



Derby City Council



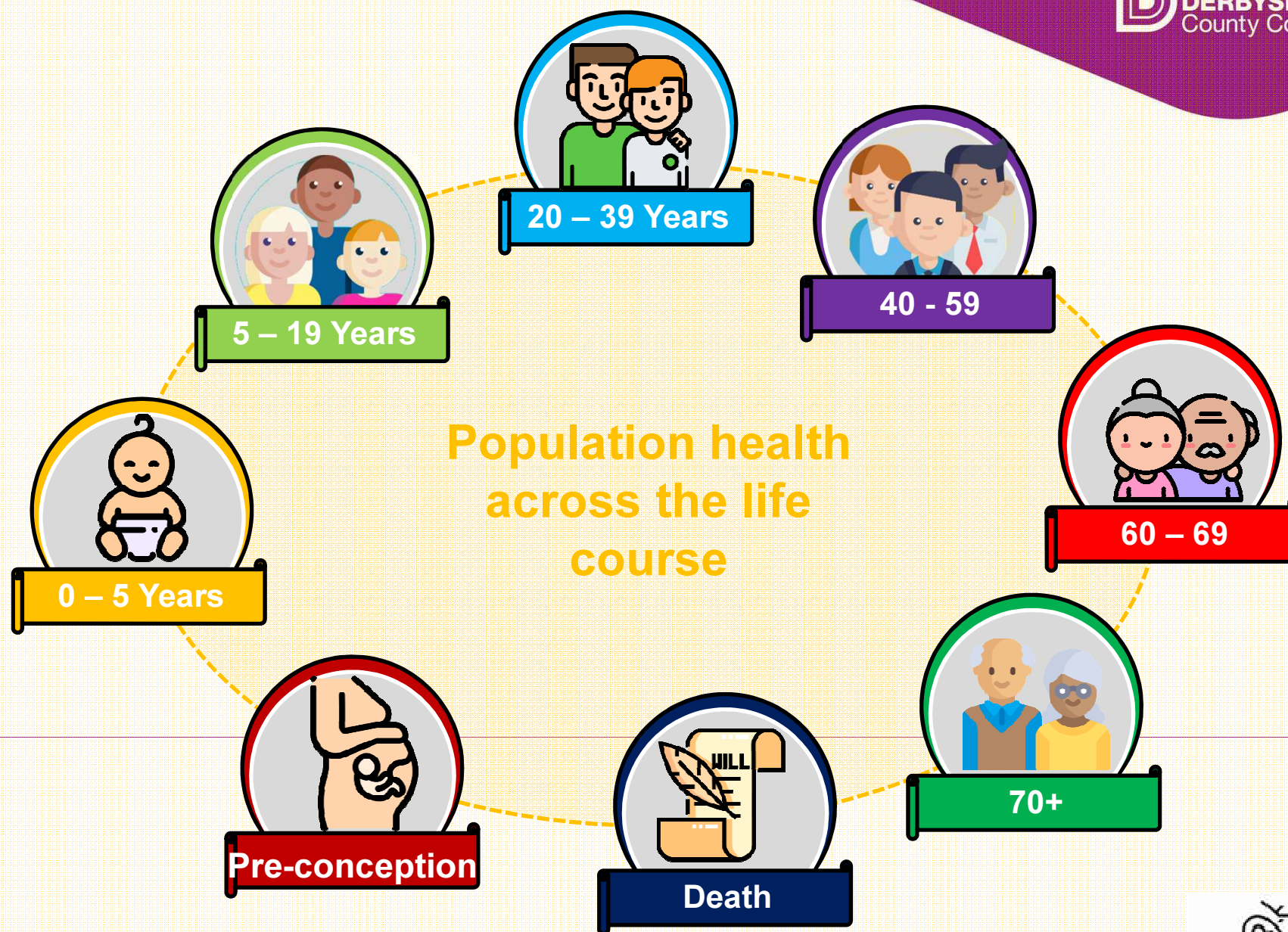
Improving Healthy Life Expectancy: A life course approach to prevention

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Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status


While this is from a US context it does have significant resonance with UK Evidence, though I would want to increase the contribution of housing to health outcomes from a UK perspective.





Pre-conception

Area of focus	Rationale	Relevant benchmarking	Benefit term	Strength of evidence						
Smoking in Pregnancy Identify local smoke free pregnancy champions Training midwifery health care professions on very brief advice Increase CO monitoring and referrals to stop smoking support (LLBD/Live Well) Implement a smoking in pregnancy action plan	The most significant modifiable risk factor associated with antenatal and prenatal outcomes. Smoking in pregnancy increases the risk of miscarriage, still birth, low birth rate, preterm birth and Sudden Infant Death Syndrome.	<p><i>Smoking status at time of delivery</i></p> <table><tr><td>Derbyshire</td><td>15.4%</td></tr><tr><td>Derby</td><td>16.2%</td></tr><tr><td>England</td><td>10.8%</td></tr></table> <p>2017/18, Fingertips</p>	Derbyshire	15.4%	Derby	16.2%	England	10.8%	Short, Medium and Long Initial health benefits and ROI seen within 12 months, medium and longer term impacts more significant.	Strong
Derbyshire	15.4%									
Derby	16.2%									
England	10.8%									
Maternal Obesity Training midwifery health care professions on very brief advice	There is increased risk of infertility as well as complications during pregnancy and birth including: impaired glucose tolerance/gestational diabetes, miscarriage, pre-eclampsia, thromboembolism and maternal death. Babies born to obese women have a higher risk of foetal death, stillbirth, congenital abnormality, shoulder dystocia, macrosomia and subsequent obesity.	<p><i>Mothers with an obese BMI at time of booking</i></p> <table><tr><td>University Hospitals of Derby and Burton...</td><td>27%</td></tr><tr><td>Chesterfield Royal Hospital NHS...</td><td>21%</td></tr><tr><td>England (hospitals)</td><td>19%</td></tr></table> <p>March 18, NHS digital</p>	University Hospitals of Derby and Burton...	27%	Chesterfield Royal Hospital NHS...	21%	England (hospitals)	19%	Short, Medium and Long - See above	Weak to Average, due to limited evidence on effective interventions
University Hospitals of Derby and Burton...	27%									
Chesterfield Royal Hospital NHS...	21%									
England (hospitals)	19%									
Alcohol and Pregnancy Support those planning for pregnancy and newly pregnant women to cease alcohol use to prevent Foetal alcohol spectrum disorder	Alcohol can damage cells in baby's brain, spinal cord and other parts of their body. It can result in loss of the pregnancy. Babies that survive may be left with lifelong problems including <ul style="list-style-type: none">•Cerebral Palsy•learning difficulties – such as problems with thinking, speech, social skills, timekeeping, maths or memory•mood, attention or behavioural problems•problems with the liver, kidneys, heart or other organs•hearing and vision problems	<p><i>Admission episodes for alcohol-related conditions (narrow) – under 40s (female)</i> DSR per 100,000</p> <table><tr><td>Derbyshire</td><td>319</td></tr><tr><td>Derby</td><td>319</td></tr><tr><td>England</td><td>248</td></tr></table> <p>2015/17, Fingertips</p>	Derbyshire	319	Derby	319	England	248	Medium and long term	Average to strong
Derbyshire	319									
Derby	319									
England	248									




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Area of focus	Rationale	Relevant benchmarking	Benefit term	Strength of evidence
Evidenced reduction in decay in 5yr olds with targeted provision of: supervised toothbrushing programme, fluoride varnish programme, toothbrushes and toothpaste by HVs, and water fluoridation as universal	<p>Tooth decay is almost entirely preventable. Dental disease is more prevalent in deprived areas.</p> <p>Tooth decay was the most common reason for hospital admissions in 5-9 yr olds in 2012/2013.(PHE oral health commissioning guidance) 134 hospital admissions for 0-5s for dental caries in the County in 15/16 –17/18.</p>	<p><i>Children with 1 or more decayed, missing or filled teeth - five year olds</i></p> <p>Derbyshire 20.4% Derby 24.0% England 23.3%</p> <p><i>2014/15 & 2016/17, Fingertips</i></p>	<p>Short, Medium and Long</p> <p>In year benefits that will accrue over time. Would offer an ROI within 12 months for targeted fluoride varnish and supervised toothbrushing to the NHS.</p>	Strong
Child Immunisation Screening co-ordinator and Childrens Centres role	<p>After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health (PHE), preventing up to 3 million deaths worldwide each year</p> <p>Childhood routine vaccinations show coverage decline nationally (NHS Digital).</p>	<p><i>Population vaccination coverage – Flu (2-3 years old)*</i></p> <p>Derbyshire 54.7% Derby 46.0% England 43.5%</p> <p><i>2017/18, Fingertips</i></p>	Short	Strong
Healthy Settings Invest in Childrens Centres to expand the offer, focusing on prevention and early intervention akin to Sure Start approach -reducing childhood obesity -breastfeeding -school readiness -physical activity	<p>Taking an asset based approach to engaging with communities and individuals to support improvements in physical and mental health of families</p>	<p><i>School Readiness: children with free school meal status achieving a good level of development at the end of reception</i></p> <p>Derbyshire 51.3% Derby 61.5% England 56.6%</p>	Long	Strong

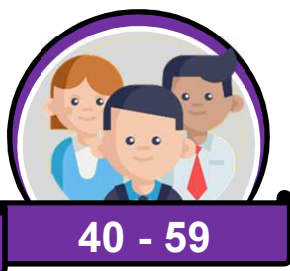


Area of focus	Rationale	Relevant benchmarking	Benefit term	Strength of evidence
<p>Reduce risky behaviours – Family-based approaches where parents have problematic substance use as their children are at risk of both adverse childhood experiences generally and of substance related harms later in life. Community-based approaches supporting young people across services, models that build on existing community assets and create links between youth services, and training young people to be peer-educators.</p>	<p>Increase focus on known protective factors to prevent or slow the uptake of substance misuse in young people including: investment in CYP psychological and emotional wellbeing; strong attachment to parents (offer universal skills-based parenting programmes to avoid stigmatisation); promote strong attachment to well-resourced schools and community (news schools prevention programme)</p>	<p><i>Hospital admissions due to substance misuse (15-24 years) DSR per 100,000</i></p> <p>2016/16 -17/18 Fingertips</p> <p><i>Hospital admissions for mental health conditions (5-16 years) Crude rate per 100,000</i></p> <p>2017/18 Fingertips</p>	<p>Short and medium term</p> <p>Medium term</p> <p>Medium term</p>	<p>Advice from national substance misuse prevention charity</p> <p>UK evidence for families where PAM features</p> <p>US evidence for community initiatives which see CYP as part of delivering solutions rather than as the problem</p>
<p>Healthy Settings Re-establish the Healthy Schools Programme</p> <p>Invest in additional School Nurses</p>	<p>Core focus on mental health and wellbeing through a ‘whole school’ approach, since unhealthy behaviours cluster in children and adolescents just as they do in adults.</p>	<p><i>Hospital admissions as a result of self-harm (10-24 years) DSR Rate per 100,000</i></p> <p>2017/18 Fingertips</p>		<p>MacArthur et al 2013; Kipping et al 2012)</p>
<p>Invest in mile a day co-ordination</p>	<p>This type intervention is effective at increasing levels of Moderate/Vigorous Physical Activity, reducing sedentary time, increasing physical fitness and improving body composition in Primary school children.</p>	<p><i>Year 6: Prevalence of obesity (including overweight)</i></p> <p>2017/18 Fingertips</p>	<p>Long</p>	<p>Weak</p>  <p>Derby City Council</p>

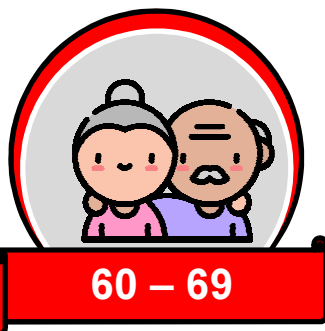


20 – 39 Years

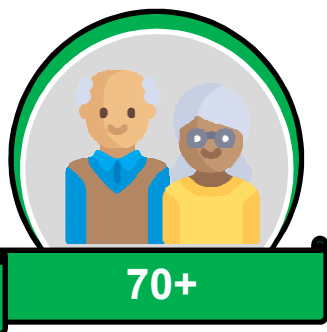
Area of focus	Rationale	Relevant benchmarking	Benefit term	Strength of evidence
Healthy Settings; Invest in Workplace Health initiatives to expand access to relevant wellbeing services	For working-age people work is a barrier to engaging with wellbeing services. Workplace health programmes ensure the workplace becomes a facilitative environment for wellbeing services by engaging employer and employees	<i>Sickness absence - % of employees who had at least one day off in the previous week</i> Derbyshire 2.0 Derby 1.6 England 2.1 <i>2015-17, Fingertips</i>	Short	Average
Integrated health improvement service offer at scale – stop smoking, weight mgt, physical activity (inc. exercise referral and cardiac rehab). Holistic model linked to housing, employment, education and skills support.	Risk reduction of CVD, type 2 diabetes, respiratory diseases, some cancers. In the UK smoking remains the most preventable cause of premature death, ill health and health inequality. People who smoke or are exposed to second-hand smoke are increasing their risk of developing various serious health problems including cancer, coronary heart disease, stroke and chronic obstructive pulmonary disease .	<i>Smoking attributable hospital admissions DSR rate per 100,000</i> Derbyshire 1592 Derby 1717 England 1530 <i>2017/18, Fingertips</i>	Short, Medium and Long term	Strong
Suicide Prevention Training – scaled to cover all NHS providers	80% of people who take their own life are not known to mental health services. The signs and symptoms of suicidal ideation can be seen by anyone. Giving them awareness and confidence to intervene will help to reduce the number of suicides.	<i>Suicide rate (Persons) DSR rate per 100,000</i> Derbyshire 8.4 Derby 7.7 England 9.6 <i>2016 - 18, Fingertips</i>	Long – sustainable investment to change culture/ perception	Strong – embedded as a key component of national and local strategies
Supporting parents around alcohol use and misuse	Parents are more likely to drink than those without children. Many first time parents speak of isolation, anxiety and stress when they have a child. Alcohol can be an accessible, convenient coping mechanism. Parental alcohol misuse (PAM) is a critical Adverse Childhood Experience. Studies show a graded dose-response relationship between ACEs and negative health and well-being outcomes. Addressing PAM early can reduce its impact on the health of the parent, and have a significant impact on the health and wellbeing of the child(ren).	<i>Admission episodes for alcohol-related conditions (narrow) DSR per 100,000</i> Derbyshire 710 Derby 811 England 632 <i>2017/18, Fingertips</i>	Medium and long term	Strong evidence for intergenerational impact of reducing ACEs



Area of focus	Rationale	Relevant benchmarking	Benefit term	Strength of evidence
Promoting healthy settings Invest in a scalable and co-ordinated healthy workplaces offer Menopause focused?	For working-age people work is a barrier to engaging with wellbeing services. Workplace health programmes ensure the workplace becomes a facilitative environment for wellbeing services by engaging employer and employees.	<i>Sickness absence - % of employees who had at least one day off in the previous week</i> Derbyshire 2.0 Derby 1.6 England 2.1 2015-17, Fingertips	Short	Average
Integrated health improvement service offer at scale – stop smoking, weight management, physical activity. Holistic model linked to housing, employment, education and skills support.	Risk reduction of CVD, type 2 diabetes, respiratory diseases, some cancers. Obesity is one of the leading causes of preventable deaths in England. Those with excess weight have a higher risk of developing type-2 diabetes, developing certain cancers and having higher blood pressure.	<i>Adults classified as overweight or obese</i> Derbyshire 65.3% Derby 65.5% England 62.0% 2017/18, Fingertips	Short, Medium and Long term	Strong
Suicide Prevention Training – scaled to cover all NHS providers	80% of people who take their own life are not known to mental health services. The signs and symptoms of suicidal ideation can be seen by anyone. Giving them awareness and confidence to intervene will help to reduce the number of suicides.	<i>Male suicide rate 34-64 years (Persons) Crude rate per 100,000</i> Derbyshire 18.9 Derby 18.8 England 20.1 2013 - 17, Fingertips	Long – need to change culture/perception	Strong – embedded as a key component of national and local strategies
Promote activities and campaigns to de-normalise excessive alcohol use	Alcohol has been identified as a causal factor in more than 60 medical conditions. Alcohol accounts for over a third of all cases of liver disease. Alcohol consumption increases with education and income, and this age group is the most likely to consume the most alcohol.	<i>% of adults binge drinking on heaviest drinking day</i> Derbyshire 15.00% Derby 17.20% England 16.50% 2011-14, Fingertips	Medium and long term	Average – more impact at population level on harmful drinking than dependence
Long-term condition management programme at scale across the city & county	LTC's account for a large percentage of the morbidity within the population. Supporting people to better manage their LTCs has a positive impact on the individuals health and wellbeing and also reduces the amount of primary and secondary care appointments required.	<i>Unplanned hospitalisation for chronic ambulatory care sensitive conditions ISR per 100,000</i> Derbyshire 878.6 Derby 955.2 England 822.6 2017/18, ACSC	Medium and long term	Average



Area of focus	Rationale	Relevant benchmarking	Benefit term	Strength of evidence
Falls Prevention Fully implemented the evidence based falls pathway across Derbyshire	Preventing falls through appropriate and timely support, including falls exercise prevention reduced falls rates and severity of falls. In older people, alcohol use is associated with an increased risk of dementia, frailty, and slips, trips and falls.	<i>Emergency hospital admissions due to falls in people aged 65 and over</i> <i>DSR per 100,000</i> Derbyshire 2277 Derby 2306 England 2170 <i>2017/18, Fingertips</i>	Medium	Strong
Integrated health improvement service offer at scale – stop smoking, weight management, physical activity (including exercise referral and cardiac rehab). Holistic model linked to housing, retirement planning, social connectedness.	Risk reduction of CVD, type 2 diabetes, respiratory diseases, some cancers. Keeping physically active is proven to help reduce your risk of heart and circulatory disease by helping you maintain a healthy weight, and reduce your blood pressure and cholesterol.	<i>% of physically active adults</i> Derbyshire 67.3% Derby 65.1% England 66.3% <i>2017/18, Fingertips</i>	Short, Medium and Long term	Average - Strong
Long-term condition management programme at scale across the city and county.	LTCs account for a large percentage of the morbidity within the population. Supporting people to better manage their LTCs has a positive impact on the individuals health and wellbeing and also reduces the amount of primary and secondary care appointments required.	<i>Unplanned hospitalisation for chronic ambulatory care sensitive conditions ISR per 100,000</i> Derbyshire 878.6 Derby 955.2 England 822.6 <i>2017/18, ACSC</i>	Medium and long term	Average



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Social Isolation - deliver activity such as social connectedness at scale	Feeling socially connected to the people in your life is associated with decreased risk for all-cause mortality as well as a range of disease morbidities including increased falls risk and later-life dementia	<i>Social isolation: adult social care users who have as much social contact as they would like (65+ years)</i> Derbyshire 40.7% Derby 48.9% England 44.0% <i>2017/18, Fingertips</i>	Short	Strong
Bereavement Support To proactively offer help around bereavement. Interlinked with a broader mental health approach, including support networks. Specialist focus on people bereaved by suicide	Bereavement is a major life event, with many potential knock-on implications.	<i>Since he / she died, have you spoken to anyone from health and social services, or from a bereavement service, about your feelings about his/her illness and death?</i> Yes 13.3% No, but I would have liked to 20.5% No, but I did not want to... 66.9% <i>Voices2015 (ONS)</i>	Short	Uncertain
Affordable warmth	Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest 25% of housing	<i>% of households in fuel poverty</i> Derbyshire 11.6% Derby 13.2% England 11.1% <i>2016, Fingertips</i>	Short	Strong



Death

Area of focus	Rationale	Relevant benchmarking	Benefit term	Strength of evidence
Compassionate Communities	Improving conversations and preparedness around the topic of death and dying empowers and enables people to make informed decisions	<p><i>Did he/she ever say where he/she would like to die?</i></p> <p>Yes 33.9%</p> <p>No 60.4%</p> <p>Not Sure 5.7%</p> <p><i>Voices2015 (ONS)</i></p>	Short	Average
Place of death	Only around half of deaths occur in a person's usual place of residence (home, care homes and religious establishments). The assumption is that most people would prefer to die at home.	<p><i>Where did he/she say that he/she would like to die?</i></p> <p>At home 81.1%</p> <p>In a hospice 8.2%</p> <p>In a hospital 2.6%</p> <p>In a care home 6.7%</p> <p>Somewhere else 1.4%</p> <p><i>Voices2015 (ONS)</i></p> <p><i>Deaths from drug misuse</i> <i>DSR- per 100,000</i></p>	Short	N/A
Reducing drug related deaths	Every drug related death is preventable. ACMD and most recently the Health and Social Care Committee have called for a radical change to prevent drug related deaths. Greater investment in treatment, fully resourcing the workforce and reducing caseloads, and increasing outreach provision for the most vulnerable in society.	<p>Derbyshire 4.4</p> <p>Derby 4.9</p> <p>England 4.3</p> <p><i>2015 - 17, Fingertips</i></p>	Short and medium term	Overwhelming

Factors across the life course



Quality conversations

Expansion of the quality conversations approach adapted across all health and care providers within the Derbyshire system. This work has taken the original concept behind making every contact count (MECC) and developed a short training package for frontline staff underpinned by health psychology principles. Derbyshire County Council Public Health and Derbyshire Community Health Services have developed this training, trialled and evaluated it, if this were to be rolled-out system wide it has the opportunity to make a real impact and increase engagement with health improvement services.



Health Literacy

Essential for successful access to care and use of services, self-care of chronic conditions, and maintenance of health and wellness. If health literacy is increased across the population it will have a positive impact on how citizens engage with and utilise health and care resources as well as how they manage their own health. A well co-ordinated, resourced, consistent and pro-longed approach across all health and care service providers is required.



Integrated health improvement approach across disease pathways

To provide a more holistic approach to health care by joining up clinical pathways and services. To improve reduction in costs to hospitals, primary care. Provide services to support this such as Exercise by Referral for Cancer Prehab/pathway: Exercise by Referral for pulmonary rehab, diabetes and other existing conditions/Cardiac rehabilitation (potentially things like Walking/Jog Derbyshire – through a social prescribing type pathway).



Emotional and Mental Wellbeing

A system and workforce that considers emotional and mental wellbeing at every point, in parity with physical health and wider determinants factors. The focus that 'mental health is everyone's business'. The key point is that emotional and mental wellbeing underpins everything and directly influences the ability of people to be independent and stable, to manage conditions and to lead healthy, purposeful and quality lives. Key life events such as diagnosis with a condition, birth of a child, trauma and bereavement are an opportunity to proactively integrate the offer of support for emotional and mental wellbeing.



Ways the NHS Strategic Commissioner can support the wider system as an anchor institution:



NHS Strategic Commissioners



Employment

Support and develop Apprenticeships. As part of social value considerations in all tenders look to encourage Provider organisations to develop Apprenticeships.

Lead and support further development of the independent placement support (IPS) model in relevant service commissioning e.g. mental health services.

Look at opportunities of pathways to employment as part of standard care pathways for appropriate patient cohorts. This type of approach is currently being trialled on a small scale within a Chesterfield Practice.

Focus on local people for employment, including supporting those furthest from the labour market into employment.

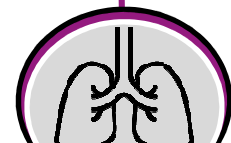


Financial Inclusion

A substantial proportion of General Practice appointments are connected to underlying issues of debt and financial exclusion. Across Derbyshire County there is already CAB provision in nearly every General Practice commissioned by the County Council. The CCG could support more of this work across the city and county (including Welfare Rights) which has been demonstrated to save GP time and help individuals manage their debt, access all benefits to which they are entitled and improve their mental health and wellbeing.

As part of social value considerations, look to work with living wage employers and employers with a relative threshold between highest and lowest paid staff of less than 1:20 where appropriate.

Actively support the financial inclusion and reduction in food poverty agenda.



Air quality

Focus on working with local companies and suppliers in partnership with NHS Providers to reduce carbon footprint.

Implement effective sustainable and active travel policies for employees and work with provider organisations to ensure they do the same.

Work with NHS Providers to ensure that where possible all NHS organisations locally have ultra low emission fleet vehicles.

Ensure effective policies and ways of working are in place to allow employees to utilise technology e.g. Skype to reduce work related travel.

Work with NHS providers to source renewable energy provision for NHS services.



Environment

Advocate for actions to improve local environments e.g. limiting new fast food takeaways near schools, support and challenge local Planning Authorities in relation to this.

Advocate, support and where appropriate lead in the development of planning healthy environments (see the NHS Healthy New Towns initiative), including building in active by design, safe and dementia friendly communities.

Support and advocate for the development and implementation of cycling and active travel infrastructure across the local area, including supporting local bids to national schemes.

Work with NHS providers to ensure health NHS settings e.g. healthy vending machine policies, smoke free front premises (including hospital entrances)