

Agenda Item 5

RECOMMENDED ITEM FROM SCRUTINY COMMITTEE HELD ON 19th AUGUST 2008

284. HEALTH SCRUTINY – HEALTH IMPROVEMENT PLAN

Councillor Clifton presented a report which gave details of the Scrutiny Review of Public Health and advised that there were many issues the Review had identified. He also advised that the Improvement & Development Agency had noted the need for Scrutiny Committees to improve their monitoring of Health and Equalities.

Councillor Smith noted that the group had done some good work and highlighted the need to work together and raise awareness.

Councillor Clifton advised that the group had looked at teenage pregnancy and this was a complex issue which would be further investigated by the Health and Wellbeing group.

Mandy Chambers from the PCT then gave a presentation which provided details of the Health Improvement Plan. The presentation looked at the background to the plan, where the information was from, priorities for action, making the links, actions for the Local Authority and next steps to be taken.

Councillor Wallis thanked the PCT for their work and noted that the Joint Review of Alcohol and Young People with Chesterfield Borough Council and North East Derbyshire District Council would help to provide the building blocks to deliver the strategy.

A discussion took place regarding the situation surrounding the Doctors surgery in Langwith and whether there would be any obstacles to delivering the strategy.

It was noted that the strategy would be distributed in the community and publicised to all households. A monitoring matrix would be devised and an annual report made to the Scrutiny Committee.

Moved by Councillor K.F. Walker and seconded by Councillor S. Peake
RECOMMENDED that (1) the Executive approve the adoption of the Health Improvement Plan,

Moved by Councillor J.E. Smith and seconded by Councillor J.A. Clifton
RESOLVED that (2) the following Members be selected to sit on the Health Scrutiny Group for 2008/09

Councillors S. Peake, H.J. Gilmour, J. Morley, P.M. Bowmer, K.F. Walker, J.A. Clifton, J. E. Smith, R. Turner, D.S. Brindley, H. Ward, M. Dooley and R.J. Bowler,

Moved by Councillor K.F. Walker and seconded by Councillor S. Peake
RECOMMENDED that (3) the group be clear on its role and remit,

(4) the group be responsible for:

- Monitoring the delivery of the Health Improvement Plan
- Monitoring the LSP Health and Wellbeing Action Group action plan
- Monitoring dentistry – as per PPMG3's review recommendation
- Dealing with local health issues that affect many residents e.g. GP Surgeries, P.P.G's
- Scrutinising the performance of the LAA health targets,

(5) there be a scheduled meeting every six months (which would be open to the public) for the purpose of monitoring the plans and performance,

(6) when other issues are raised ad hoc meetings will be arranged, but must be agreed in advance by the Scrutiny Committee,

(7) the Executive be asked to give a Portfolio Holder the responsibility to drive the health improvement agenda in the district,

(8) the Chief Executive Officer be asked to designate a senior officer as the lead officer for health improvement to work closely with the Portfolio Holder to drive this forward.

(Scrutiny and Policy Holder/Democratic Services Officer)

Council/ Committee:	Scrutiny	Agenda Item No.:	5
Date:	19 August 2008	Category	
Subject:	Public Health Review	Status	Open
Report by:	The Health Scrutiny Group		
Other Officers involved:	Scrutiny and Policy Officer		
Director	Chief Executive Officer		
Relevant Portfolio Holder	Leader		

RELEVANT CORPORATE AIMS

REGENERATION – Developing healthy, prosperous and sustainable communities

The Health Improvement Plan will develop a healthy community in the District. The proposal for the scrutiny group going forward will ensure that the health in the District is monitored

TARGETS

The Public Health Strategy which is now named the Health Improvement Plan and included in this review is a target in the Corporate Plan

VALUE FOR MONEY

The review has no financial impact on the Council.

THE REPORT

See attached reports:

- Public Health Review
- Health Improvement Plan

ISSUES FOR CONSIDERATION

None

IMPLICATIONS

Financial : None

Legal : None

Human Resources : None

RECOMMENDATION(S)

- 1. That Scrutiny Committee approve the Health Improvement Plan**
- 2. Members of the Health Scrutiny Group needs to be re-selected for 2008/09**
- 3. The group needs to be clear on its role and its remit agreed.**
- 4. It is suggested that the group will be responsible for :**
 - **Monitoring the delivery of the Health Improvement Plan**
 - **Monitoring the LSP Health and Wellbeing Action Group action plan**
 - **Monitoring dentistry – as per PPMG3's review recommendation**
 - **Dealing with local health issues that affect many residents e.g. GP surgeries, PPGs**
 - **Scrutinising the performance of the LAA health targets**
- 5. That there be a scheduled meeting every six months (which would be open to the public) for the purpose of monitoring of the plans and performance.**
- 6. When other issues are raised ad hoc meetings will be arranged but must be agreed in advance by the Scrutiny Committee.**

- 7. The Executive be asked to give a Portfolio Holder given the responsibility to drive the health improvement agenda in the District**
- 8. The Chief Executive Officer be asked to designate a senior officer as the lead officer for health improvement to work closely with the Portfolio Holder to drive this forward**

ATTACHMENT: Y
FILE REFERENCE: Public Health report August 08 Final.doc and Health Improvement Plan.doc
SOURCE DOCUMENT:

Public Health Review
by
The Health Scrutiny Group

August 2008

Contents

1	Introduction	7
2	Aims of the review	7
3	The evidence	8
3.1	State of the District - 2006	8
3.2	Health Profile - 2008	8
3.3	Comparison of 2006 with 2008	9
3.4	Peer review	9
4	Improving health and tackling inequalities	10
4.1	What the group have done	10
4.2	Who else is looking at health	11
4.2.1	LSP Health and Wellbeing Action Group	11
4.2.2	BDC Health Improvement Steering Group	11
4.2.3	Jointly appointed Associate Director of Public Health	12
4.3	The outcome	12
5	The way forward	13
	Appendix A	14
	Appendix B	1

I would like to take this opportunity to thank all the members of the health scrutiny group for their assistance and commitment with this review, in particular I would also like to thank Bernie our Scrutiny Officer for her dedication and commitment as well as her valued input throughout the review.

Jim Clifton
Chair of Health Scrutiny Group

Members of the Group :

Cllr Bowler
Cllr Bowmer
Cllr Brindley
Cllr Connerton
Cllr Dooley
Cllr Gilmour
Cllr Heffer
Cllr Morley
Cllr Peake
Cllr Smith
Cllr Syrett
Cllr Turner
Cllr Ward
Cllr Watts

Introduction

The contents of the Directory of Health highlighted significant differences when comparing the health statistics for England and Wales against Bolsover District and the wards within the district.

Aims of the review

The review supports the council's vision :

To enhance and improve the wealth profile, well-being and quality of life for the communities of the district of Bolsover.

The agreed aim of the review was to develop a public health strategy to improve the health of residents in Bolsover District over the long term (next 5-10 years) including:

- To reduce health inequalities within the district
- To incorporate the strategy in to the corporate aim
- Agree how to measure the improvement over the 5 years
- Agree targets for each department to measure the impact
- To Involve external agencies

The group were not able to achieve the original aim due to a number of factors. Firstly the time element was very tight in view of the number of times the Health Scrutiny Group meets over a certain period of time. The group began by looking at teenage pregnancies which during their investigations highlighted the complexities of the issues due to the many causes and variables involved. This element was time consuming due to the number of witnesses required to fully understand the current status. The group also recognised that to develop a public health strategy cannot be done in isolation i.e. by one singular organisation or agency it is a combined effort by all stakeholders and agencies that may have an input in to such an important strategy for the district as a whole. The Health Scrutiny Group is not the vehicle to deliver a Health Strategy for Bolsover district.

The evidence

Bolsover ranks as the 46th most deprived area in the country out of 354 local authorities on the index of Multiple Deprivation (MD). As in other deprived areas in Britain and abroad, there is a striking impact on health. The poor health in the district is principally caused by the high level of deprivation. It is perhaps the most important reason why the quantity and quality of employment needs to be improved, alongside economic regeneration. This is something that the Council and its partners in the health service and elsewhere will need to address in order to improve the quality of life and economic wellbeing in Bolsover

State of the District - 2006

The information within the State of the District report was summarised by area within the district (see Appendix A). This analysis highlighted the following areas that needed to be considered :

- Teenage conceptions
- Coronary heart disease
- Premature stroke
- Circulatory heart disease
- Respiratory disease
- Premature cancer
- Lung cancer
- Breast cancer
- Limiting long term illness

It also demonstrated a clear link between the areas of deprivation within the district and poor health.

Health Profile - 2008

The East Midland Public Health Observatory provided the Health Profile for Bolsover in June 2008 which highlighted the following areas that were failing against the average for England :

Our community

- Deprivation
- Children in poverty
- GCSE achievement

Children and young people's health

- Teenage pregnancies

Adults' health and lifestyle

- Healthy eating adults

- Obese adults

Diseases and poor health

- Incapacity benefits for mental illness
- Hospital stays related to alcohol
- People diagnosed with diabetes

Life expectancy and causes of death

- Life expectancy – male
- Life expectancy – female
- Deaths from smoking
- Early deaths: heart disease and stroke
- Early deaths: cancer
- Road injuries and deaths

Comparison of 2006 with 2008

When you look at the areas highlighted in the 2006 report many of them have remained an issue in 2008. However, breast cancer is no longer highlighted as an issue. Respiratory disease and lung cancer are also not highlighted individually but may be contributors to the current high rate of deaths from smoking.

Peer review

The I&DeA conducted a Healthy Communities Peer review in October 2007 and highlighted in the following extracts taken from the final report (Health Communities Peer Review – FINAL November 2007) :

- The role of scrutiny needs to focus in monitoring and challenging current health improvement activity and challenging health inequalities. Including monitoring the strategy on health improvement to ensure that performance is managed and that key projects aimed at improving health are effective and value for money
- There is good political leadership in this area with the leader of the council acting as champion for this work; he is positive and committed to the agenda of tackling health inequalities. The health issues of the borough are being considered by a scrutiny committee
- The senior officer responsible for driving this work is unclear
- The council operates a flexible function led structure and approach to scrutiny which can easily engage with issues with officer support

- Membership of scrutiny is inclusive and show wide participation. Members attend meetings regularly and are actively involved and committed to the agreed work programme. Meetings are open to the public and views are widely sought in reviews
- Health Improvement has been identified as part of the Scrutiny Committee's annual review programme which is member led and involves the community. Scrutiny are in the process of developing a 'Public Health Strategy' for the District. This may need to be rephrased as a Health Improvement Strategy
- The council recognised in its self assessment that scrutiny needs to up its game in terms of scrutiny of health inequalities
- However, whilst enthusiastic, the scrutiny members are still settling in to their roles, and a clearer understanding on who is actually taking responsibility for leading on health improvement within the council would make their scrutiny role easier. It's unclear who scrutiny would call to give an overview of the way the council is addressing its responsibilities for health improvement across all its activities
- Overview and Scrutiny are not seen to be taking a sufficiently active role in monitoring performance around health improvement. Particularly around sustainability, value for money and efficiency of projects and service design. There is also a sense in which the committee may be underplaying its role in holding the council and its partners to account for delivering improvements in health and a reduction of health inequalities
- Consider whether there should be a portfolio member specifically to provide the capacity to drive the health improvement agenda
- Identify the lead officer for health improvement to work closely with the portfolio holder to drive this forward.

Improving health and tackling inequalities

What the group have done

The group identified that teenage pregnancy was identified as a concern in certain areas of our district. This particular health issue is also a government target. It is also a target recognised in the LSP Sustainable Community Strategy Health and Wellbeing Action Group. The target is to reduce teenage pregnancies by 50% between 1998 and 2010.

The review involved:

- gathering information from the authority's housing department
- information from schools within our district to understand their policy on sexual health education
- analysing information from Derbyshire County Council's Teenage Pregnancy Action Plan
- meeting health professionals who administer the plan
- talking to health nurses who have personal contact with teenagers

The aim of the exercise was to identify possible gaps, fit for purpose action plans, and the potential of delivery of the services. This was a very arduous and time consuming task but needed to be carried out if genuine scrutiny of this particular health issue was addressed in detail. The results of the exercise has been incorporated in to the Health Improvement Plan which will improve the health of the residents in Bolsover District over the long term.

Obesity was another area took in to consideration by the group, but it was decided at the time that there was enough work being carried out by other agencies on this subject, and very little the group could influence in this area.

The group also identified access to health services as an issue. They contacted Derbyshire County Council in February 2008 for an updated on what was planned for the improvement to bus stops and the bus fleet that can lower to improve access. To date the group have received no response. However the group accepted that the issue of access to services has been included in the improvement plan.

Who else is looking at health

LSP Health and Wellbeing Action Group

The Health and Wellbeing Group aims to improve health and reduce the health inequalities which the people living in the District of Bolsover experience. The Partnership is committed to significantly improving the health and quality of life in the area

The group has representation from a wide range of agencies from the voluntary and community sector, all of whom have an involvement of interest in promoting health and improving wellbeing. The group has been involved with the Neighbourhood Management Project for Shirebrook, Bolsover, South Normanton and Pinxton and the production of proposals to improve exercise opportunities, reduce smoking and improve diet.

The Action Plan has benefited from a needs assessment and health profile conducted by North Eastern Derbyshire Primary Care Trust (PCT) Public Health Directorate and this has been used to help set its priorities.

Sustainable Community Strategy aims and objectives:

- * Providing better access to doctors

- * Providing better access to health care facilities
- * Providing better nursery & childcare facilities
- * Developing more facilities & services for the disabled
- * Tackling fuel poverty
- * Reducing accidents

BDC Health Improvement Steering Group

The Health Improvement Steering Group, chaired by BDC's Chief Executive, is responsible for overseeing the development of the health improvement and inequalities plan for Bolsover. It has representation from key senior officers, elected officers with a remit for health improvement and public health input from the PCT locality team.

Jointly appointed Associate Director of Public Health

The Associate Director of Public Health (ADPH) is the Public Health lead within Bolsover District Council area. Working closely with BDC senior officers and elected members, the ADPH is responsible for promoting and protecting health and wellbeing, tackling health inequalities, and improving health care quality and is responsible for strengthening the capacity across the whole public sector to improve the health of the population.

The ADPH for Bolsover:

- supports the Derbyshire County DPH in providing public health leadership and expert advice to the PCT Board and local authority equivalent on all aspects of public health that pertain to the Bolsover population, and will ensure that resources are brought to bear across the public sector to promote health and well-being for the whole community
- will work closely with the elected Councillors with lead responsibility for public health and related areas, and be a member of key decision making bodies in BDC.
- supports the Derbyshire County DPH in working closely with the Health Protection Agency and other relevant organisations to ensure high levels of local resilience
- supports Derbyshire County DPH in ensuring an appropriate contribution to wider public health networks and to bringing public health practice, teaching and research together as appropriate
- will report directly to the Derbyshire County DPH and directly to the Chief Executive of Bolsover District Council.

The outcome

The responsibility for health improvement and tackling health inequalities is clearly set out in the sustainable community strategy, corporate plan and the work plan of the LSP Health and Wellbeing action group. It is clear that the public health scrutiny group is not the vehicle to deliver a health strategy for the Bolsover district. It needs to be formulated with input from the voluntary sectors as well as the other stakeholders.

Therefore the group agreed that the Health Improvement Plan would be developed by Mandy Chambers from the PCT using the work of the group to input to the document. The group also reviewed the document and provided feedback for the final version.

The way forward

- The Health Improvement Plan needs to be agreed by the scrutiny members
- The health scrutiny group needs to be re-selected for 2008/09
- The group needs to be clear on their role and their remit agreed. It is suggested that the group will be responsible for:
 - Monitoring the delivery of the Health Improvement plan
 - Monitoring the LSP Health and Wellbeing Action Group action plan
 - Monitoring dentistry – as per PPMG3's review recommendation
 - Dealing with local health issues that affect many residents e.g. GP surgeries, PPGs
 - Scrutinising the performance of the LAA health targets

It is suggested that the monitoring of the plans and performance is every 6 months therefore a scheduled meeting every six months which would be open to the public.

Ad hoc meeting will be arranged when other issues are raised but agreed by the Scrutiny Committee.

- There needs to be a portfolio holder given the responsibility to drive the health improvement agenda in the district
- A senior officer needs to be assigned as the lead officer for health improvement to work closely with the portfolio holder to drive this forward

Appendix A

	All causes	All cause premature	Coronary heart disease	Coronary heart disease premature	Premature stroke	Circulatory heart disease	Circulatory disease premature	Respiratory diseases	Cancer	Premature all cancer	Lung cancer	Lung cancer under 75	Lung cancer premature	Breast cancer
Barlborough			38%			17%				21%				
Blackwell	17%								25%					64%
Bolsover North West	5%						41%			36%				
Bolsover South								34%		31%				
Bolsover West		18%				17%				23%				
Clowne North		14%					20%				60%			
Clowne South	21%						57%							
Elmton with Cresswell	26%		35%	22%	125%									
Pinxton		16%												
Pleasley						12%			40%	33%				
Scarcliffe	13%			27%							59%			
Shirebrook East	34%			136%				105%						
Shirebrook Langwith				18%				19%						
Shirebrook North W	9%						73%	63%						
Shirebrook South E	41%						72%	68%						
Shirebrook South W		25%		43%				23%					78%	
South Normanton E	7%							27%		19%				
South Normanton West	11%									20%				
Tibshelf	22%					20%		16%		14%				
Whitwell				26%										

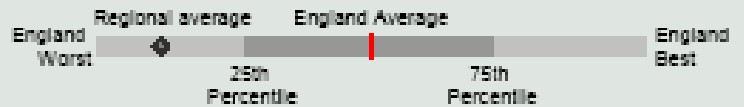
	Limiting long term illness (higher than Bolsover average)	Teenage conception (up to 18 years)	Lung cancer registration	Coronary heart disease under 75s	Circulatory heart disease
Barlborough	19%				
Blackwell	11%				
Bolsover North West	11%				
Bolsover South				31%	
Bolsover West					
Clowne North					
Clowne South	10%		45%		
Elmton with Cresswell	22%		69%		
Pinxton		167%	36%		
Pleasley					
Scarcliffe	20%	198%			
Shirebrook East	27%		173%		
Shirebrook Langwith	20%				
Shirebrook North W	29%	251%			
Shirebrook South E	11%				
Shirebrook South W	17%				
South Normanton E	10%				
South Normanton West	19%				6%
Tibshelf	17%				
Whitwell					

Appendix B

Health summary for Bolsover

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated



* relates to National Indicator 2007

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	22500	30.6	19.9	99.2	[Bar chart showing local result as a red circle significantly worse than the England average]	0.0
	2 Children in poverty *	3391	24.2	22.4	66.5	[Bar chart showing local result as a red circle significantly worse than the England average]	6.0
	3 Statutory homelessness			4.4	14.4	[Bar chart showing local result as a grey circle with no significance]	0.0
	4 GCSE achievement (5 A*-C) *	398	44.9	60.1	35.8	[Bar chart showing local result as a red circle significantly worse than the England average]	82.7
	6 Violent crime	1318	18.1	19.3	38.9	[Bar chart showing local result as a grey circle with no significance]	4.5
	8 Carbon emissions *	529	7.4	7.6	20.6	[Bar chart showing local result as a grey circle with no significance]	4.6
Children's and young people's health	7 Smoking in pregnancy	135	17.5	16.1	38.8	[Bar chart showing local result as a yellow circle not significantly different from the England average]	4.4
	8 Breast feeding initiation *	566	72.8	69.2	33.2	[Bar chart showing local result as a green circle significantly better than the England average]	90.9
	9 Physically active children *	6425	90.4	85.7	83.3	[Bar chart showing local result as a green circle significantly better than the England average]	99.2
	10 Obese children *	55	9.3	9.9	16.1	[Bar chart showing local result as a yellow circle not significantly different from the England average]	4.9
	11 Children's tooth decay (at age 5)	n/a	1.2	1.5	3.2	[Bar chart showing local result as a green circle significantly better than the England average]	0.4
	12 Teenage pregnancy (under 18) *	76	54.8	41.1	83.1	[Bar chart showing local result as a red circle significantly worse than the England average]	12.5
Adults' health and lifestyle	13 Adults who smoke *	n/a	23.8	24.1	40.9	[Bar chart showing local result as a yellow circle not significantly different from the England average]	13.7
	14 Binge drinking adults	n/a	17.4	18.0	28.9	[Bar chart showing local result as a yellow circle not significantly different from the England average]	9.7
	16 Healthy eating adults	n/a	20.8	26.3	14.2	[Bar chart showing local result as a red circle significantly worse than the England average]	43.6
	18 Physically active adults	n/a	10.9	11.6	7.5	[Bar chart showing local result as a yellow circle not significantly different from the England average]	17.2
	17 Obese adults	n/a	29.2	23.6	31.2	[Bar chart showing local result as a red circle significantly worse than the England average]	11.9
Disease and poor health	18 Under-15s 'not in good health'	126	9.7	11.6	20.8	[Bar chart showing local result as a green circle significantly better than the England average]	6.4
	19 Incapacity benefits for mental illness *	1580	35.2	27.5	66.6	[Bar chart showing local result as a red circle significantly worse than the England average]	8.4
	20 Hospital stays related to alcohol *	250	339.4	360.3	741.1	[Bar chart showing local result as a red circle significantly worse than the England average]	87.6
	21 Drug misuse	338	7.1	9.9	34.9	[Bar chart showing local result as a grey circle with no significance]	1.3
	22 People diagnosed with diabetes	3449	4.7	3.7	5.9	[Bar chart showing local result as a red circle significantly worse than the England average]	2.1
	23 Sexually transmitted infections					[Bar chart showing local result as a grey circle with no significance]	
	24 New cases of tuberculosis	0	0.0	15.0	102.0	[Bar chart showing local result as a green circle significantly better than the England average]	0.0
	26 Hip fracture in over-65s	79	478.6	479.6	699.6	[Bar chart showing local result as a grey circle with no significance]	210.0
Life expectancy and causes of death	28 Life expectancy - male *	n/a	75.9	77.3	73.0	[Bar chart showing local result as a red circle significantly worse than the England average]	83.1
	27 Life expectancy - female *	n/a	80.1	81.6	78.3	[Bar chart showing local result as a red circle significantly worse than the England average]	87.2
	28 Infant deaths	4	5.0	5.0	10.3	[Bar chart showing local result as a grey circle with no significance]	0.0
	29 Deaths from smoking	154	266.3	325.4	358.0	[Bar chart showing local result as a red circle significantly worse than the England average]	138.4
	30 Early deaths: heart disease & stroke *	86	100.1	84.2	142.4	[Bar chart showing local result as a red circle significantly worse than the England average]	39.7
	31 Early deaths: cancer *	112	134.6	117.1	167.8	[Bar chart showing local result as a red circle significantly worse than the England average]	76.7
	32 Road injuries and deaths *	52	70.6	56.3	194.6	[Bar chart showing local result as a red circle significantly worse than the England average]	20.8

A Healthy Bolsover

Health Improvement Plan for Bolsover District

2008-2011

Introduction

The Bolsover Health and Well-being Partnership is delighted to launch - **A *Healthy Bolsover*** - a Health Improvement Plan for the people living and working in Bolsover District.

The purpose of the plan is to outline the challenge presented by the health inequalities experienced by our communities and offer a vision for improving the health and well being of local people.

The plan illustrates the key priorities and identifies important actions for all partners, including the local authority, the voluntary sector and local people. The plan translates priorities and targets into practical steps and shows how we can work together to achieve real improvements in the health and well being of our local population.

The plan builds on the excellent work of the Health and Wellbeing Partnership and its members. It links to the Bolsover Sustainable Community Strategy as well as wider regional and national strategies for health improvement.

Copies of the Plan are available on the websites of Bolsover District Council, Bolsover LSP, Derbyshire County PCT, and CVP, and by contacting

Richard Madin
Bolsover District Council
(contact details to be added)

Thank you to everyone who has contributed to the production of this plan. We hope you find the document useful in highlighting how you can work with us to make a difference to the health and well being of people in Bolsover. If you would like more information or would like to get involved in any of the priority areas please get in touch with:

(Contact details to be added)

Bolsover Health and Well-being Partnership

The Bolsover Health and Well-being Partnership is one of the Local Strategic Partnership (LSP) Action Groups set up in 2001/02 at the inception of the LSP. It has a wide membership drawn from statutory and community voluntary sector organisations working in Bolsover District.

The Partnership provides a forum for people to discuss health and well-being and to influence the prioritisation of health priorities. The Partnership promotes an understanding of the many factors influencing health and well being, many of which the health service cannot tackle alone. In order to improve health the wider determinants of health, which include, employment and income, education, housing and the environment, need to be considered in equal measure alongside health care provision and access.

The Health and Well-being Partnership also works with other LSP thematic groups to identify areas of common interest which have a positive effect on improving the health of local people.

This plan has been developed in conjunction with partners reflecting their crucial role in promoting positive health and well being and reducing inequalities across the Bolsover District.

* Add logos

Our Challenge

A Healthy Bolsover for everyone

To offer everyone living and working in Bolsover District an equal opportunity to experience the best possible health and well-being.

To achieve this we need to work in partnership to promote better health and well-being for everyone by:

- Addressing the wider issues affecting health and well being, for example, employment, education, community safety and housing
- Supporting local people and communities to improve their own health through lifestyle choices.
- Focusing on areas of greatest need to reduce health inequalities

Insert photographs

Making the links

As part of the implementation process the priorities and action in this plan will connect with other strategies and plans related to employment, education, housing and community safety. This will ensure that we address the wider health determinants. In particular there are strong links with the Bolsover Sustainable Community Strategy – www.bolsoverpartnership.org.uk



The priorities in this plan are set within the context of key national strategies including Choosing Health (2004) and Strong and Prosperous Communities (2007). They are closely aligned to many of the Public Service Agreement Targets (PSAs)

The local priorities are linked to Local Area Agreement (LAA) indicators for Derbyshire where applicable. In addition, the plan will complement the PCT's 2010 Spearhead Plan and takes account of the recommendations from the National Support Team visit (March 2008).

The matrix at the end of the document illustrates the links between the local priorities and national, regional and Derbyshire-wide priorities. This will be used to monitor the implementation and progress of A Healthy Bolsover.

Healthy Bolsover will be reviewed annually and monitored by a number of groups including Bolsover Health and Well-being Partnership and Scrutiny Review.

Priorities for Action - The Local Context

Community Health Profile (2007) www.communityhealthprofiles.info

As this is a local plan it is driven by local information set in the wider context of national targets. By combining the most up to date health data found in the Bolsover Community Health Profile 2007, together with information from the Local Voices survey carried out in 2007 (www) the plan reflects local issues and concerns, against the background of national targets and indicators.

The community health profile summary for Bolsover (Figure x) looks at a range of key areas and compares Bolsover District to the East Midlands and England as a whole. It shows that Bolsover has many areas of health inequality as well as social and economic disadvantage, which affect health and well-being of the local population.

Using the profile we can see that people living in Bolsover have a lower life expectancy than those living in the rest of England. People die earlier from heart disease, stroke and cancers, and experience more long-term illness, for example diabetes.

People from our communities are more likely to smoke, eat less healthily and be obese. They also report feeling in poor health more frequently than in other parts of the country, and this is echoed by the high levels of long-term illness identified in the 2000 Census.

In addition the profile identifies higher than average levels of income deprivation, child poverty throughout the district, and lower educational attainment, measured by GCSE achievement. Local information shows that whilst unemployment is not a significant issue, youth unemployment is worrying and also fewer young people in our area are in education or training.

The information contained in the Health Summary and graphs is based on the best available data from the Public Health Observatory. In some cases this is aggregated over a period of years and therefore there will be inevitable time lag, where this is the case it is indicated in the footnote.

Please note that the Bolsover Health Profile is not the only information source to be used to inform the priorities for this plan. The health data is enhanced by information gathered through consultation with local groups, including the Health and Well-being Partnership and Community Voluntary Partners (CVP). This local information adds to the health data and plays a significant role in directing the priorities for the District.

Please note that the 2008 Health Profile has replaced the 2007 version

Health summary for Bolsover

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

* relates to National Indicator 2007



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	22530	30.6	19.9	89.2	[Bar with red circle]	0.0
	2 Children in poverty *	3391	24.2	22.4	66.5	[Bar with red circle]	6.0
	3 Statutory homelessness		4.4	14.4		[Bar with white circle]	0.0
	4 GCSE achievement (5 A*-C) *	398	44.9	60.1	35.8	[Bar with red circle]	82.7
	5 Violent crime	1318	18.1	19.3	38.9	[Bar with white circle]	4.5
	6 Carbon emissions *	529	7.4	7.6	20.6	[Bar with white circle]	4.6
Children's and young people's health	7 Smoking in pregnancy	135	17.5	16.1	38.8	[Bar with yellow circle]	4.4
	8 Breast feeding initiation *	568	72.8	69.2	33.2	[Bar with green circle]	90.9
	9 Physically active children *	8425	90.4	85.7	63.3	[Bar with green circle]	99.2
	10 Obese children *	58	9.3	9.9	16.1	[Bar with yellow circle]	4.9
	11 Children's tooth decay (at age 5)	n/a	1.2	1.5	3.2	[Bar with green circle]	0.4
	12 Teenage pregnancy (under 18) *	76	54.8	41.1	83.1	[Bar with red circle]	12.5
Adult health and lifestyle	13 Adults who smoke *	n/a	23.8	24.1	40.9	[Bar with yellow circle]	13.7
	14 Binge drinking adults	n/a	17.4	18.0	28.9	[Bar with yellow circle]	9.7
	15 Healthy eating adults	n/a	20.8	26.3	14.2	[Bar with red circle]	46.8
	16 Physically active adults	n/a	10.9	11.6	7.5	[Bar with yellow circle]	17.2
	17 Obese adults	n/a	29.2	23.6	31.2	[Bar with red circle]	11.9
Disease and poor health	18 Under-15s 'not in good health'	128	9.7	11.6	20.8	[Bar with green circle]	6.4
	19 Incapacity benefits for mental illness *	1580	35.2	27.5	68.6	[Bar with red circle]	8.4
	20 Hospital stays related to alcohol *	250	339.4	260.3	741.1	[Bar with red circle]	87.6
	21 Drug misuse	338	7.1	9.9	34.9	[Bar with white circle]	1.3
	22 People diagnosed with diabetes	3449	4.7	3.7	5.9	[Bar with red circle]	2.1
	23 Sexually transmitted infections					[Bar with white circle]	
	24 New cases of tuberculosis	0	0.0	15.0	102.0	[Bar with green circle]	0.0
	25 Hip fracture in over-65s	79	478.8	479.8	699.8	[Bar with white circle]	219.0
Life expectancy and causes of death	26 Life expectancy - male *	n/a	75.9	77.3	73.0	[Bar with red circle]	83.1
	27 Life expectancy - female *	n/a	80.1	81.6	78.3	[Bar with red circle]	87.2
	28 Infant deaths	4	5.0	5.0	10.3	[Bar with yellow circle]	0.0
	29 Deaths from smoking	154	266.3	225.4	355.0	[Bar with red circle]	139.4
	30 Early deaths: heart disease & stroke *	85	100.1	84.2	142.4	[Bar with red circle]	39.7
	31 Early deaths: cancer *	112	134.6	117.1	167.8	[Bar with red circle]	76.7
	32 Road injuries and deaths *	52	70.6	56.3	194.6	[Bar with red circle]	20.8

Note (numbers in bold refer to the above indicators)

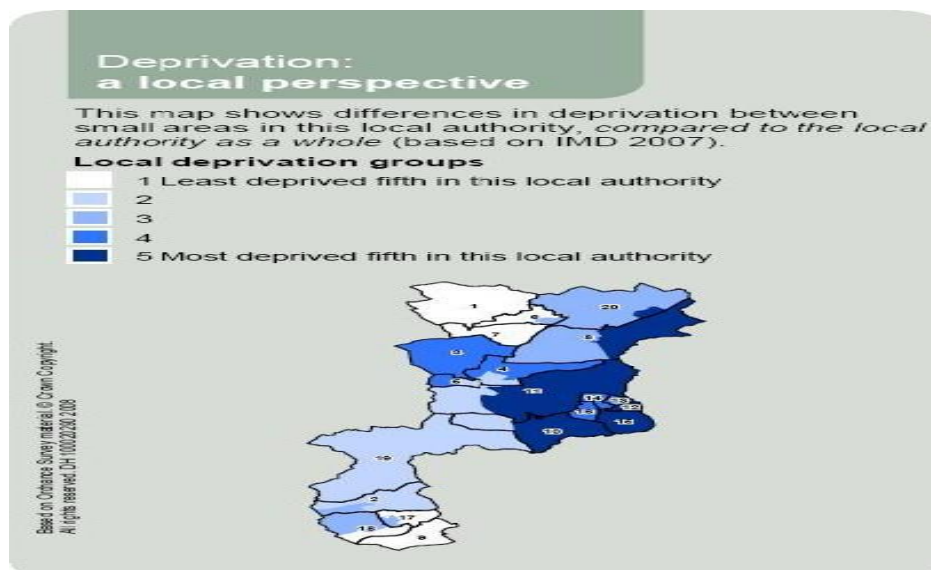
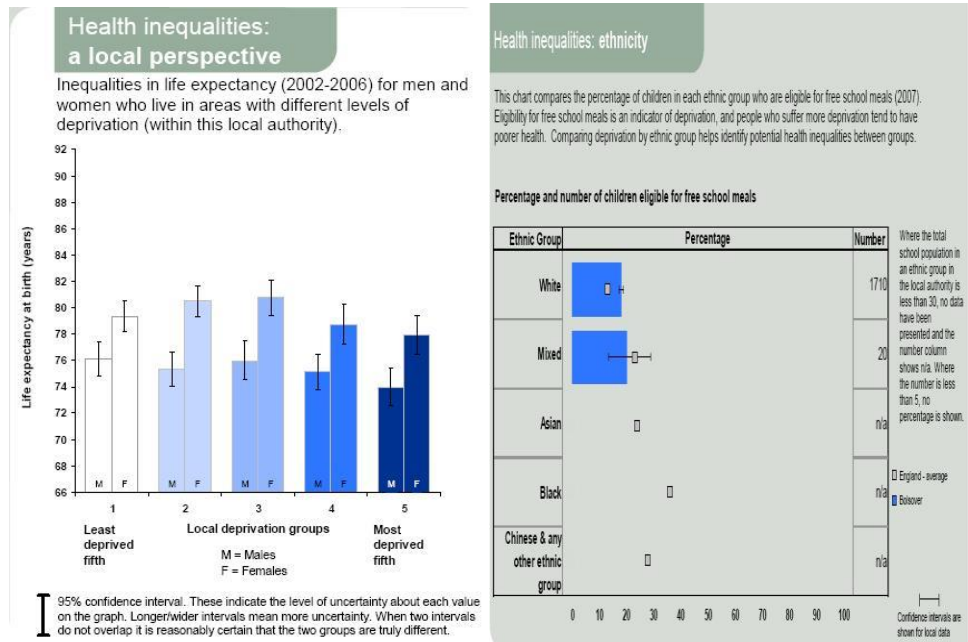
1 % of people in this area living in 20% most deprived areas of England 2005 2 % of children living in families receiving means-tested benefits 2005 3 Crude rate per 1,000 households 2005-2006 4 % at Key Stage 4 2006-2007 5 Recorded violence against the person crimes (crude rate per 1,000 population) 2006-2007 6 Total end user CO2 emissions per capita (tonnes CO2 per resident) 2005 7 % of mothers smoking in pregnancy where status is known 2006-2007 8 % of mothers initiating breast feeding where status known 2006-2007 9 % 5-16 year olds who spend at least 2 hrs/wk on high quality PE and school sport 2006-2007 10 % Schoolchildren in Reception year. 2006-2007 11 Average (mean) number of teeth per child which were actively decayed, filled, or had been extracted (age 5) 2005-2006 12 Under-18 conception rate per 1,000 females (crude rate) 2004-2006 (provisional) 13 %. Modelled estimate from Health Survey for England. 2003-2005 14 %. Modelled estimate from Health Survey for England. 2003-2005 15 %. Modelled estimate from Health Survey for England. 2003-2005 16 % aged 16+ 2005/06 17 %. Modelled estimate from Health Survey for England. 2003-2005 18 % who self assessed general health as 'not good' (directly age standardised) 2001 19 Crude rate per 1,000 working age population. 2006 20 Directly age and sex standardised rate per 100,000 pop. 2006-2007 21 Crude rate per 1000 population aged 15-64. No significance calculated for lower tier authorities. 2004-2005 22 % of people on GP registers with a recorded diagnosis of diabetes. 2005-2006 23 Indicator blank as data not yet available for local authorities. 24 Per 100,000 population (3-year average crude rate) 2004-2006 25 Directly age-standardised rate for emergency admission 2006/07 26 At birth, years 2004-2006 27 At birth, years 2004-2006 28 Rate /1,000 live births 2004-06 29 Per 100,000 population age 35+, directly age standardised rate. 2004-2006 30 Directly age standardised rate/100,000 pop. under 75 2004-2006 31 Directly age standardised rate/100,000 pop. under 75 2004-2006 32 Per 100,000 population (3-year average crude rate) 2004-2006

For more information from your regional PHO, visit www.apho.org.uk

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The links between health and socio-economic deprivation are well established - these are often referred to as the wider determinants of health (Dahlgren and Whitehead).

Across Bolsover the relationship between health and socio-economic factors is evident. Many of the communities which suffer high levels of deprivation correspond to those experiencing poor health as identified in the graphs below.



If we are to help people towards better health, it is vital to address health issues within this broader social and economic context.

Local Voices (2007)

In addition to the local health data it is also important to listen to the view of local people. Throughout 2007 Community and Voluntary Partners (CVP) carried out neighbourhood-based surveys across Bolsover District. The results give a valuable insight into the views of local people, including their concerns relating to health.

The key issues to emerge with implications for health improvement:

- Transport and Access to services
- Anti-social behaviour, particularly in relation to binge drinking
- Access to leisure facilities and opportunities
- Young people

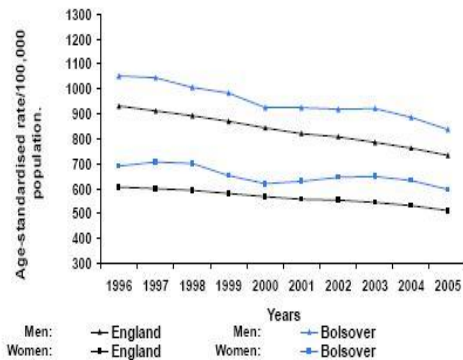
The results of Local Voices can be viewed at www.bolsovercen.org.uk

Priorities for Action - Overview

The graphs from the health profile indicate that lower life expectancy (Trend 1) linked to early deaths from the major diseases, heart disease, stroke and cancer (Trends 2&3) continue to be an area of health inequality for Bolsover.

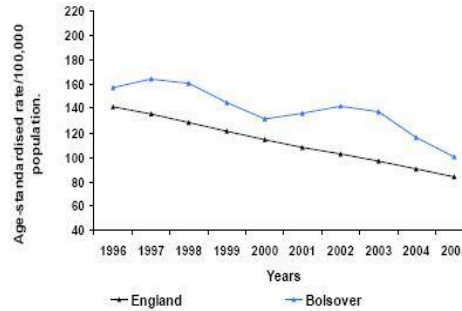
Trend 1:

All age, all cause mortality



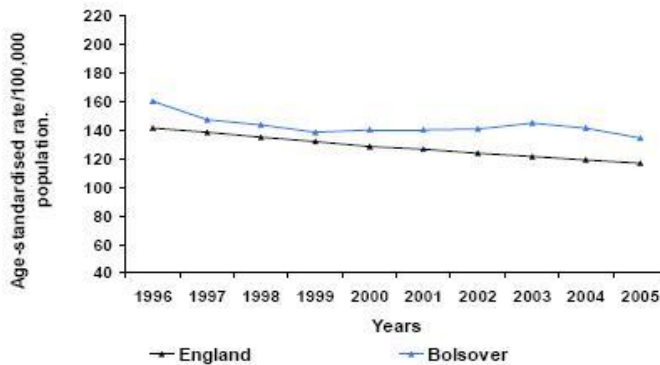
Trend 2:

Early death rates from heart disease and stroke



Trend 3:

Early death rates from cancer



We need to concentrate our actions to **prevent** the development of these diseases within our communities. The priorities for action are divided into to three sections which will help people to live longer, healthier lives:

- **Promoting Healthier Lifestyles**
- **Building Healthy Communities**
- **Ensuring effective access to healthcare interventions**

Priorities for Action

- **(I) Promoting Healthier Lifestyles**

In order to increase life expectancy by reducing early death from heart disease, stroke and cancer we need to encourage people to adopt healthier lifestyles and habits. We need to help people to live longer, healthier lives by supporting them to make small changes, with an emphasis on:

- Reducing obesity
- Increasing physical activity
- Encouraging health eating
- Discouraging/Reducing smoking
- Improving sexual health
- Promoting positive mental health and well-being

- **(II) Building Healthy Communities**

Alongside lifestyle changes we need to work with communities to tackle some of the wider determinants of health, including the root cause of deprivation – low income, with a particular focus on:

- Reducing debt and maximising income
- Improving mental health and well-being
- Supporting older people and promote healthy ageing
- Promoting healthy pregnancy, good parenting and early years, including reducing teenage pregnancy
- Reducing binge drinking and associated anti-social behaviour and crime
- Supporting vulnerable people

- **(III) Ensuring effective access to healthcare interventions**

To support people in adopting healthier lifestyles we need to ensure health care interventions are available and accessible to local communities; this includes screening and advice services for:

- Improving identification and treatment of those at risk of circulatory disease
- Improving uptake of cancer screening and early treatment
- Improving identification and treatment of respiratory disease

Each priority will be formatted to include

Why it is a local issue/priority - illustrated by health data

Local baseline where this is available and appropriate

Actions for

- Local Authority
- Other partners
- Communities and/or individuals

Good news bulletin to promote progress and success to date, using photographs, comments and quotations to create visual impact

Useful links and contacts

National target/indicator

LAA indicator if applicable

Reference to other local/countywide plans or strategies

(These will be summarised in a chart at the end)

Priorities for Action I - Promoting Healthier Lifestyles

Overview

People on the United Kingdom can now expect to live longer than ever before, but people living in Bolsover have a life expectancy that is on average over 2 years shorter than the nation average (need to do a final check for most up to date figures). In some of the most deprived Bolsover communities life expectancy is reduced even further (need the most recent ward data to confirm actual figures).

A healthy lifestyle can help to reduce the risk of ill health and early death from developing major diseases such as, cancer, heart disease, stroke, respiratory illness and diabetes.

Lifestyle is closely linked to deprivation and disadvantage and we need to look at how we support local people to make healthier lifestyle choices.

*Promoting a healthy lifestyle will contribute to the Local Area agreement Indicator N120 – All age all cause mortality rate

Reducing Obesity

Obesity in adults and children is rising dramatically and Britain has the most rapidly increasing rate in Europe. Adults living in Bolsover are more likely to be obese than those living in other parts of England and, whilst the data for children is not yet available it is likely to follow the same pattern.

Obesity is a significant risk factor in the development of coronary heart disease, hypertension, type 2 diabetes and some cancers. It is also linked to mental ill health, infertility and respiratory disease.

Halting the rise in obesity presents a major challenge and there are two main steps towards tackling this issue – **increasing physical activity** and **encouraging health eating**.

Link to LAA NI 56 (obesity) NI 53 (breastfeeding) NI 8 (adult participation in sport)

Increasing physical activity

To help to combat the rise in obesity, amongst children and adults, we need to increase the amount of physical activity being done by everyone. In Bolsover only 37% of men and 40% of women are do enough physical activity to produce a health benefit (North Derbyshire Health Lifestyle Survey 2001). This is reflected amongst younger people also, with only 3 out of 10 boys and 4 out of 10 girls

satisfying the recommended levels of physical activity (North Derbyshire Health Lifestyle Survey 2001).

Bolsover Wellness was launched in 2004 offering a range of tailored and supervised physical activities for adults of ages, particularly people at risk from heart disease, stroke and other illnesses linked to inactivity. In 2006 the 5/60 and Health 4 Life programmes for children and young people were introduced by **Bolsover Wellness** providing the opportunity for children and young people to become more active and develop positive lifestyle habits at an early age. These programmes continue to go from strength to strength.

- Insert comments and photographs
- Number of referrals in 4 years; schools involved in 5/60 etc

➤ **Actions for Local Authority**

Work with the Bolsover Wellness Partnership to maintain and expand the delivery of **Bolsover Wellness** programmes

Launch **Bolsover Wellness Challenge** - Autumn 2008

Provide affordable and accessible leisure services and facilities for local people

Support the development and implementation of the Derbyshire Physical Activity Strategy

Support the roll out of the *Small Change Big Difference* campaign

Support the development of the Health Trainers network across the District by enabling frontline staff to uptake training and development opportunities, e.g. motivational interviewing, brief intervention work and signposting

Support the work of the Bolsover Community Sports Network

➤ **Actions for Other partners**

Support the development and implementation of the Derbyshire Physical Activity Strategy

Work together to develop and/or commission services which encourage physical activity e.g. Walking projects

Promote the uptake, delivery and expansion **Bolsover Wellness** programmes, as appropriate

Support the roll out of *Small Change Big Difference* through the Health Trainers initiative.

Contribute appropriately to the Bolsover Community Sports Network

➤ **Actions for Communities and/or individuals**

Do a minimum of 30 minutes moderate physical activity at least 5 days a week

Moderate-intensity Physical Activity (Approximately 3-6 METs)	Vigorous-intensity Physical Activity (Approximately >6 METs)
Requires a moderate amount of effort and noticeably accelerates the heart rate.	Requires a large amount of effort and causes rapid breathing and a substantial increase in heart rate.
Examples of moderate-intensity exercise include:	Examples of vigorous-intensity exercise include:
• Brisk walking	• Running
• Dancing	• Walking / climbing briskly up a hill
• Gardening	• Fast cycling
• Housework and domestic chores	• Aerobics
• Traditional hunting and gathering	• Fast swimming
• Active involvement in games and sports with children / walking domestic animals	• Competitive sports and games (e.g. Traditional Games, Football, Volleyball, Hockey, Basketball)
• General building tasks (e.g. roofing, thatching, painting)	• Heavy shovelling or digging ditches
• Carrying / moving moderate loads (<20kg)	• Carrying / moving heavy loads (>20kg)

Work out your body mass Index (BMI) and maintain a level between 18-25 by healthy eating and physical activity - *Insert chart to calculate BMI

If you have a BMI over 28 and/or a health problem which would benefit from physical activity ask your GP or practice nurse to refer you to Bolsover Wellness

Links and Resources:
Bolsover Wellness



Encouraging healthy eating

The food we eat affects our health and our eating habits are formed early on. A healthy diet can prevent obesity and help to protect against many chronic and potentially life threatening diseases like heart disease, diabetes and some cancers. A good diet in pregnancy and breastfeeding offers the best start for children.

A key feature of a healthier diet is to increase the amount of fruit and vegetables people consume daily. It is recommended that everyone eat at least 5 portions of fruit and vegetables each day, which can reduce the risks of heart disease by up to 20%. Fruit and vegetables consumption is often lowest in less affluent areas (up to 50% lower) which also experience the highest levels of heart disease.

For example, in Shirebrook East and Shirebrook South East less than 15% of people consume the recommended amount of fruit and vegetables (North Derbyshire Health Lifestyle Survey 2001), these communities also have some of the highest levels of early death, heart disease in the district. Demonstrating the link between deprivation, lifestyle choice and chronic disease formation

➤ **Actions for Local Authority**

Provide breastfeeding facilities in council buildings and premises
Make sure in house catering promote and provide healthy eating options for staff and visitors
Promote healthy eating messages to staff and service users.
Provide training for Community Houses staff to enable them to promote healthy eating and 5 a day to local communities

➤ **Actions for Other partners**

Ensure breastfeeding facilities are available in organisation premises
Promote healthy eating messages to staff and service users
Work together to explore the development of more food co-ops to provide locally produce food

➤ **Actions for Communities and/or individuals**



Just Eat More
(fruit & veg)

Eat five portions of fruit and vegetables a day –

The easiest way to gauge a portion is the amount you can hold in your hand

www.5aday.nhs.uk

Discouraging/Reducing smoking

Smoking, including breathing in second-hand smoke is the greatest cause of preventable death in the UK. Every year 106,000 people die from smoking related illnesses – that's 13 people per hour!

More adults smoke in Bolsover than in other parts of the East Midlands and England as a whole and in other parts of the. Using existing practice registers it is estimated that there are more than 19,000 smokers in Bolsover aged 16 and over, the highest level in Derbyshire.

- Insert most recent data

Smoking has close association with deprivation and the highest incidences of smoking related deaths occur in less affluent areas. Combined with other factors, like poor diet and lack of exercise, smoking causes much of the poor health and many of the early deaths experienced by Bolsover communities.

- **Actions for Local Authority**

Maintain and monitor smoke free environments in all council premises
Enforce smoke free environments across the district
Encourage staff to stop smoking by providing support groups
Promote the Derbyshire Stop Smoking Service, and consider training frontline staff to offer brief intervention and signposting to service users
Work through the Derbyshire Action On Smoking (DAS) partnership to develop and implement local interventions
Work to reduce under age sales using enforcement procedures

- **Actions for Other partners**

Create smoke free environments in all buildings and workplaces
Promote smoke free messages and signpost to the Stop Smoking Service
Offer staff support to give up smoking
Promote the Derbyshire Stop Smoking Service, and consider training frontline staff to enable them to offer brief intervention and signposting to service users

- **Actions for Communities and/or individuals**

Stop Smoking
Get support to help you stop smoking and/or encourage others to do the same
Create smoke free area in you home and do not smoke in rooms used by children

Links and resource information:

www.smokefreederbyshire.co.uk

www.nhs.uk/gosmokefree

www.northderbyshirehps.nhs.uk

North Derbyshire Stop Smoking Service - 0800 0852299

www.ash.org.uk

www.nice.org.uk

Improving sexual health

Sexual health is integral to physical and emotional well-being. Unprotected sexual activity and ignorance about its consequences can result in the spread of

sexually transmitted diseases, unplanned pregnancy and infertility. Across the UK sexually transmitted infections such as syphilis, gonorrhoea and Chlamydia are increasing, with Bolsover reflecting this trend.

➤ Insert most recent data from Sexual Health Services

➤ **Actions for Local Authority**

Provide information about local sexual health resources and services available within the district

Support the Health Promoting Schools initiatives, and in particular the provision of sex and relationships education in schools

➤ **Actions for Other partners**

Support public health and health promotion campaigns to promote community awareness about sexual health

Work through the Health Promoting Schools initiative to ensure schools deliver good quality sex and relationships education (SRE)

Promote peer-led education initiatives

Develop district specific information to promote local services and resources

➤ **Actions for Communities and/or individuals**

Be aware of the importance of sexual health

Support the provision of sex and relationships education in schools

Links and resource information:

For Parents – www.parentlineplus.org

For deaf/hard of hearing or those with a speech impairment -

Textphone – 0800 783 6783

For Young People – www.connexions-direct.com

Sexwise – 0800 282 930

Promoting positive mental health and well-being

Mental Health problems are a major cause of ill health and disability; people are at a higher risk of developing physical health problems such as respiratory illness, cancer and coronary heart disease leading to an increased risk of premature death.

Mental health and wellbeing are greatly improved by the lifestyle choices. Adults should aim to take 30 minutes moderate physical activity 5 days a week - this

could be briskly walking the dog or waking instead of taking the bus. Eating a balanced diet, incorporating 5 portions of fruit and vegetables per day contribute to positive mental health, as does restricting alcohol consumption to sensible levels.

There is a strong link between mental ill-health and homelessness, and with poverty, in particular debt. To support positive mental health across Bolsover communities it is essential for partners to address the root causes of deprivation and inequality. In practical terms making links with income and debt management schemes is a good way improving mental health and well-being.

➤ **Actions for Local Authority**

Make mental health a priority within local target setting.

Ensure that mental health is address as part of local authority plans and strategies, particularly in relation to Anti-poverty work and Homelessness.

Support local organisations working with people experiencing mental ill-health, including those in the voluntary sector

Provide local support for the social inclusion agenda.

➤ **Actions for Other partners**

Work through the Local Strategic Partnership to address the underlying determinants of mental ill-health.

PCT to support the production of accurate data sets for mental ill-health in the area.

Target resources in response to the findings of the data sets.

Ensure that information about mental ill-health is available within local communities.

➤ **Actions for Communities and/or individuals**

Understand that mental ill-health can be caused by life circumstances such as unemployment, poverty, substance misuse and homelessness.

Talk about mental health and reduce its stigma within local communities.

Seek help if you are concerned about your mental health or that of a relative.

Links and resource information:

www.mind.org.uk

MIND Information Line – 0845 766 0163

www.childline.or.uk

Childline 0800 1111

www.saneline

SANELINE 0845 767 8000

Priorities for Action II - Building Healthy Communities

Maximising income and reducing debt

As illustrated in the community health profile and the charts featured on pages 6 & 7, Bolsover District has higher than average income deprivation and child poverty. Because of the strong link between health, income level, educational attainment and youth unemployment, this health improvement plan acknowledges the importance of ensuring that connections are made between these wider issues in order to maximise impact of any interventions

As a Working Neighbourhoods Fund (WNF) local authority area, a joined up approach to tackling income deprivation, improving educational attainment and reducing youth unemployment is essential to addressing LAA NI 153.

Links to LAA NI 153; NI 117

➤ Actions for Local Authority

Encourage links between the Regeneration Strategy and A Healthy Bolsover – health improvement plan
Reinforce links between regeneration, income initiatives and health interventions, for example debt counselling in GP practices,
Work in partnership to utilise the Working Neighbourhoods Fund (WNF)
Maintain the Citizen’s Advice Bureau Triage Service and strengthen CAB provision across the district.

➤ Actions for Other partners

Support the development of the Bolsover District Children’s Partnership with particular reference to raising educational attainment and aspiration
Develop initiatives which address youth unemployment by improving the skills of local young people
Support the development of Citizen’s Advice Bureau (CAB) services in community settings, including GP practices.
Review the evaluation of successful employment

➤ Actions for Communities and/or individuals

Get involved!
Use the services provided by CAB, Job Centre Plus
Be ambitious !!

Links and resource information

Bolsover Triage Service – 0844 848 9800
www.ned-cab.org.uk

Reducing binge drinking and associated anti-social behaviour and crime

Alcohol misuse has a significant health impact. Males in Bolsover District have the highest number of months of life lost in Derbyshire. Females in Bolsover District have above average months of life lost. Male mortality is nearly double that of females. (Derbyshire Public Health Report 2006)

Links to LAA NI 20; NI 39; NI 132

➤ **Actions for Local Authority**

Make links with the work on community safety, in particular violent crime and anti-social behaviour **(Insert most recent figures)**

Support the Pubwatch scheme

Use the Local Strategic Partnership to support the work of partners on alcohol and binge drinking issues

Ensure appropriate enforcement action for breaches of licensing and alcohol sales

➤ **Actions for Other partners**

Support the implementation of the Bolsover District Alcohol Strategy??

Advocate the Small Change – Big Difference campaign

Work with schools to develop projects to promote awareness and understanding of alcohol issues.

Work with the Crime and Safety partnership to develop strategies for the raising of awareness of the harmful affects of alcohol.

➤ **Actions for Communities and/or individuals**

Drink sensibly – keep alcohol intake within safe limits

The recommended daily limit for sensible drinking is 3 – 4 units a day for men and 2 – 3 units a day for women.

Binge drinking is drinking more than twice the daily amount in one occasion.

Links and resource information:

Drinkline – 0800 917 8282

www.alcoholism.about.com

Alcoholics Anonymous – 08457 697 555

Family support at www.al-anonuk.org

Promoting healthy pregnancy, good parenting and early years, includes reducing teenage pregnancy

A healthy start in life is the first step in improving the life chances of children born and living in Bolsover. Promoting a healthy pregnancy and supporting parents and children in early years contributes to a healthy start. The health status and life choices of mothers before, during and after pregnancy have a major influence on the future health and well-being of children.

Babies born to mothers from more disadvantaged groups are more likely to be low birth weight, a key risk factor for a number of poor health outcomes. Nationally about 8% of babies are born at low birth weight, but in Bolsover the proportion is 11%.

Also, there is a strong link between high rates of teenage pregnancy and socio-economic deprivation. The most deprived areas of Bolsover District have the highest rates of teenage pregnancies, reflecting the national trend.

Within Bolsover District the rate of teenage conception is much higher than in other parts of Derbyshire and the UK as a whole. Teenage conceptions refer to abortions and births in teenagers. Teenage parents are more likely to experience poverty and often need additional support to parent positively.

- Insert graph – showing teenage pregnancy rates. Predicted Teenage Conception to 2011

Parenting and life skills programmes need to be provided across the District for all parents who reside within our local communities, including teenage parents.

➤ **Actions for Local Authority**

Support the Derbyshire Teenage Pregnancy Partnership and the implementation of the Teenage Pregnancy Action Plan

Review and learn from the Three Wishes - Health Needs Assessment carried out in Bolsover District (2007/08).

Work with partners to ensure development of accessible services and information to support vulnerable families in children centres and other community venues such as community houses

Promote breast feeding friendly facilities in council buildings and premises (cross reference to Healthy Eating)

Support the development of a 'smoke free homes' project in Bolsover (cross reference to Smoking)

➤ **Actions for Other partners**

Work through the Local Strategic Partnership to target resources towards communities with the highest rates of teenage conceptions.

Promote peer education initiatives for teenage parents.

Support Health Promotion campaigns and encourage schools to engage with Health Promoting Schools programme.

The PCT to lead work on reducing low birth weight, including supporting pregnant quitters to stop smoking and increasing rates of breastfeeding.

Promote the provision of breastfeeding friendly facilities in all partner organisations premises (cross reference to Healthy Eating)

➤ **Actions for Communities and/or individuals (Parents)**

Make the most of services provided by Children Centres

If you're pregnant, ask your midwife for advice on how to stay healthy in pregnancy, such as giving up smoking, keeping active and eating healthily.

Immunise your baby/child to protect from childhood diseases

Always place your baby on his or her back to sleep, for naps and at night.

Get involved with programmes like Living With Children, Living with Teenagers.

Support the provision of Sexual Relationships Education in schools, try to gain confidence and skills to discuss relationships and sex with teenage children.

Links and resource information:

Support older people and promote healthy ageing

Across England the numbers of older people is set to rise by xx by 2020 Bolsover has slightly more older people in the district than the national average. This has resource implications for service providers supporting older people and those who care for them, including the community and voluntary sector,

Older people may be vulnerable to income deprivation and fuel poverty. They may also experience long term conditions associated with older age, e.g. arthritis, diabetes type 2. Bolsover has a higher than average incidence of hip fractures, which are preventable though effective, falls prevention measures

Links to LAA NI 137, NI 135, NI 142

➤ **Actions for Local Authority**

Continue to improve quality of housing stock in line with the Better Homes Standard, particularly in relation to energy efficiency, programmable heating
Ensure housing stock enables independent living by offering adaptations –
Maintain investment in the Home Improvement Agency
Continue to support the delivery of low cost Safety Equipment scheme for older people

Contribute to Local Area agreement Indicator N137 – Healthy Life Expectancy at 65.

➤ **Actions for Other partners**

Work together to review Falls Prevention work across the district and look at how this can be improved

Support the provision of services which support carers

Develop interventions which contribute to Local Area agreement Indicator N137 – Healthy Life Expectancy at 65.

➤ **Actions for Communities and/or individuals**

Maintain a healthy lifestyle

Get involved with the District Older People's Forum www.cen.org

Links and resource information:

District Older People's Forum www.cen.org
Age Concern
Telecare
North Derbyshire Home Improvement Agency
Affordable Warmth - Fuel Poverty Network -

Supporting vulnerable and disabled people

Disabled people have the same ambitions as everyone else. They want equality in health care, leisure, volunteering and training and employment opportunities. Disabled people themselves have identified seven needs that are essential for independent living. These are:

- Information – we all need information to make choices in our lives.
- Counselling – disabled people need peer support from other disabled people.
- Housing – disabled people need housing that is adapted to suit their needs.
- Technical Aids – to help them do everyday tasks.
- Personal Assistance – a personal assistant is someone a disabled person employs to do things they can't do themselves.
- Access – disabled people need access to the built environment.
- Transport – disabled people need accessible transport.

➤ **Actions for Local Authority**

Take into consideration the needs of disabled people in all of the planning processes of the council.

Involve local disabled people within the decision making process of the council.

Ensure that all literature takes into account the needs of disabled people and is provided in Braille, tape and large print.

➤ **Actions for other partners**

Provide information in accessible formats such as Braille, tape, large print to suit people's needs.

Volunteering, training and employment opportunities that are fully inclusive for disabled people.

Support and funding for community transport and accessible bus services. Provide information to people about direct payments, housing and transport.

Signpost disabled people to Derbyshire Coalition for Inclusive Living for information and advice.

➤ **Actions for Communities and/or Individuals**

For everyone to realise that disabled people have skills and experience that can benefit all of us.

Everyone to realise that disabled people want to lead independent lives and have the same opportunities in education, leisure, health care, volunteering and employment.

For disabled people themselves to realise that they have a lot to offer and can and should be involved and have a voice in their communities.

For more information and to get involved:

Website: www.dcil.org.uk

E-mail: shirebrook@dcil.org.uk

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Priorities for Action III – Ensuring access to effective healthcare interventions

Overview

Improving health outcomes for the people of Bolsover requires a focus on implementing clinical and lifestyle interventions for those individuals and communities with a higher risk of developing disease. Major priorities are to scale up the identification, medical treatment and lifestyle interventions for those at risk of the 'major killers', cardiovascular disease (CVD - heart disease and stroke), cancer and respiratory disease.

Although the NHS has a key role in delivering effective medical interventions, the local authority, other partners and individuals also have a very important role in making sure these approaches work.

Improving identification and treatment of those at risk of circulatory disease

Cardiovascular disease (CVD), such as heart attacks and stroke, account for over 200 deaths a year on average in Bolsover. Reducing the numbers of heart attacks and strokes is an important priority for improving health of people in Bolsover and for reducing the gap in life expectancy between Bolsover and the country as a whole.

The risk of CVD increases with certain genetic and lifestyle risk factors. For example, about one in five deaths from CVD are due to smoking, and obesity and inactivity also increase the risk. The NHS has a vital role in ensuring better prevention of CVD, but the local authority and other partners, can also make an important contribution by promoting healthier lifestyles

➤ Actions for Local Authority

Encourage frontline staff, such as leisure services staff, to participate in training to support behaviour change (eg. Motivational Interviewing and brief intervention training)

Promote the take up of health checks in GP practices, by displaying information about the project in council premises

As an employer, continue to develop healthy workforce approaches

➤ Actions for Other partners

The PCT will support general practices in Bolsover to improve systematic management of those with CVD and at risk of developing CVD

The PCT will develop a programme of heart health checks by GP practices commencing Jan 2009 to help identify those at risk of CVD

Other partners can facilitate development of outreach services for health checks through identification of appropriate venues

➤ **Actions for Communities and/or individuals**

Follow the advice in the healthier lifestyles section of this report!
Take up the offer of a heart health check when invited by your GP practice

Improving uptake of cancer screening and early treatment

Cancer accounts for one in every four deaths in England, with one in three people developing cancer sometime during their life. Cancer is therefore one of the biggest killers, and in Bolsover there are approximately 230 deaths on average each year from cancer.

Although survival rates have improved there are still real inequalities in terms of who is affected. People from more disadvantaged backgrounds are more likely to get cancer and are more likely to die of it once it is diagnosed. Smoking is the biggest preventable cause of cancer, with obesity and a sedentary lifestyle also having an important impact.

Action to reduce deaths from cancer in Bolsover needs to focus on these lifestyle factors as well as ensuring good access to early identification and treatment.

➤ **Actions for Local Authority**

Support the PCT in identifying potential sites for mobile breast cancer screening services in Bolsover as required
As a healthy employer, encourage staff to take up cancer screening services when invited by their GP
Facilitate the PCT's efforts to raise the profile of bowel cancer screening by enabling displays of information in council premises

➤ **Actions for Other partners**

The PCT will carry out an audit of lung cancer cases and a review of ways of encouraging people with symptoms to seek early advice from their GP.
The PCT will identify areas where uptake of cancer screening is lower and target support to GP practices in those areas to promote screening.
Other partners can raise the profile of cancer screening by displaying information about the local programmes

➤ **Actions for Communities and/or individuals**

Follow the advice in the healthier lifestyles section of this report to reduce your risk of developing cancer
Take up the offer of bowel, breast and cervical cancer screening when invited by your GP practice
See your GP promptly if you have any out of the ordinary signs or symptoms or if you are concerned about your health.

Improving identification and treatment of respiratory disease

There are 125 deaths each year in Bolsover from respiratory diseases, such as Chronic Obstructive Pulmonary Disease (COPD) and pneumonia. The main risk factor for COPD is smoking, and as smoking is more common among more disadvantaged communities, chronic lung disease affects a higher proportion of the population in Bolsover. It is estimated that there are 2300 people in Bolsover living with COPD.

➤ Actions for Local Authority

Ensure co-ordination of a list of vulnerable people within Bolsover via countywide emergency planning arrangements
Maximise uptake of affordable warmth interventions among those living in fuel poverty
Implement the recommendations in the smoking section

➤ Actions for Other partners

The PCT will support general practices in Bolsover to improve systematic identification and management of those with chronic respiratory disease
The PCT will lead work on a care pathway for those with chronic respiratory disease
Other partners can ensure vulnerable people are signposted to the local winter warmth campaign

➤ Actions for Communities and/or individuals

Give up smoking – even if you already have chronic lung disease, it's the most important way of keeping well and avoiding complications such as a bad chest infection when you have a cold.
Go to see your GP if you have a persistent cough and/or shortness of breath.
Keep your eye on poorly neighbours, particularly when the weather is very cold or very hot.

Involving our partners from the Community and Voluntary Sector

Community and Voluntary Partners

Community Forums

Young People's Forum

Patient Participation Groups

Local Voices

References

Bolsover Sustainable Community Strategy – www.bolsoverpartnership.org.uk

Choosing Health (2004) Department for Health – www.dh.gov.uk

Community Health Profile (2007) EMPHO www.communityhealthprofiles.info

Derbyshire Local Area Agreement Indicators (2007/08)
www.derbyshire.gov.uk/partnerships

Local Voices (2007) Community Voluntary Partners www.bolsovercen.org.uk

Office of National Statistics (2000) Census

Public Service Agreement Targets

Strong and Prosperous Communities (2006) – Department for Communities and Local Government www.communities.gov.uk

Area Base Grant - Working Neighbourhoods Fund (WNF) (2008)