

Derbyshire Health and Wellbeing Strategy

2024-2027

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Thanks to the Health and Wellbeing Board Members, Public Health Leads, the Knowledge and Intelligence Team and other members of the Derbyshire Public Health Team who have supported this update.

Final approval at Health and Wellbeing Board on 28 March 2024.

For further information about the strategy or Derbyshire Health and Wellbeing Board please contact director.publichealth@derbyshire.gov.uk

Data is from OHID Fingertips tools unless stated and is the latest available data at time of update in February 2024. Some of the data in this report is based on partial data collection due to the impact of the Covid-19 pandemic.

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. Health and wellbeing 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.

The current Joint Local Health and Wellbeing Strategy was refreshed mid-way through the strategy cycle in light of the Covid-19 pandemic, in 2022. The learning and impacts from the pandemic were reflected in this refresh. It was agreed at the Health and Wellbeing Board in March 2022, that a full refresh of the strategy would take place during 2023 to update the areas of focus and shared actions.

It is also right that the Board updated the strategy at this time to make sure it aligns with the aims and ambitions of the Integrated Care System for Derbyshire and help inform the Integrated Care Strategy. The Joint Local Health and Wellbeing 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 Joint Local Health and Wellbeing Strategy sets out agreed priorities and joint action for partners to address the health and wellbeing needs of the local population, as identified by the Joint Strategic Needs Assessment (JSNA). The JSNA has been published on the [Derbyshire Observatory](#).

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**

Introduction

What is the Derbyshire Health and Wellbeing Board?

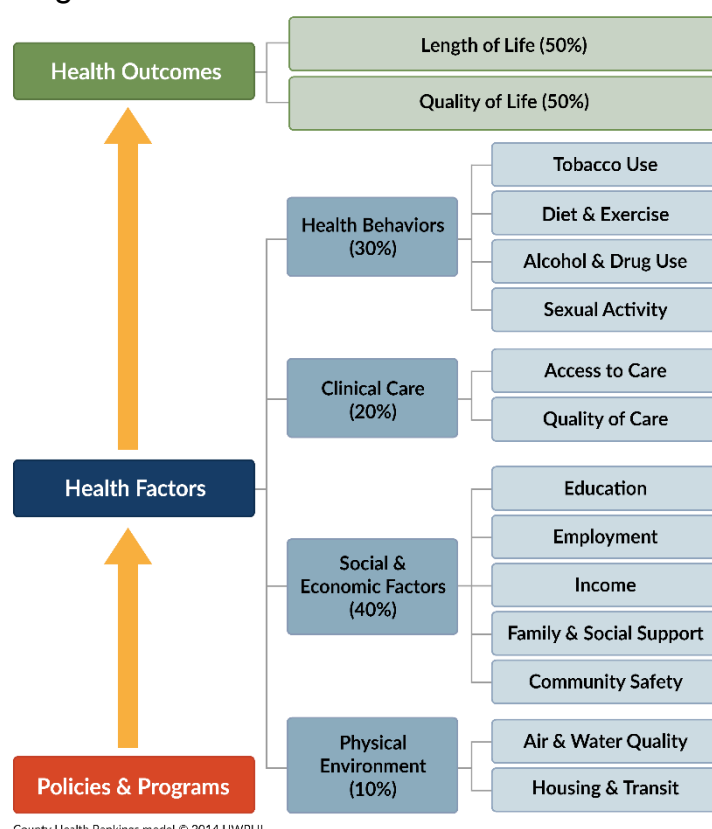
Health and Wellbeing Boards were established under the Health and Social Care Act 2012 and have both set functions and a core membership. The Health and Care Act 2022 explains how Health and Wellbeing Boards work as part of the Integrated Care System.

The Derbyshire Health and Wellbeing Board is established as a committee of Derbyshire County Council and the Terms of Reference are contained within the Derbyshire County Council constitution.

What makes and keeps our population healthy and well?

Diagram 1 shows that 20% of the factors that contribute to health outcomes are clinical care. **80%** of the factors that influence health outcomes are non-clinical related.

Diagram 1



Population Health

Outcomes show how healthy our population is right now, both through length and quality of life.

Health Factors are drivers we can modify to improve Health Outcomes which are Influenced substantially by Social Determinants: Education, Employment, Income, Environment, Social Networks and Behaviours.

Policies and programmes help produce changes in Health Factors, such as the work developed and delivered by the Health and Wellbeing Board.

What are the statutory functions of the Derbyshire Health and Wellbeing Board?

- Prepare and publish a Joint Strategic Needs Assessment (JSNA) of current and future health and social care needs.
- Prepare and publish a Joint Local Health and Wellbeing Strategy (JLHWBS) for Derbyshire.
- Promote integrated working in planning, commissioning, and delivering services to improve the health and wellbeing of the population of Derbyshire, including Section 75 agreements.
- Receive and respond to the plan of the Integrated Care Board (ICB).
- Prepare and publish a Pharmaceutical Needs Assessment to assess the need for pharmaceutical services in Derbyshire.
- Express an opinion when an application is received from pharmacies in Derbyshire where they wish to consolidate or merge.
- The Health and Wellbeing Board should be an active participant in the development of the Integrated Care Strategy and consider the Integrated Care Strategy when preparing and implementing the JLHWBS to ensure both strategies are complementary.
- Responsibility for signing-off the Better Care Fund plan for Derbyshire.

How have the Health and Wellbeing Board developed the Derbyshire Joint Local Health and Wellbeing Strategy (JLHWBS)?

The Joint Local Health and Wellbeing Strategy sets out agreed areas of focus and joint action for the Health and Wellbeing Board (HWB) and partners to address the health and wellbeing needs of the local population.

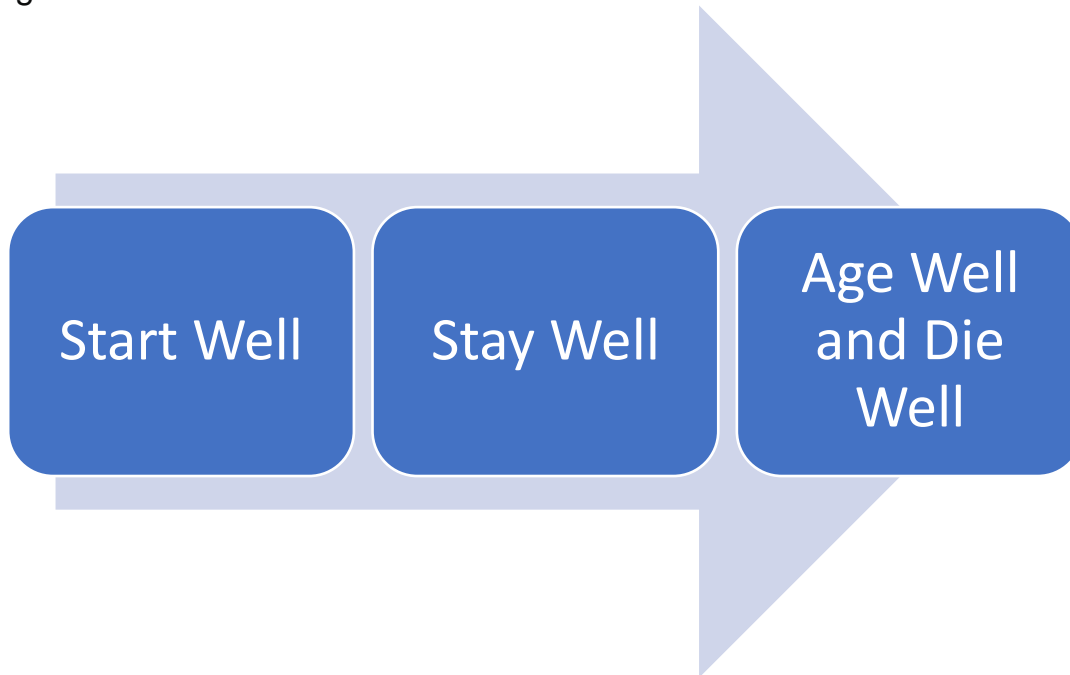
Areas of focus were collectively identified using insight and evidence including the Joint Strategic Needs Assessment (JSNA). The JSNA is a live and interactive tool published on the Derbyshire Observatory [Derbyshire Observatory – JSNA](#).

The HWB have worked collaboratively to identify the areas of focus and coproduce the strategy to ensure they concentrate on prevention and reducing health inequalities. Over the last six months the HWB have looked at factors for Derbyshire that have the greatest impact on health and wellbeing. The HWB had a series of development sessions and feedback was discussed at the Health and Wellbeing Board. The feedback was used to improve and shape the areas of focus.

A life course approach

This strategy takes a life course approach to reducing health inequalities which requires a whole systems approach, dealing systematically with all health determinants. A life course approach reflects all the important stages and transitions where significant differences can be made in promoting and or restoring health and wellbeing.

This life course approach identifies the importance of action required at all stages of life.



What enables good health and wellbeing?

There are factors that affect our health and wellbeing which are often referred to as 'wider determinants'. Wider determinants are a diverse range of social, economic, and environmental factors which impact on the health and wellbeing of our population. Ultimately these are conditions which people in Derbyshire are born, age, live and work. These factors that underpin our health and wellbeing are known as social determinants.

Examples of wider determinants include:

- Educational and skills
- Employment
- Housing
- Built environment
- Income

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. Diagram 2 demonstrates how these factors interact and affect individuals and communities' health and wellbeing.

Diagram 2



Social determinants of health and the role of local government

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

The Derbyshire Health and Wellbeing Board works with the Integrated Care Partnership (ICP) and the Integrated Care Board (ICB) to ensure an integrated approach to deliver holistic care and prevention activities, incorporating action on wider determinants in Derbyshire.

In preparing the Joint Local Health and Wellbeing Strategy, the Board will have regard to the Integrated Care Strategy. The Derbyshire Health and Wellbeing Board continue to lead action at place level through providing a forum where political, clinical, professional and community leaders from across the health and care system come together to support the reduction of health inequalities and improve population health and wellbeing.

The Integrated Care Strategy should build on and complement the Joint Local Health and Wellbeing Strategy, identifying where areas of focus could be better addressed at the system level.

The Derbyshire Health and Wellbeing Board does not commission health services or have a budget, however, the Board has an important role in informing the allocation of local resources. The Health and Wellbeing Board is responsible for promoting greater integration and partnerships between the NHS, public health and local government, which involves working collaboratively as a system.

As part of the Health and Wellbeing Board governance, the Board provides the Integrated Care Partnership with quarterly updates from the Health and Wellbeing Board meetings and progress against the Joint Local Health and Wellbeing Strategy. Work of the Health and Wellbeing Board supports the function of the Integrated Care Partnership. Through 'building from the bottom up' the ICP should build upon the existing work by HWBs to support the integration of the Derbyshire system to allow health and wellbeing issues to be tackled at scale.

The Health and Wellbeing Board Terms of Reference is reviewed annually: [Derbyshire Health and Wellbeing Board terms of reference and core strategic functions - Derbyshire County Council](#)

The Health and Wellbeing Board Approach to reduce health inequalities and increase healthy life expectancy

We intend to deliver the vision through taking a preventative approach and addressing health inequalities and applying the following principles to the work of the Health and Wellbeing Board:

Understand the Derbyshire population

- Work as a Health and Wellbeing Board and with partners to ensure interventions are aimed at a population level and targeted to specific groups.

Utilise shared evidence and insight

- Using knowledge and intelligence including good practice to understand the problem and what works.

Recognise the drivers of ill health

- Understanding the role of wider determinants which are a diverse range of social, economic and environmental factors which impact on people's health.

Value a collaborative approach

- Work together with our Derbyshire communities, partners and wider system to make an impact on the areas of focus.

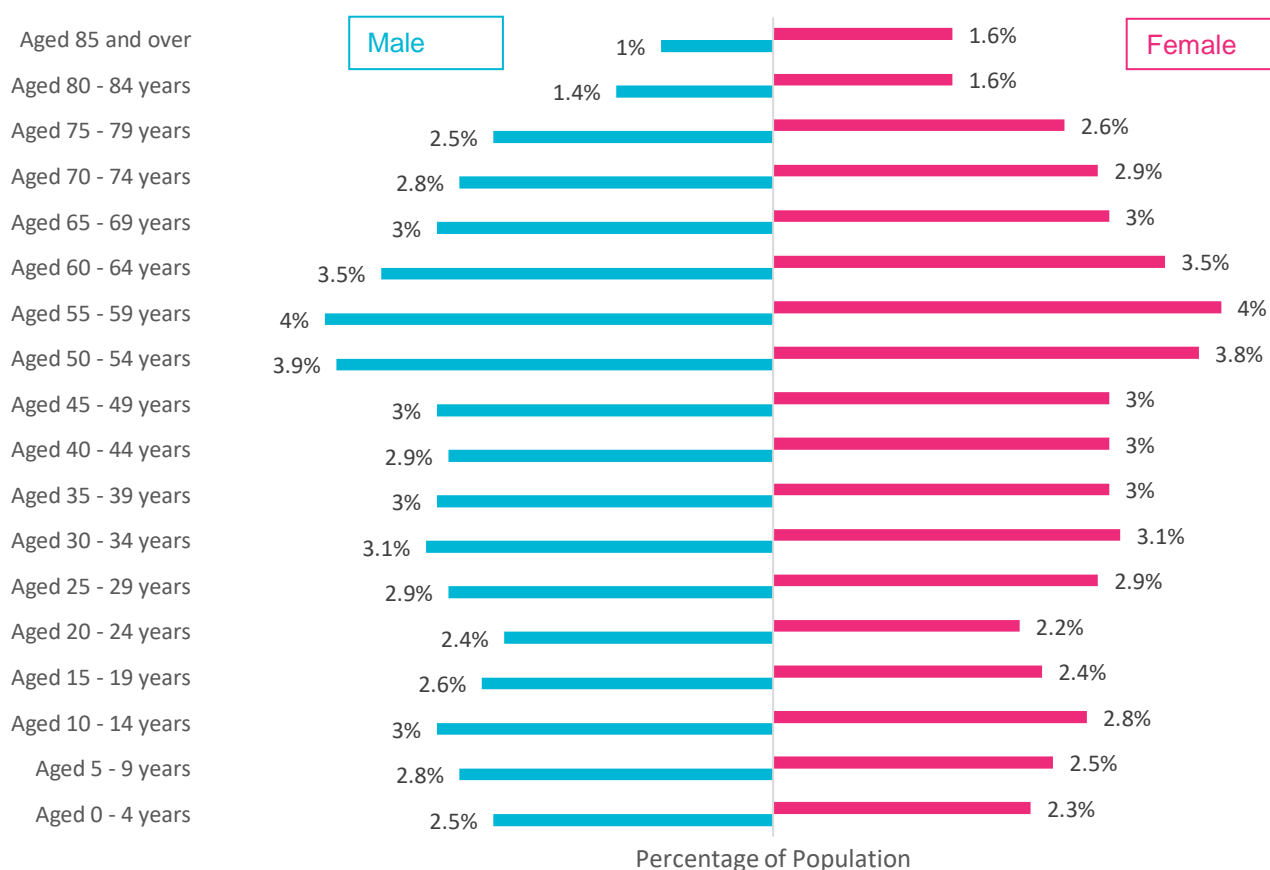
What does the data tell us about The Health of Derbyshire?

To understand more about the health of the population of Derbyshire it is important to look at several measures, for example life expectancy and healthy life expectancy.

Using Derbyshire’s Joint Strategic Needs Assessment (JSNA) helps us understand what people in Derbyshire need to be healthy and well. The JSNA looks at factors like how people feel, the choices they make, where they live, and the challenges they face. Through understanding this data, we can make better plans and decisions as a Health and Wellbeing Board to support the health and wellbeing of the Derbyshire population.

Data from the JSNA states that there are 794,636 people living in Derbyshire. According to these latest statistics, over 22% of the Derbyshire population are aged over 65 years.

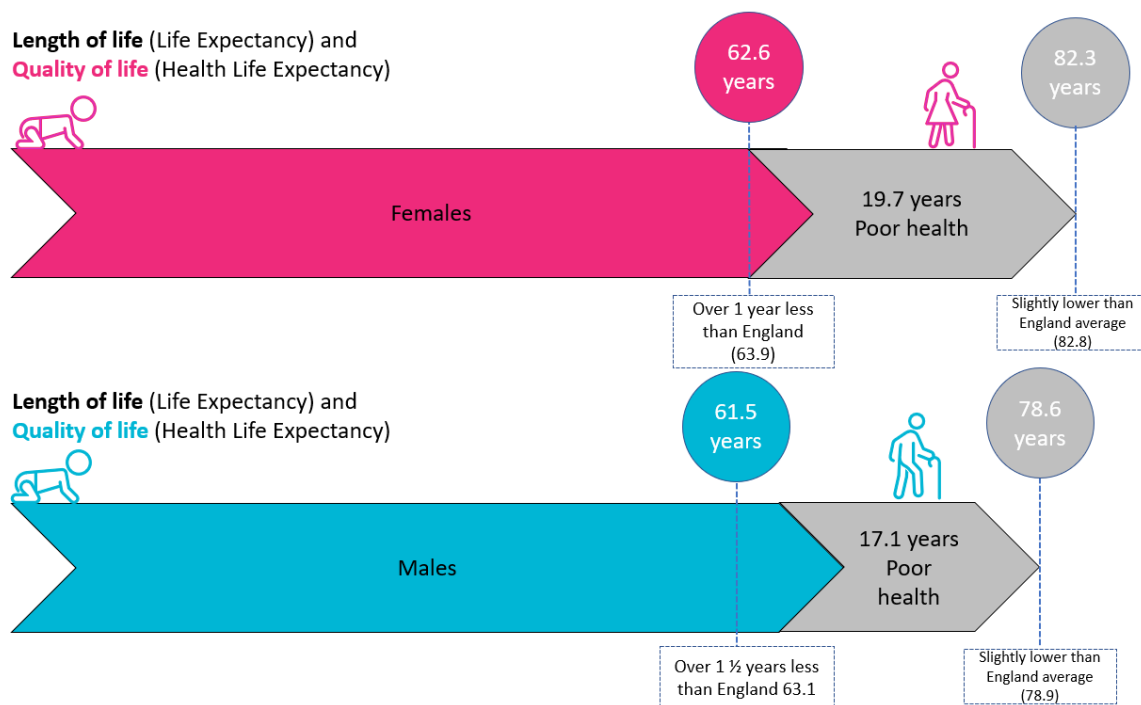
Population Pyramid of Derbyshire (Census 2022)



Source: [Derbyshire Joint Strategic Needs Assessment - Population](#)

According to the [Public Health Outcomes Framework](#) using data collected between 2020 – 2022, the average life expectancy at birth is 78.6 years for men and 82.3 years for women. Life expectancy of the population in Derbyshire is slightly lower than the average for England.

In Derbyshire, using data collected between 2018 and 2020, the average healthy life expectancy – how long a person is expected to live in good health – is 61.5 years for males and 62.6 years for females.

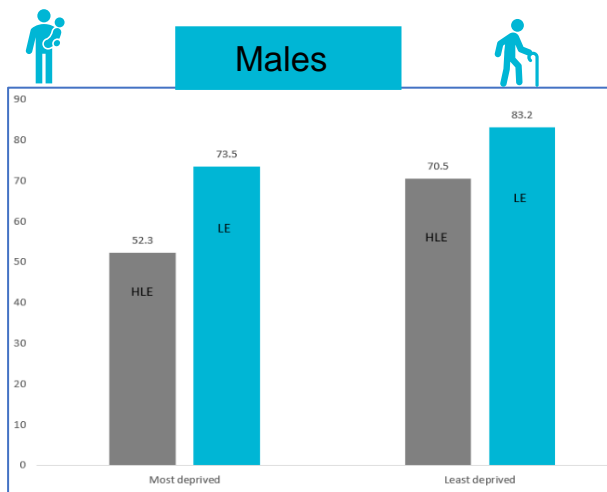


Source: [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#), (2024) (based on Life Expectancy at birth, 3-year range 2020-22 and Healthy Life Expectancy 2018-19)

More information about The Health of Derbyshire residents can be found at: [Derbyshire Observatory – Health](#)

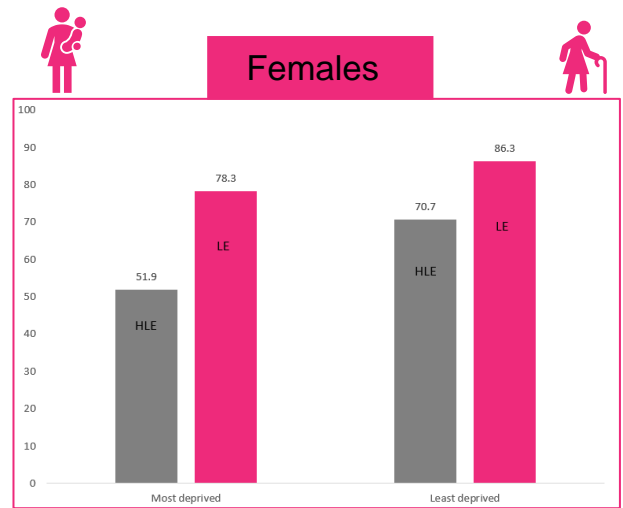
There is a large difference in Healthy Life Expectancy (HLE) and Life Expectancy (LE) between males and females living in our most deprived and least deprived communities. [Office for Health Improvement & Disparities \(OHID\) data](#) for England for 2018-20, shows that a male living in one of the least deprived communities can expect to live 18.2 more years in good health than a male living in one of the most deprived areas. For females, this difference is 18.8 years.

Graphs showing Healthy Life Expectancy (HLE) and Life Expectancy for Males and Females by deprivation (England 2018-20)



Compared to the least deprived man, the most deprived man would experience:

- **18.2 fewer years** of Healthy Life Expectancy
- **9.7 fewer years** of Life Expectancy



Compared to the least deprived man, the most deprived man would experience:

- **18.8 fewer years** of Healthy Life Expectancy
- **8 fewer years** of Life Expectancy

Our Vision, Objectives and Population Health Outcomes

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

Reduce health inequalities

Increase healthy life expectancy

Our five areas of focus

- Tackle the four main risk factors that lead to poor health
- Support good mental health
- Support communities to be resilient and independent
- Tackle child poverty and enable children and young people in Derbyshire to start well
- Develop the Health and Wellbeing Board to effectively deliver on the areas of focus



All of the area of focus sections cover:

- Why the area of focus is important
- What the indicators tell us about the area of focus
- The Health and Wellbeing Board ambition statements
- The actions as a Health and Wellbeing Board we will take to address the area of focus
- Measures of progress

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Area of Focus 1: Tackle the four main risk factors that lead to poor health

Why is this Area of Focus Important?

Smoking, alcohol use, poor diet and physical inactivity are all key risk factors which lead to preventable ill health and premature mortality.

Together these factors contribute to a range of conditions, including (but not limited to): becoming overweight or obese, poor oral health, mental health conditions, dementia, osteoporosis, type 2 diabetes, respiratory diseases, cancer, and heart disease.

Approximately 40 per cent of the UK's disability-adjusted life years lost are because of tobacco or alcohol use, hypertension, being physically inactive and being overweight or obese.

The four risk factors are significantly linked to socioeconomic determinants and notably contribute to widening health inequalities. The higher number of risk factors individuals engage in increases the health and mortality risk. Often the four main risk factors co-occur at the same time in individuals, and this multiplies the risks of poor health.

What do the indicators tell us about this Area of Focus?

[Data Tables - Indicators](#)

- Admission episodes for alcohol specific conditions in under 18's is worse than the England average
- The mortality rate from alcoholic liver disease in under 75's is worse than the England average
- Smoking prevalence in adults (aged 18 plus) is worse than the England average
- Smoking status at time of delivery is worse than the England average
- The percentage of adults (aged 18 plus) classified as overweight or obese is worse than the England average
- The percentage of adults walking for travel at least three days per week is worse than the England average
- Over 20% of children in reception class are overweight or obese
- Over 34% of children in year 6 (10-11 years old) are overweight or obese and this is getting worse
- 30% of the Derbyshire adult population are not physically active

What are our ambition statements?

- Decrease alcohol-specific hospital admissions
- A reduction in smoking uptake and decrease in prevalence
- A reduction of smoking at time of delivery
- Decrease inactivity levels and increase active travel
- A reduction in adults and children who are overweight or obese

What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?

- ✓ Identify and target support to individuals most at risk of multiple unhealthy risk factors
- ✓ Promote evidenced based interventions to tackle the four main risk factors of ill health
- ✓ Contribute to and action the strategies related to the 4 main risk factors including the Derbyshire Tobacco Control Strategy, The Substance Use Strategy and The Making Our Move Strategy
- ✓ Identify opportunities for co production across the 4 risk factors to support the implementation and evaluation of programmes and initiatives

How will we measure progress?

We will track the following Public Health Outcomes and key performance measures:

- Adult admission episodes for alcohol specific conditions
- Under 18 admission episodes for alcohol specific conditions
- Under 75 mortality rate from alcoholic liver disease
- Smoking prevalence in adults
- Smoking status at time of delivery
- Percentage of physically active adults
- Percentage of adults walking for travel at least three days per week
- The percentage of adults classified as overweight or obese
- The percentage of reception aged children who are overweight or obese
- The percentage of year 6 children who are overweight or obese

Area of Focus 2: Support good mental health

Why is this Area of Focus Important?

Mental health is important to quality of life and is a protective factor against physical illness and social inequalities. Mental health is a state of wellbeing where a person can work productively, cope with stresses in life and contribute to their community. A range of factors can affect mental health throughout childhood and adulthood. However, between conception and the age of two years is a critical period for a child's brain development and their long-term emotional health.

Good mental health enables us to get the most from life and feel connected to friends and family, access employment, enable education attainment, fulfil our potential and adopt healthy behaviours. People with good mental wellbeing are 1.14 times more likely to recover from a physical illness than those with poor mental wellbeing.

On the other hand, poor mental health and serious mental illness can have a significant impact on individuals, affecting quality of life and can lead to preventable, early deaths. Mental ill health can include a range of conditions like mild depression to conditions including schizophrenia.

1 in 4 people will experience a mental health issue in a year. The most common mental health conditions are anxiety and depression.

In Derbyshire there has been a sharp increase in the prevalence of anxiety and depression in recent years. Self-harm hospital admission rates in Derbyshire are also concerning; there is also significant risk of suicide following an episode of self-harm. People with severe mental illness such as schizophrenia could live 15 to 20 years less than the people without a mental health condition.

It is also important to note that mental health throughout all ages has been particularly affected by the Covid-19 pandemic in a variety of ways including increased anxiety among children and isolation among older people and those who are less well connected.

What do the indicators tell us about this Area of Focus?

[Data Tables - Indicators](#)

- Suicide rates are worse than the England average
- More people in Derbyshire have emergency admissions to hospital for intentional self-harm than the England average
- The percentage of adult carers who have as much social contact as they would like is worse in Derbyshire than the England average

What are our ambition statements?

- Increase awareness and health literacy of Mental Health across the life course to help decrease the mental health stigma
- A reduction in social isolation and loneliness
- A reduction in premature death attributable to mental illness
- A decrease in the number of people attempting or completing suicide
- Decrease admissions to hospital for intentional self-harm

What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?

- ✓ Address the needs expressed in the mental health, Health Needs Assessment
- ✓ Promote and support evaluation of evidence based mental health interventions including local campaigns and the Mental Health First Aider training
- ✓ Ensure a life course approach to mental health, with a focus on children and young people's interventions
- ✓ Monitor and respond to the effect of the longer term Covid-19 pandemic on mental health
- ✓ Address and consider the factors that impact on poor mental health including the cost-of-living pressures
- ✓ Promote the evidenced based information on mental health including the information on the Derby and Derbyshire Emotional Wellbeing website

How will we measure progress?

We will track the following Public Health Outcomes and key performance measures:

- Suicide rates
- Emergency hospital admissions for intentional self-harm
- Number of people attending the Mental Health First Aider training
- Number of views on the Derby and Derbyshire Emotional Wellbeing website

- Percentage of adult carers who have as much social contact as they would like (18+)

Area of Focus 3: Support communities to be resilient and independent

Why is this Area of Focus Important?

Addressing the wider determinants of health has an important role to play in reducing health inequalities in Derbyshire. There are many important factors that underpin our health and wellbeing, known as social determinants of health, these are conditions which people in Derbyshire are born, age, live and work.

These factors, including employment, housing status, income and education determine our health and wellbeing outcomes which is often why they are referred to as the 'causes of causes'. Whilst social inequalities remain, health inequalities are likely to stay, through disease patterns and behavioural risks. Ultimately, these factors can enable individuals and our communities to thrive, or not.

The quality of the natural and built environment affects health and wellbeing, for example, access to green space, air quality and housing standards. Seasonal pressures can also affect health and wellbeing including extreme heat and the winter period.

There is a clear and direct link between living in a decent, warm, and safe home and good health and wellbeing. There are still a concerning number of residents in Derbyshire living in cold, damp, overcrowded and unsafe housing which has consequences on both physical and mental health. The home environment can also help or prevent an older person from maintaining their independence. Also increased living costs are resulting in more people being at risk of losing their home.

Educational attainment is linked to health behaviours and outcomes throughout the life course and deprivation is clearly linked to educational attainment. Income and health outcomes are strongly associated.

The cost of living has risen significantly, which is manifesting in a drop in living standards for some Derbyshire residents. This is a result of high energy prices and an increase in everyday items such as food and housing. Some

people are struggling to meet their basic material needs, meaning they need to make difficult choices. This has an influence on their health and wellbeing.

Income and employment are also associated with health and mortality outcomes. Employment in low quality jobs can also be detrimental to health and wellbeing. Health inequality exists in employment rates, as those with a learning difficulty or those in contact with secondary mental health services are much less likely to work than the general population. Weekly earnings and unemployment in Derbyshire are worse than the England average.

What do the indicators tell us about this Area of Focus?

[Data Tables - Indicators](#)

- The percentage of people living in fuel poverty in Derbyshire is higher than the England average. (A household is considered to be living in fuel poverty if they are living in a property with a fuel energy efficiency rating of band D or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line)
- The number of people claiming Employment and Support Allowance in Derbyshire is higher than the England average
- The average weekly earnings in Derbyshire are lower than the England average
- Winter mortality Index is 5% compared to the England Average of 8%
- The gap in the employment rate between those who are in contact with secondary mental health services and on the Care Plan Approach and the overall employment rate is worse than the England average
- The gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18-64) and the overall employment rate is worse than the England average
- Derbyshire has a higher rate of emergency admissions due to falls in people aged 65 and over than the England average

What are our ambition statements?

- Identify partnership action to address key challenges related to the wider determinants of health that can be supported by the Health and Wellbeing Board
- Reduce the number of people living in fuel poverty in Derbyshire
- Increase the number of people living in Derbyshire who are in good work to reduce the number of people claiming Employment and Support Allowance
- Increase the number of people living in Derbyshire who have access to digital services
- Work with partners to increase the number of people in Derbyshire who live in appropriate, healthy, safe, warm, secure and affordable housing

- Address seasonal pressures on health and wellbeing
- Reduce emergency admissions due to falls

What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?

- ✓ Promote and support the evaluation of evidenced based interventions that address social determinants of health
- ✓ Contribute to and action the strategies related to social determinants including the Derbyshire Homelessness and Rough Sleeping Strategy 2022-2027
- ✓ Contribute to and action the needs expressed in the homelessness, Health Needs Assessment and Derbyshire Housing and Health Impact Assessment
- ✓ Support the work of the Derbyshire Housing and Health Systems Group
- ✓ Support the work of the Air Quality Group

How will we measure progress?

We will track the following Public Health Outcomes and key performance measures:

- Winter Mortality Index
- Fuel poverty (low income, low energy efficiency)
- Employment and Support Allowance claimants
- Average weekly earnings
- Gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18-64) and the overall employment rate
- Gap in the employment rate for those who are in contact with secondary mental health services (aged 18-69) and on the Care Plan Approach, and the overall employment rate
- Emergency admissions due to falls in people aged 65 and over

Area of Focus 4: Tackle child poverty and enable children and young people in Derbyshire to start well

Why is this Area of Focus Important?

Every child in Derbyshire has the right to develop with the best health possible, to have access to good education, to be protected from harm and to reach their full potential. There are unacceptable and avoidable inequalities for children living in Derbyshire which impacts on future health and wellbeing outcomes.

Whilst the level of 'school readiness' in Derbyshire is similar to England as a whole, 35 percent of children are not achieving a good level of development at the end of reception class.

Many children in Derbyshire also have several other challenges growing up, including; living in low-income families and the effects of smoking in pregnancy. 17.9 percent of children are living in absolute low-income families, which is higher than the England average and 10.9 percent of women are still smoking at the time of delivery.

What do the indicators tell us about this Area of Focus?

[Data Tables - Indicators](#)

- 17.9% of children in Derbyshire are living in absolute low-income families, which is higher than the England average
- 22% of children in Derbyshire are living in relative low-income families, which is higher than the England average
- 35% of children are not achieving a good level of development at the end of reception class
- Almost 40% of children with Free School Meal status are not achieving the expected level in the phonics screening check in year 1
- Over 23% of pregnant women are obese in early pregnancy which is higher than the England average
- Over 16% of pregnant women are smoking in early pregnancy
- Less than 45% of babies who are 6-8 weeks old are breastfed
- Over 15% of children are not achieving a good level of development at 2 to 2 ½ years of age

- Over 34% of children in year 6 (10-11 years old) are overweight or obese and this is getting worse

What are our ambition statements?

- Reduce the number of children in Derbyshire who are living in absolute and relative low-income households
- Increase attainment in schools so more children are leaving reception class with a good level of development
- Increase attainment in schools so more children who have Free School Meal status are achieving the expected level in the phonics screening test in year 1
- Decrease the number of pregnant women who are smoking in early pregnancy and at time of delivery
- Increase the number of babies who are breast-fed after 6-8 weeks following birth
- Improve school readiness by increasing the number of children who achieve a good level of development at 2 to 2 ½ years of age
- Reduce levels of overweight or obese children in reception and year 6

What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?

- ✓ Promote and support the evaluation of evidenced based interventions for children and young people
- ✓ Support the recommendations in the Food Insecurity in Derbyshire Health Needs Assessment
- ✓ Consider and work in partnership to address the key findings in the My life My View emotional health and wellbeing survey
- ✓ Work with key partners including the Local Maternity and Neonatal System (LMNS) to support action plans

How will we measure progress?

We will track the following Public Health Outcomes and key performance measures:

- Percentage of children living in absolute low-income families
- Percentage of children living in relative low-income families
- Percentage of children achieving a good level of development at the end of reception class
- Percentage of children with Free School Meal status achieving the expected level in the phonics screening check in year 1
- The percentage of obesity in early pregnancy
- Smoking at time of delivery and during pregnancy

- The percentage of breastfed babies who are 6-8 weeks old
- Percentage of children achieving a good level of development at 2 to 2 ½ years of age
- Overweight or obesity rates for children at reception and year 6
- Findings from the My Life My View emotional health and wellbeing survey designed to assess the emotional health and wellbeing of young people in Derbyshire in years 8-11 of secondary education

Area of Focus 5: Develop the Health and Wellbeing Board to effectively deliver on the areas of focus

Why is this Area of Focus Important?

Over the last 5 years there have been many system changes, specifically the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). There has also been a change in the Derbyshire Health and Wellbeing Board membership.

Within this new structure, the Derbyshire Health and Wellbeing Board continues to have an important, statutory role in implementing mechanisms for joint working across health and care organisations. The Health and Wellbeing Board also plays a key role in setting the strategic direction to improve the health and wellbeing of people locally. Given these changes it is essential to develop the Health and Wellbeing Board system role and voice alongside the Derby City Health and Wellbeing Board through establishing clear governance and communication.

It is important to understand the Derbyshire population through the interpretation of the Joint Strategic Needs Assessment and other sources of insight and data. Expanding understanding of the Derbyshire health and wellbeing needs will help the board to identify important health and wellbeing needs and work in partnership to address actions to reduce health inequalities and increase healthy life expectancy.

What do the indicators tell us about this Area of Focus?

- There are no specific indicators for this area of focus however the actions outlined will help to effectively address all areas of focus in this Joint Local Health and Wellbeing Strategy.

What are our ambition statements?

- Strengthen shared understanding of the health need in Derbyshire
- Develop the Health and Wellbeing Board system role and voice alongside the Derby City HWB
- Develop a clear governance structure with clarity on the statutory duties being discharged
- Expand shared understanding of how the Health and Wellbeing Board provides support to the Derbyshire system to improve the health and wellbeing of their local population and reduce health inequalities

What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?

- ✓ Work with the Local Government Association (LGA) to improve the system governance and action planning
- ✓ Develop and deliver Health and Wellbeing Board development sessions
- ✓ Further understand the role of the Health and Wellbeing Board within the Derbyshire Integrated Care System including how it contributes to an effective system wide governance structure
- ✓ Consider a range of data and information to extend shared understanding of the health need
- ✓ Review the Health and Wellbeing Board Terms of Reference to align with the areas of focus including reviewing the Health and Wellbeing Board membership
- ✓ Consider best practice examples from other areas in the country including case studies collated by the LGA

How will we measure progress?

We will track the following key performance measures:

- The number of Health and Wellbeing Board development sessions ≥4 per year
- Reviewed Terms of Reference including board membership
- Adopt an action plan framework to address the areas of focus

Delivering the Health and Wellbeing Board Strategy

To deliver the ambitions and actions in this strategy we must work as a Health and Wellbeing Board and alongside a range of partners and communities. An action plan will set out **what we want to achieve** for each of the areas of focus, **what actions we will take and how we will measure success**.

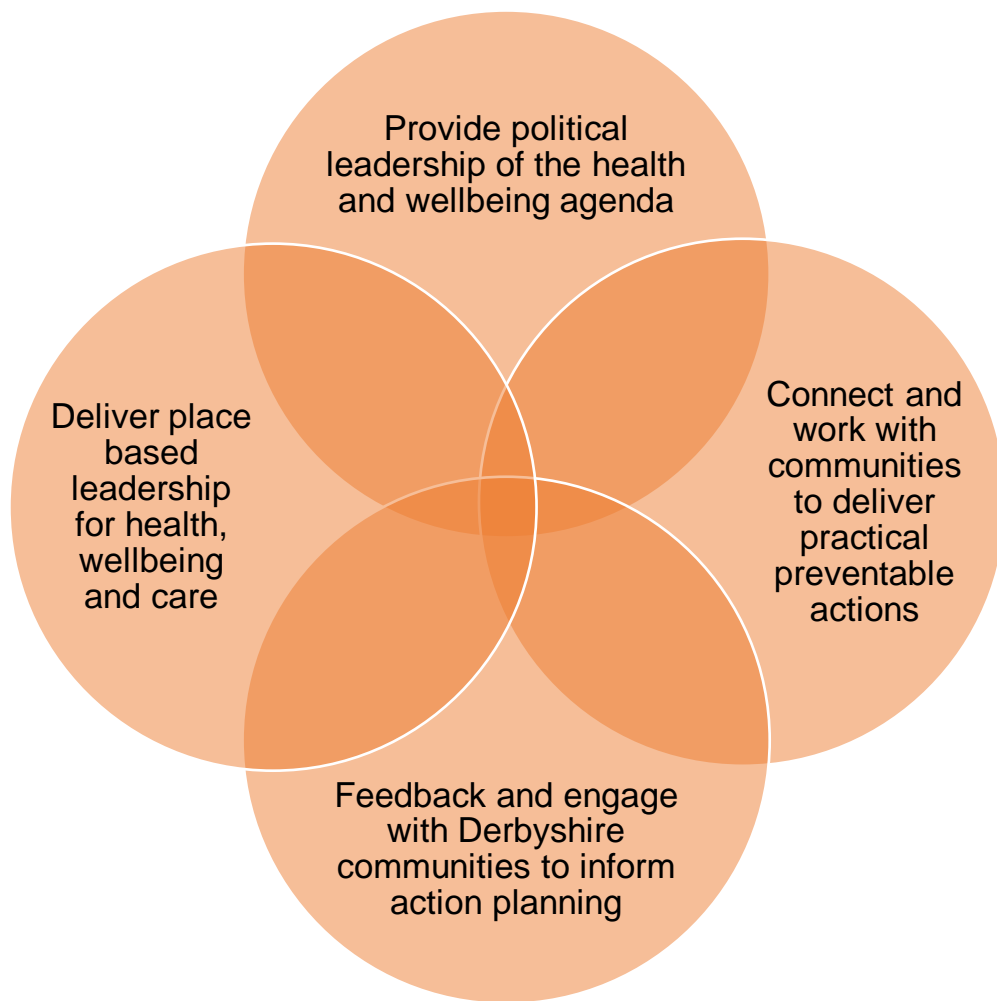
This Joint Local Health and Wellbeing Strategy and subsequent action plan will be delivered over a three-year period.

The progress of the strategy will be measured against the progress measures for each area of focus.

Locality Delivery structures include:

- Adult Social Care
- Children's Services
- Derbyshire Public Health
- Place Alliances
- Voluntary sector groups
- Locality forums
- District and Borough forums

Health and Wellbeing Board Framework for Action



- Provide political leadership of the health and wellbeing agenda
- Connect and work with communities to deliver practical preventable actions to help address barriers and empower individuals
- Feedback and engage with Derbyshire communities to inform action planning and evolve our approach to improve health and wellbeing
- Deliver place-based leadership for health, wellbeing and care to reach the full potential and strengths of all organisations involved

Data Tables - Indicators

Area of Focus 1 – Tackle the four main risk factors that lead to poor health			
Indicator Code	Indicator	Derbyshire	England
	Admission episodes for alcohol specific conditions (under 18's) (2018/19 – 2020/21)	36.4	29.9
	Admission episodes for alcohol specific conditions (adults) (2021-22)	615	626
	Under 75 mortality rate from alcoholic liver disease (1 year range) (2021)	15.7	11.5
	Under 75 mortality rate from alcoholic liver disease (3 year range) 2017 – 2019	9.9	9.1
C18	Smoking prevalence in adults (aged 18+) (2022)	14%	12.7%
C06	Smoking status at time of delivery (2022/23) (Female)	10.9%	8.8%
C17a	Percentage of physically active adults (2021/22)	69.9%	67.3%
	Percentage of adults walking for travel at least three days per week (2019/20)	10.8%	13.2%
C16	Percentage of adults (aged 18+) classified as overweight or obese (2021/22) (persons)	66.7%	63.8%
C09a	Prevalence of overweight (including obesity) (reception age) (2022/23) (persons)	20.6%	21.3%
C09b	Prevalence of overweight (including obesity) in Year 6 (10-11 year olds) (2022/23)	34.5% (trend is increasing and getting worse)	36.6%

Area of Focus 2 – Support good mental health			
Indicator Code	Indicator	Derbyshire	England
B18b	Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) (2021/22)	19.3%	28.0%
C14b	Emergency hospital admissions for intentional self-harm (2021/22) (persons)	216.4	163.7

E10	Suicide rate (2020-2022) (persons)	12.0	10.3
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Area of Focus 3 – Support communities to be resilient and independent			
Indicator Code	Indicator	Derbyshire	England
B08b	Gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18-64) and the overall employment rate (2021/22)	75.3%	70.6%
B08c	Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (2020/21)	72.6%	66.1%
E14	Winter mortality Index (April 2021 – July 2022)	5.0%	8.1%
B17	Fuel Poverty (low income, low energy efficiency methodology) (2021)	13.9%	13.1%
	Employment and support allowance claimants (persons) (2018)	6%	5.7%
	Average weekly earnings (2021)	£479.10	£496.00
C29	Emergency hospital admissions due to falls in people aged 65 and over (2021/22)	2175	2100
C29	Emergency hospital admissions due to falls in people aged 65 to 79 (2021/22)	975	993
C29	Emergency hospital admissions due to falls in people aged 80 plus (2021/22)	5,655	5,311

Area of Focus 4 – Enable children and young people in Derbyshire to start well and tackle child poverty			
Indicator Code	Indicator	Derbyshire	England
B01b	Children in absolute low-income families (under 16's) (2021/22) (persons)	17.9%	15.3%

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B01b	Children in relative low-income families (under 16's) (2021/22) (persons)	22.0%	19.9%
B02a	School readiness: percentage of children achieving a good level of development at the end of reception (2021/22)	66.9%	67.2%
B02b	School readiness: percentage of children with Free School Meal status achieving the expected level in the phonics screening check in year 1 (2022/23)	78.5%	78.9%
C03a	Obesity in early pregnancy (2018/19)	23.7%	22.1%
C03c	Smoking in early pregnancy (2018/19)	16.3%	12.8%
C06	Smoking status at time of delivery (2022/23) (Female)	10.9%	8.8%
C05b	Breastfeeding prevalence at 6-8 weeks after birth (2022/23)	44.5%	49.2%
C08a	Child development: percentage of children achieving a good level of development at 2 to 2 and a half years (2022/23)	84.6%	79.2%
C08b	Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years (2022/23)	90.4%	85.3%
C08c	Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	93.9%	90.3%
C09b	Prevalence of overweight (including obesity) in Year 6 (10-11 year olds) (2022/23)	34.5% (trend is increasing and getting worse)	36.6%

References

1. Health and wellbeing boards guidance: [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)
2. Statutory guidance on Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies: [Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/6441144/statutory-guidance-on-joint-strategic-needs-assessments-and-joint-health-and-wellbeing-strategies)
3. Alcohol profile: [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/alcohol-profile)
4. Social determinants of health and the role of local government: [Social determinants of health and the role of local government](https://www.gov.uk/guidance/social-determinants-of-health-and-the-role-of-local-government)
5. Office for Health Improvement & Disparities (OHID) data: [Office for Health Improvement & Disparities \(OHID\) data](https://www.gov.uk/guidance/office-for-health-improvement-and-disparities)

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6. Derbyshire Observatory: [Derbyshire Observatory – Welcome to the Derbyshire Observatory](#)
7. Joint Strategic Needs Assessment – [Derbyshire Observatory – JSNA](#)
8. Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](#)
9. Health and Wellbeing Board Terms of Reference: Derbyshire Health and Wellbeing Board terms of reference and core strategic functions - Derbyshire County Council
10. County Health Rankings Model [Explore health topics | County Health Rankings & Roadmaps](#)