

Derbyshire has similar levels of fuel poverty to the England average with the estimated percentage of households that experienced fuel poverty in 2018 of 10.6%. The level of statutory homelessness across Derbyshire has decreased and in 2017-18 was 1 per 1,000 households, significantly lower than the national average, but local data from district and borough councils indicates that over 3,000 homelessness assessments were made in 2020-21.

20

Derbyshire has a higher than average proportion of older people (21.9% aged over 65, compared to 18.5% in England). This is predicted to increase, according to ONS population projections, with the Derbyshire 65 and over population accounting for approximately 27.3% of the population in 2043. 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.

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.

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 and support the system to understand the scope for prevention.
- Focus on vulnerable populations, to reduce inequalities and improve health and wellbeing, by addressing cold and unsafe homes so people are enabled to stay healthy, warm and well.
- Enable a system wide response to prevent homelessness and rough sleeping and supporting people at risk of eviction.

- 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:
- 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.
- 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.

What have we achieved?

- Statutory homelessness in Derbyshire reduced from 1.4 per 1,000 in 2015-16 to 1.0 per 1,000 in 2017-18.
- Increased collaboration to support Derbyshire's alternative winter rough sleeping provision in response to Covid-19. Resulted in development of enhanced pathways to support a holistic wrap-around support offer for this vulnerable cohort.
- Developed a Winter Pressure Single Contact point to support professionals across the Joined Up Care Derbyshire system, to support vulnerable residents who are living in cold homes, experiencing fuel poverty or who are in financial difficulty.
- Developed links with University Hospitals Derby and Burton respiratory teams to target housing advice to patients particularly at risk because of poor housing.

Has the Covid-19 pandemic changed anything?

The pandemic has highlighted and intensified existing housing problems and exposed the impact that poor quality and overcrowded accommodation has on population health. The private rental sector is the least stable and rents are at their highest ever level. Tenants have been more impacted that people who have a mortgage in terms of arrears, and individuals who live in more deprived communities are experiencing housing payment arrears. Increased living costs are resulting in more people being at risk of loosing their home.

22

What are the priorities for the next 24 months?

The Housing and Health Systems Group will:
- Coordinate the refresh of the Housing and Health JSNA chapter
- Support development and implementation of the Derbyshire Homeless and Rough Sleeping Strategy
- Work with partners across the Integrated Care System to recognise and implement interventions to address the impact that poor housing has on population health and wellbeing

How will we continue to measure success and track progress?

We will track the following indicators and report on them annually to the Health and Wellbeing Board:
- Fuel poverty
- Statutory homelessness: eligible and in priority need; eligible and not in a priority need; in temporary accommodation; dependent children or pregnant women
- Housing affordability
- Household overcrowding
- Adults with a learning disability living in stable and appropriate accommodation
- Adults in contact with secondary mental health services living in stable accommodation

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 influence employment prospects and roles, 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 2019, Derbyshire (7.4%) had a higher percentage of 16-17 year olds that are NEET (or where activity is unknown) than the England average (5.5%). In Derbyshire, the percentage of students achieving 5 A*-C grades including English and Maths at GCSE in 2015-16 was 54.8%, significantly lower than the England average of 57.8%.

Unemployment is associated with an increased risk of ill health and mortality. Similarly, relationships exist between unemployment and poor mental health, self-reported ill health and limiting long-term conditions as well as higher rates of participation in risky health behaviours such as smoking.

The percentage of 16-64 year olds in employment in Derbyshire in 2020-21 was similar to the overall England rate at 75.6%. However, significant inequalities are associated with employment within Derbyshire, for example in 2019-20 the gap in employment rate between those with a learning disability and the overall employment rate in Derbyshire (76 percentage points) was significantly worse than England (70.6 percentage points) (OHID)
These figures may suggest that it is more difficult for certain population sub-groups to access employment in Derbyshire than for the wider population.

However we have made some progress since the last iteration of the Strategy, as the gap in the employment rate between those with a long-term health condition and the overall population has decreased and Derbyshire has moved from being significantly worse than the England value, to being similar. (13.2 percentage points for Derbyshire in 2019-20, compared to 10.6 percentage points for England). However, there is evidence of some improvement since the last iteration of this document. The 'gap in employment rate between those with a long-term health condition and the overall employment rate' indicator has decreased from 14.9% in the 2018-19

reporting period (when it was significantly worse than the national average) to 13.2% in the 2019-20 reporting period (now similar to the England average of 10.6%).

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. Local data on the quality of work across Derbyshire is limited; nevertheless, striving for good quality employment opportunities is a priority.

Evidence suggest there is a social gradient in health, with the lower an individual's socioeconomic position, as defined by their job, qualifications, income, wealth, and where they live, the worse their health

Unpaid caring roles can have an impact on ability to participate in the labour market, with direct and indirect impacts on health and wellbeing. The 2011 Census indicates there were more than 21,000 unpaid carers in Derbyshire.

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 extent of local collaborative working to improve Individual Placement Support (IPS) opportunities for vulnerable populations.
- The wide range of partners engaged to consider their role in influencing the wider determinants of health.
- The number of people supported by the Disability Employment Service (DES) to achieve outcomes.

Outcome indicators will also be tracked, looking for a trend towards:
- Improving GCSE attainment in targeted areas.
- Decreased proportion of 16-17 year olds not in education, employment or training (NEET)
- A decreasing gap in employment rates between:
- People with a learning disability and the overall population
- People with a long-term health condition and the overall population
- People in contact with secondary mental health services 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, for example the Derbyshire Economic Partnership Employment and Skills Group 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 a wide range of place-based partners including local authorities, local enterprise partnerships, Integrated Care System stakeholders, schools, colleges, voluntary and community sector partners, and local businesses, 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 ongoing 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.
- Support interventions to help those furthest away from the job market into employment, which will significantly contribute towards lifting people out of poverty.

Has the Covid-19 pandemic changed anything?

The pandemic and response impacted the workforce across all sectors. Industries with a strong presence in Derbyshire – including manufacturing and transport – were hit hard in the short term. The pandemic response brought rises in unemployment, benefits claims, and food insecurity. Considering how we achieve inclusive and sustainable economies to ensure no-one is left behind is needed to address the underlying inequalities which existed prior to and as a result of the pandemic.

The Covid-19 pandemic and response has had a significant negative effect on education and worsened existing achievement gaps. Children have lost learning time and their social contacts also have reduced, this can impact on confidence and mental health. Digital connectivity remains a factor for both younger and older populations. Children from more deprived households having been left at a greater disadvantage as they may not have had access to the right technology and resources at home

Retail, tourism, entertainment and hospitality sectors have been the most hard-hit by the economic fall-out of Covid-19 according to national research. Evidence suggests the pandemic has disproportionately impacted employ low-income workers, women, ethnic minority communities and young people.

What are the priorities for the next 24 months?

- Continue to link the work of the Health and Wellbeing Board to support local economic growth and local job opportunities via an Anchor Institutions approach.
- Promote and identify opportunities within the local health and care system for local people to access employment and learning opportunities.
- Promote opportunities for people with a learning disability or autism to undertake paid employment or volunteering.

How will continue to measure success and track progress?

We will track the following indicators and report on them annually to the Health and Wellbeing Board:
- Key stage 4 (GCSE) pupils achieving 9-5 pass in English and Maths
- Key stage 5 (A-level) pupils achieving AAB grades or above
- 16- and 17-year olds not in education, employment or training (NEET)
- Qualified to NVQ4 (National Vocational Qualification) and above
- Working age population in employment
- Unemployment
- Percentage of people claiming out of work benefits
- Average weekly earnings
- Gender pay gap
- Gap in employment rate for: people in contact with secondary mental health services; people with a long-term condition; people with a learning disability
- Number of unpaid carers

How will we continue to deliver this strategy in 2022-23?

Delivery of this ambitious strategy requires the ongoing commitment and drive of all Health and Wellbeing Board members as we move into the new strategic landscape that also includes the Integrated Care System. All partners need to build and strengthen shared capacity across the health and wellbeing system to support these priorities and improve the health and wellbeing of the people of Derbyshire.

Health and Wellbeing Board meetings will have a clear focus on issues related to the wider determinants of health. The meetings will provide partners with the opportunity to collaborate and where appropriate provide mutual challenge so that we are constantly driving forward better, more integrated, working based around the needs of the population in Derbyshire.

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 Derbyshire Health and Wellbeing Strategy priorities.

For each priority, the lead will regularly report to the Health and Wellbeing Board on progress being made against actions and outcomes identified in the Strategy. This will provide the opportunity to share what is working well locally, and also act 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. It will also enable actions and activity to flow across the system linking to the Integrated Care Board and Integrated Care Partnership, to place or locality level as well as other system boards where appropriate. These systems and process will be refined throughout 2022-23 as the Integrated Care system develops and will be detailed within the new Derbyshire Health and Wellbeing Strategy from 2023 onwards.

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.