Derby City Council

How the other half live

The Director of Public Health's Annual Report 2017/18

CONTENTS

FIRST WORDS

Inequalities in health and wellbeing

Dr Cate Edwynn, Director of Public Health, Derby City Council

Arriving in Derby in December 2015, I was struck by the diversity and energy of the city and the varied communities and people that make up the local population. Thinking about this led me to ponder on the different health experience of both individuals and communities; and how much this is a product of cultural, economic and social differences. In light of this, I decided to focus on inequality as the main theme of this annual report, in recognition of all the differences that make us who we are, for good or ill, and which fundamentally affect our health and wellbeing and life chances.

We live in an unequal society.

Whichever way we look in this country, we see people with poorer quality lives and poorer health and a widening gap between the have and have-nots. There is a clear link between disadvantage and health inequalities. On average poor people not only die earlier, but have poorer health throughout their lives.

"Fair society, healthy lives..."

more often known as the Marmot Review, has influenced thinking around inequality policy since 2010, especially amongst local authorities and Health and Wellbeing Boards and remains as relevant today, as then. One of the iconic charts within the review, referred to as the "Marmot Curve" demonstrates how life expectancy and disability free life expectancy (healthy life expectancy or living without disease) are related to differences in income deprivation across the country. The message is that poor health is not distributed randomly. There are causes. Reasons. The good news being that we can prevent this happening.

Yet are we?

And to answer that I want to turn to see what four recent pieces of information and analysis tells us.

Firstly, there is no doubt that the social gradient in life expectancy improved between 1999-2003 and 2006-10. Marmot's goal of "shifting the gradient" actually happened and that should be a source of inspiration to us all. A case of "can we do it?" "Yes, we can!"

Yet recent analysis of the rates and causes of death in England suggests these life expectancy increases may have begun to stall[1]. Since 2010, one-year increases in life expectancy are now occurring every 10 years for women, and six years for men; whereas between 2000 and 2009 women in England were on average living a year longer every five years, and men every three-and-a-half years. This means since 2010, the...

> "rate of increase in life expectancy has about halved.[2]"

Marmot has stated that the reasons for this slow-down are not clear, but notes that they have coincided with recent austerity programmes that have delivered deep cuts in health and social care spending in England. Prior to 2010, spending on the NHS and health services now provided by local authorities (public health services such as sexual health services) rose by around 3.8 per cent each year, but this has since fallen to 1.1 per cent a year.

A second piece of evidence was provided by another recent study showing a substantial rise in deaths for the whole of 2015 with a large spike in January 2015 (due to rise in over 75 old year deaths who rely heavily on a well-functioning health and social care system). This has worrying implications for health and wellbeing policy in the UK[3].

A further piece of this puzzle, lying deep in the Department of Health's annual report, is the assessment of how the Secretary of State is meeting his duties on health inequalities in England.

This includes a wider assessment, across 15 indicators from the Public Health and NHS outcomes framework. This shows that inequalities on all 15 indicators have widened[4].

Lastly, the Marmot Indicators 2015 have revealed that the percentage of households in England not achieving a 'minimum income for healthy living' has increased year-on-year, from 19.1% in 2008/09 to just under a quarter (24.4%) in 2012/13.

The persistence of low life expectancy in some areas or groups, or the stagnation noted in life expectancy, demonstrates we are not tackling health and social inequalities adequately and the economic impact on households may help us in understanding the increasing health inequality being seen. Health inequality is not self correcting, and the role of wider determinants, lifestyles and services need to be addressed together, rather than in isolation from - or even worse, in opposition to each other.

What causes inequalities?

Understanding the causes of health and social inequalities is useful when considering how to tackle this issue.

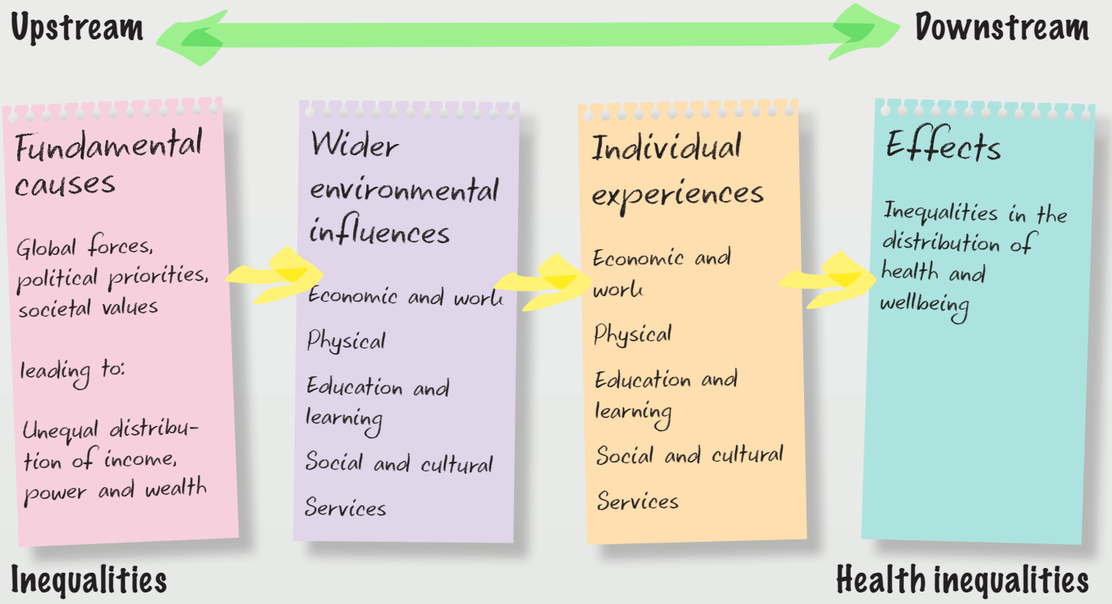
Some have tried to attribute the complex causes of health inequalities to misfortune or say it is self inflicted due to an individual's own lifestyle.

> This must be countered and explained about how it is much complex than that.

And we are told - incredibly in what is a wealthy nation— that there is not sufficient resources to meet such basic needs as improving our people's health.

Inequalities arise from where you live, your job, your parents wealth, the health and other services received (or not received). It is not just about behaviour, lifestyles, diet, physical exercise. The social, economic and environmental circumstances including the home, workplace and wider environment in which we are born, raised and work have a profound and sometimes lasting impact on our health and wellbeing.

One of the best ways to consider this problem I have found, is by considering the "theory of causation" as set out in the chart at the bottom of the page. From this we can see these occur as a



[1] Michael Marmot, http://www.instituteofhealthequity.org/about-our-work/marmot-indicators-release-2017
[2] Michael Marmot, director of the Institute of Health Equity at University College London, who led the analysis
[3] Lucinda Hiam, Danny Dorling, Dominic Harrison, Martin McKee, Why has mortality in England and Wales been increasing? An iterative demographic analysis. Journal of the Royal Society of Medicine.
[4] DH Annual Report and Accounts, 2016-2017. https://gov.uk/government/publications/department-of-health-annual-report-and-accounts-2016-to-2017.

consequence of a series of factors at a number of levels ranging from political priorities to the availability of local support and services.

This suggests that any strategy to address health 'Inequalities requires action across all three levels of determinants:' fundamental, wider environmental and individual.

This model suggests that there needs to be a greater focus on the fundamental causes of health inequalities and we must not be drawn into a mindset where we see lifestyle modification as the most important (or more worrying, only) way to tackle such inequality. inequalities requires actions across all three levels of determinants: fundamental, wider environmental and individual. Action to address the wider environmental causes, such as the availability of quality work, housing and education; and individual experiences, risks and lifestyles are important, but will alone not solve the problem. The fundamental - 'upstream' - causes of health inequalities such as lack of power and money also need to be addressed.

For example, fiscal and employment policies such as paying a living wage to all, or power redistribution through engaging people and communities in co-production to help design and shape the services they receive is important in formulating an asset based approach. A significant problem has been attention tends to be focused on what we decide to monitor (often because it's easier) rather than that of most critical factors. A case in point being uptake of health checks rather than income deprivation.

"Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities". Article 35 Health Care, EU Charter of Fundamental Rights

Human rights as a way of considering inequality

Another way of considering health inequalities is through the human rights perspective.

Firstly, this is important because the right to health is an inclusive right and includes not only the right to health services, but to a wide range of other factors that help us achieve the highest attainable standard of health, including decent housing, healthy food, healthy work and a clean environment. This leads us towards a more social model of health which, as well as being broader and more inclusive, provides a greater range of possible options to improve health and wellbeing.

Secondly, the existence of health inequalities in the UK is a serious issue in terms of human rights, as it indicates that *the right to health is not enjoyed equally* across geographical communities or communities of interest[5]. The right to health can not only provide a solid framework to ensure that practice does not drift from well-intentioned policy, but also as a clear indicator demonstrating a worrying lack of basic human rights for certain communities or groups. This could provide a common thread to gain support for both the importance of "good" public services but also provide challenge to the system regarding how we provide all individuals with the opportunity to enjoy the highest possible standard of health[6].

Health inequalities are "systematic and avoidable differences in health outcomes between social groups such that poorer and/or more disadvantaged people are more likely to have illness and disabilities and shorter lives than those who are more affluent" (Judge et al., 2006)

Inequality, inequality, inequality - the theme of this year's report

This year, the report is concerned with the impact of inequality on individuals and families and how the conditions in **which we are born, live and die** can change our lives in profound ways. To do this, the report tells the story of inequality via the human currency of families we might know in Derby. They could be our neighbours or our friends. In this report, we catch a glimpse of ordinary people's lives, to help understand how life experiences impact on health and ill-health. This storytelling approach offers a way of hopefully turning "dry" statistics into the real experiences of people in order to explore and reflect on the existence of health inequalities in Derby and the rest of the UK.

Our story demonstrates that the right to health is not being enjoyed equally across the population in Derby.

Now, let's go meet the families...

[5] based on gender, age, ethnicity, sexuality and so on.

[6] The design of any health care system must be guided by the following key human rights standards:

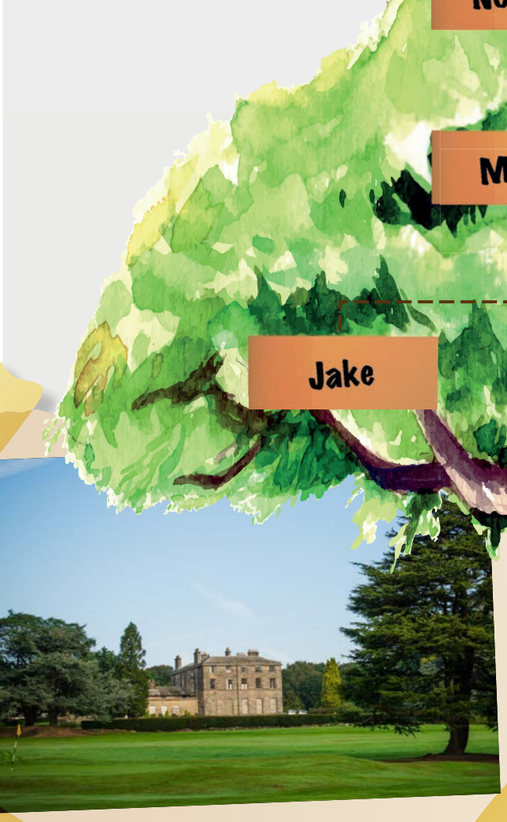
- Universal Access: Access to health care must be universal, guaranteed for all on an equitable basis. Health care must be affordable and comprehensive for everyone, and physically accessible where and when needed.
- Availability: Adequate health care infrastructure (e.g. hospitals, community health facilities, trained health care professionals), goods (e.g. drugs, equipment), and services (e.g. primary care, mental health, stop smoking services) must be available in all geographical areas and to all communities.
- Acceptability and Dignity: Health care institutions and providers must respect dignity, provide culturally appropriate care, be responsive to needs based on gender, age, culture, language, and different ways of life and abilities. They must respect medical ethics and protect confidentiality.
- Quality: All health care must be medically appropriate and of good quality, guided by quality standards and control mechanisms, and provided in a timely, safe, and patient-centred manner.

MEET OUR FAMILIES

Allestree The Stanleys

The Stanley's live in the suburban area of Allestree, close to Allestree Park and Golf Course. Allestree is one of the most affluent areas of the city with people living five years longer than the average in the city. Dad, Mark, is employed by Rolls Royce, while mum, Laura, is a teacher at the local secondary school Allestree Woodlands. Their children, Martha aged 3 and Jake, aged 5, attend local nursery and primary schools respectively. Laura is expecting their third child in a few months.

Their home was built just a few years ago, and Mark and Laura moved in as first time buyers. Mark and Laura are well educated and earn a decent household income, but because they are busy with work and their children, they rarely exercise. They also drink more than average, though otherwise live healthy lifestyles and are in good health. Laura's mum, Julie, lives in a nursing home in Aston ward in South Derbyshire, while Mark's dad, Norman, lives on his own in the Derwent area of the city.



Arboretum The Sahotas

The Sahota's are a large, extended family living in the diverse inner city area of Arboretum which has strong South Asian tradition. Arboretum is the most deprived area of the city where people live on average five years less. Their family unit comprises three generations – older parents, six children and four grandchildren. Surinder and Ranjeet are retired.

They live in two adjoining terraces, one of which is rented from a private landlord and occupied by two of their three sons. Their other son, Gurdeep, lives with his wife nearby.

One of their daughter's, Sunita, lives with her husband and two children about 12 miles away in Somercotes in the Amber Valley area of Derbyshire. Whilst some of their older children are working, Sereena, their youngest daughter, is studying for a degree at the University of Derby. Their eldest son, Santokh, was recently made redundant and is actively looking for a new job. Several family members smoke, and health in the area is poorer than might be expected.

STARTING WELL

"Giving every child the best start in life is crucial to reducing health inequalities across the life course" (Marmot 2010)

Children in Derby have a relatively poor start in life when compared to England as a whole, but there is considerable variation across the city with some areas achieving far better health and wellbeing than others. What happens during early childhood is important as it lays the foundations for how individuals will develop for the rest of their lives.

Both our families have women who are currently pregnant and also have young children at school. As the year progresses, it is clear that some early life events are experienced very differently for our two families.

3.1 Maternal health

The term maternal health refers to the time of pregnancy, childbirth and the first six weeks after birth in women. Infant health is typically associated with the first 12 months of a newborn's life. Experiences and behaviours in pregnancy will affect maternal and infant health outcomes.

3.1.1 Lifestyle

In Allestree, the Stanleys are expecting their third child. Laura is determined to live as healthy a lifestyle as she can. She does not smoke and has stopped drinking alcohol. She had got into the habit of having a glass of wine while cooking tea, but after reading about the harm drinking might cause to her unborn child she has stopped. In Arboretum, Surinder and Ranjeet's daughter-in-law, Pia, is expecting her first child. She lives with their son, Gurdeep, a short walk from the family home. They both try to eat a healthy diet and do not drink alcohol. They eat a varied diet of fresh fruit and vegetables but cook traditionally with Ghee, a clarified butter. Gurdeep smokes and has borderline diabetes.

Both mothers-to-be have been trying to give their babies the best start in life by taking supplements, such as folic acid, since conception. Likewise, both women are determined to breastfeed their babies. Laura knows what to expect from feeding her previous two children, but Pia has been feeling anxious about it and has been keen to speak with her Public Health Nurse.

Public Health Nursing

Derby's Public Health Nursing service includes the more traditional roles of Health Visitors, School Nurses and Family Nurses in an integrated children's Public Health System for 0-19 year olds and their families. The aim of this service is to improve health outcomes for the city's children and young people. Putting the needs of children and young people at the centre of our approach, Derby City Council in partnership with the NHS is focussing its efforts on early help, prevention and early intervention.

	Population aged 0-15 years (%)	Low birth weights (%)	Deliveries to teenage mothers (%)	Child Development at age 5 (%)	A&E attendances in under 5s (per 1,000)
Allestree	17	7	0	70	479
Arboretum	24	11	2	34	625

3.1.2 Access to services

All pregnant women are entitled to the same maternal healthcare under the NHS. The recently published National Maternity Review, Better Births: Improving outcomes of maternity services in England, has laid out a radical new approach to maternal care. The aim over the next five years is to introduce more personalised services, giving women greater control and more choice. It will be needs-based, and offers the following:

- ✔ Personalised care
- ✔ Continuity of carer
- ✔ Better postnatal and perinatal mental health care
- ✔ A payment system
- ✔ Safer care
- ✔ Multi-professional working
- ✔ Working across boundaries.

Laura and Pia are both booked into the delivery suite of the Royal Derby Hospital. In the months before the big day they have been attending parenting classes to learn more about their pregnancies, what will happen during the delivery and what to expect in baby's first days, weeks and months of life. They have also had their first visit from their Public Health Nurse.

3.1.3 Smoking

Smoking during pregnancy puts mothers at higher risk of miscarriage as well as having low birth weight babies which, coupled with other poorer social and demographic outcomes, can negatively affect the cognitive development of children.
In Derby, the proportion of women who smoke through their pregnancy ranges from

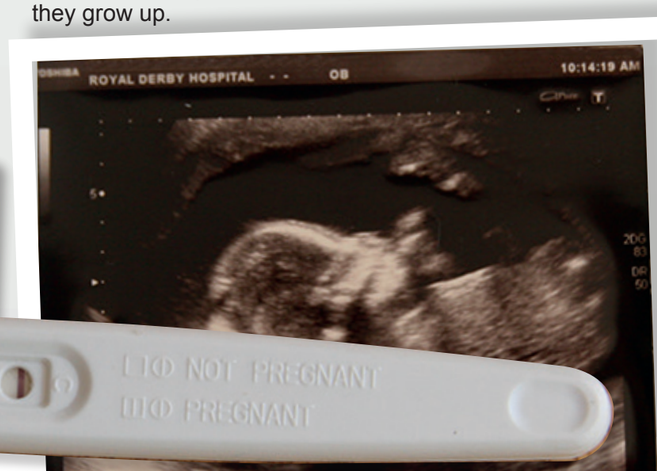
1 in 3 in Derwent Ward, to almost no-one in Allestree, Mickleover and Littleover Wards. Though neither of our expectant mothers' smoke, dad-to-be Gurdeep does. He is starting to think that now would be a good time to stop as he knows that passive smoking has been linked to Sudden Infant Death Syndrome ('cot death'), but knows he will need help to quit.

3.1.4 Breastfeeding

The World Health Organisation (WHO) states that babies who are fed nothing but breast milk from birth through their first six months get the best start, and that exclusive breastfeeding provides babies with the perfect nutrition and everything they need for healthy growth and brain development.

Breastfeeding protects the health of baby and mother, and reduces the risk of illness. Laura knows all too well from her experiences with Martha, who she was unable to breastfeed, that she suffered far more infections in her early life, such as gastroenteritis and ear infections. Infants who are not breastfed are also more likely to become obese as they grow up, putting them at higher risk of developing Type 2 diabetes and other health problems. For the mother, breastfeeding is important as it is associated with a reduced risk of breast and ovarian cancers. Breastfeeding, however, is not always easy to start and sustain. Breastfeeding, however, is not always easy to start and sustain. This time around, Laura is determined to breastfeed the new baby and plans to access all the help she can in hospital to achieve this.

In Derby, breastfeeding varies greatly by Ward. At birth, over 90% of mothers' breastfeed in Mickleover compared with 43% in Mackworth. At eight weeks, the proportion breastfeeding has fallen to **57%** in Mickleover and **24%** in Mackworth. Despite being neighbouring areas, these Wards highlight the early signs of health inequalities likely to be faced by our children as they grow up.



Baby Ruby, born
21 Jan 2017, 7lbs 1oz

3.1.5 Maternal mental health

Pia gave birth to a healthy baby boy, Surinder, and has been at home with him for a few weeks. Although she has adjusted to the demands of a new baby in her life, she is not feeling as happy as she had expected to. In fact, she has been feeling sad and has a low mood. She has particularly missed the company of her parents and siblings who do not live in Derby. She lacks the energy to do anything other than meet Surinder's needs for food, sleep and clean nappies, and has recently been feeling guilty for being sad, unhappy and exhausted.

Pia's health visitor sees her at the 6-8 week post birth check-up appointment. Quickly, it is apparent to the health visitor that Pia is not her usual self so she listens to Pia talk about her recent feelings and asks her to complete a questionnaire. The health visitor picks up that these are some of the symptoms of postnatal depression. The health visitor recommends a self-help course which uses cognitive behavioural therapy and encourages Pia to open up to her husband, family and close friends. This results in Pia's husband encouraging her to get more rest, sleep and take time to herself away from the baby, as well as preparing her regular healthy nutritious meals.

Pia's sister comes to stay for a couple of weeks after a tearful phone call from her sister. This really helps Pia and in no time Surinder Jr is enrolled into a baby massage class where Pia can meet new parents. They also decide to take Surinder in the pushchair every day for a walk. This family support, the self-help course and regular appointments with a health visitor, work together to help Pia feel better and she begins to enjoy her time with Surinder.

Pia now understands that low mood isn't uncommon. Postnatal depression is thought to affect more than one in every 10 women in the year after child birth. It can also affect partners but this is far less common. It's best to seek help as soon as symptoms start and, just like Pia's experience, health visitors and GPs are there to support you to feel well again.

3.2 Child health outcomes

Just after Pia, Laura also gave birth to a healthy baby, a girl, Ruby. Children in Derby, however, have a relatively poor start in life when compared to England as a whole. Derby has a significantly:

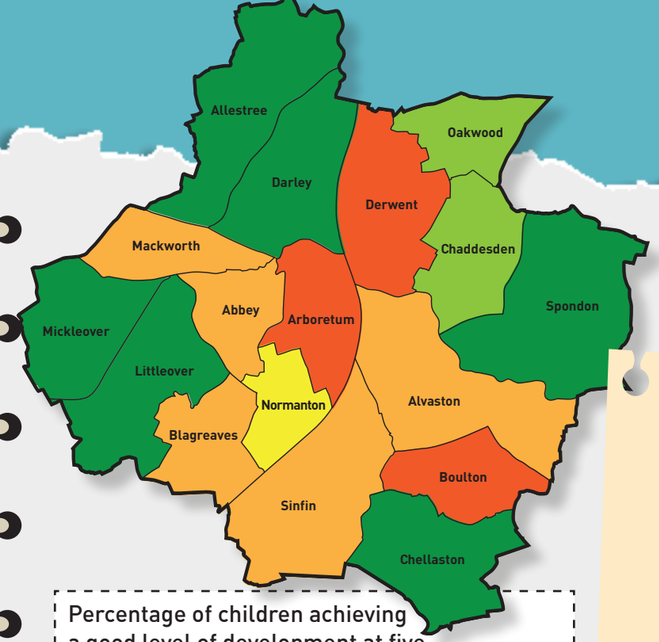
- ✔ High percentage of children living in poverty
- ✔ High rate of teenage pregnancies
- ✔ High proportion of mothers smoking at time of delivery
- ✔ High rate of low birth weight babies
- ✔ Low level of breastfeeding initiation
- ✔ Low level of children achieving a good level of development at the end of Reception school year.

Children do, however, have high levels of immunisation uptake across most childhood immunisations. This protects them from a range of diseases such as diphtheria, measles and meningitis.

3.3 Vaccinations and immunisations

From eight weeks old, children in the UK begin a routine immunisation schedule that protects them from infectious diseases including, diphtheria, tetanus, pertussis (whooping cough) and polio; rotavirus; measles, mumps and rubella (german measles). The full schedule can be accessed on Public Health England's website, and is available in the red book that parents receive for healthcare professionals to document all aspects of babies development.

"The two public health interventions that have the greatest impact on the world's health are clean water and vaccines" (WHO)



It is very important to be vaccinated in childhood as it does protect from many infectious diseases. Although our mothers are aware of this, they are less aware that it provides benefits beyond the direct prevention of disease in childhood and the fact that not being immunised can impact on the entire life trajectory. For instance, Ruby's economic future maybe very different if she becomes blind as a consequence of measles infection in childhood. Vaccination also promotes health equity and protects those in the community who are not immunised. Doctors use the term "herd immunity" to describe the indirect protection provided when a large proportion of the population has been immunised. This is why nationally the target for all immunisations is 95%. So our parents are not only protecting their children from potentially life threatening illness but protecting other children who are yet to be immunised.

Pia's Home Safety Checklist

- ✔ Fix child locks on kitchen and bathroom cupboards so that cleaning products, laundry capsules and medicines are kept securely out of reach
- ✔ Keep a thermometer within reach of the bath and check bath temperature each time
- ✔ Check all blind cords are short, stored out of reach and will break under tension
- ✔ Store batteries in a child proof box and out of reach
- ✔ Install safety gates at the top and bottom of stairs to avoid serious falls
- ✔ Fit a fire guard
- ✔ Attach soft corner guards on furniture edges
- ✔ Put Surinder to sleep in a cot/moses basket next to the bed/sofa
- ✔ Keep plastic bags in one storage place, in a locked cupboard
- ✔ Only buy nappy sacks in roll form and store out of reach of Surinder

	Children with excess weight – Reception Year (%)	Children with excess weight - Year 6 (%)	Regular smoker, aged 15 years (%)	Young people's admissions for injury (per 10,000)	GCSE Achievement 5A*-C incl. English & Maths (%)
Allestree	16	25	7	116	73
Arboretum	19	40	5	154	32

3.4 Accidents and injuries

Since bringing baby Surinder home, Pia and Gurdeep have made an effort to create a safe home environment to prevent Surinder having avoidable accidents and injuries as he becomes more mobile. Pia's best friend went through the experience of their child having a severe accident in the home, which could have been avoided had she known how. Pia's best friend has shared her knowledge with friends and family and this has helped Pia to reduce risks around her home. Pia wrote a checklist of jobs to do around her home. She found a lot of useful safety tips on the RoSPA website www.rospa.com, which is a registered charity for accident prevention.

3.5 Dental health

Sunita works as a dental hygienist and specialises in child dental health and teaching children how to keep their teeth and gums healthy. When Sunita is not teaching about dental health, she sees children where she works with dental problems in the dentist practice. She knows all too well the damage to teeth and gums through infrequent teeth brushing, eating sugary foods, drinking sugary drinks like fizzy drinks and lots of fruit juice.

In Derby, 27.6% of five year olds have some degree of dental decay and 31% of children have one or more decayed, missing or filled teeth. Tooth extraction is the leading reason for hospital admission in children. Sunita has raised her two girls, Amelia and Priya, to look after their teeth by brushing their teeth twice a day, which Sunita supervises and checks, and the girls eat a diet that is low in sugar.

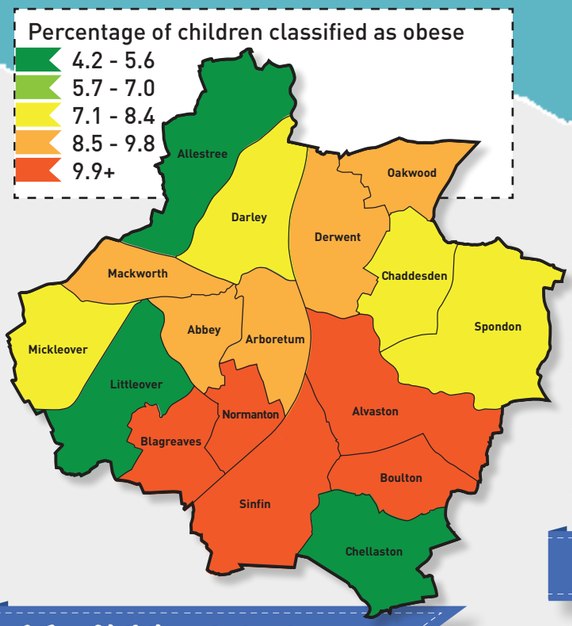
3.6 Primary school readiness

Both Harry Sahota and Jake Stanley are five years old and in reception class at their respective primary schools. The two boys have settled in well, love going to school and like to see their friends and play.

Harry and Jake have recently had their 'school readiness' assessed. This identifies if children in reception year have achieved the expected level of development for their age. It uses the Early Years Foundation Stage areas of learning: communication and language; physical development; personal, social and emotional development; literacy; mathematics. Both Harry and Jake were assessed to be 'school ready'. Their parents thought this was due to their boys attending nursery before starting school and going to preschool activities such as the free library story sessions. Both sets of parents encourage their children through activities such as listening to books being read to them, talking together and counting. Achieving school readiness before formal learning begins at school will help Harry and Jake keep pace with their peers and to have a positive learning experience.

Harry and Jake are fortunate to have achieved school readiness in reception class because only **1 in 2** boys in Derby are assessed as 'ready'. Overall, three-in-five Derby children achieve school readiness which means that in a class of 30 school children, on average only 18 will be ready to learn at school and 12 will not be. This shows that nearly half of the class would struggle with the expectations of age appropriate schooling and they may fall behind their more 'ready' peers.

On the other hand, their peers which are ready for school may be held back in their school learning because so many children are trying to catch up. Regardless of either outcome, it highlights the importance of families and care givers to help preschool children prepare for 'big school' to reduce any inequalities at this age that can negatively impact later on in life.

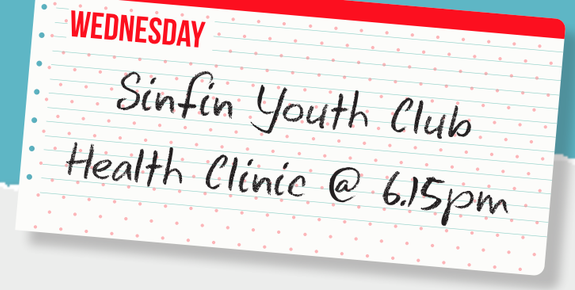


3.7 Childhood obesity

At the start of school, Jake and Harry's weight and height were recorded and their BMI was calculated. BMI is an abbreviation for Body Mass Index and is a measure of body fat in relation to height and weight. The BMI was then plotted onto the British 1990 growth reference chart according to children's age and sex.

Both parents have received the BMI results in the post. Jake's parents have received a letter informing them that their child is overweight, whereas Harry's BMI is in the healthy range. Jake's parents talk about ways to reduce tablet device and television screen time at home and ways that they all could become more physically active. In light of this Laura has decided to stop driving Jake to school and walk instead. It will also help lower air pollution which has been a concern of Laura's generally and particularly outside the school. In addition, the family have decided to stop buying sweets, biscuits and chocolate during their weekly supermarket food shop. Within three months of implementing a healthier lifestyle, Jake is a healthy weight for his age and height.

It's really important that Jake and Harry start primary school at a healthy weight and maintain the appropriate weight for their age and height as they grow up. As children progress through school, many children put on excess weight. In reception class, there are 21.9% of children that are overweight or obese in Derby. By the end of



primary school, this rises to 34.3% - around ten pupils in each classroom of 29 children.

This is a concern because overweight and obese children are more likely to become obese adults and suffer obesity-related diseases, physical impairments and premature deaths.

The map shows that children living in deprived areas are more likely to be obese compared to children in more affluent wards.

3.8 Mental health

Mental illness has been shown to have a similar effect on life expectancy to smoking. Nationally, mental health problems affect one-in-ten children and young people; a figure that rises to **1 in 5** for young adults, and one-in-four people in the general population. The cost of mental health problems to the economy in England have been estimated at over £100 billion, and treatment costs are expected to double in the next 20 years (Department of Health, 2014).

The cost of mental illness to the individual is significant. Mental illness impacts upon the wider health and wellbeing of the individual, with an increased harm to a person's physical health and the risk of premature death. Older childhood is a time where mental health issues could arise - eating disorders, negative body image and online bullying are just some examples of problems that are prevalent at this age. It is estimated that 6.6% of people aged 16+ years have eating disorders in Derby. Alongside NHS services, there are a number of specialist charities that support individuals and their families experiencing mental health illnesses.

Parents can help to give children the best start in life and to offer their children some degree of protection against mental health issues later on in adolescence and adulthood. For example, breastfeeding is a protective factor against mental health issues later in life. Although, wider issues like deprivation are known to have a negative impact on physical and mental health.

£21Bn is spent every year in England on alcohol related harm (Alcohol Concern, 2016).

3.9 Teenage risky behaviours

The transition from childhood to adulthood is a period where young people are given more independence and access to adult situations. Many teenagers engage in risky behaviours which have the potential to lead to long-term harm or even death in some cases.

Within our families, Ranjeet and Surinder's youngest children are now adults and their youngest daughter Sereena has started university. Because Ranjeet and Surinder are aware that adolescents and young adults take more risks than older people, they have worked with their schools to ensure Jaspreet and Sereena are aware of risks of drugs and smoking, importance of safe relationships, good school attendance, dangerous driving and avoiding youth crime. Ranjeet was furious when Sereena told her she had been texting when driving.

Some of their teenage friends have been involved in binge drinking and using drugs which had led to problems. Sereena told her mother recently that one of her friends had taken drugs at a party which had meant he had to go to A&E for treatment. Also, some of her friends who live in a shared house in Derby had the police turn up because of antisocial and nuisance behaviours. An old friend from school had just announced she had an unplanned pregnancy and so wouldn't be following Sereena to University.

A survey of 15 year olds found that 7.7% were smokers and 4.8% of half school days were missed due to pupil absence. Both of these percentages are similar to the proportions in England.

With regards to sexual relationships for young people, in Derby the chlamydia detection rate is 1,653 per 100,000 people aged 15 to 24 years and there are 26.1 per 1,000 conceptions in females aged 15 to 17 years old. Chlamydia is a sexually transmitted infection (STI) that is easily cured yet preventable through safe sex (e.g. using condoms). Frequently, those infected have no symptoms but if left untreated the infection is problematic in the long-term as it can lead to inflammation and infertility. Young people should get tested for chlamydia each year or when they change sexual partner – it's free and confidential at sexual health clinics and GP surgeries.

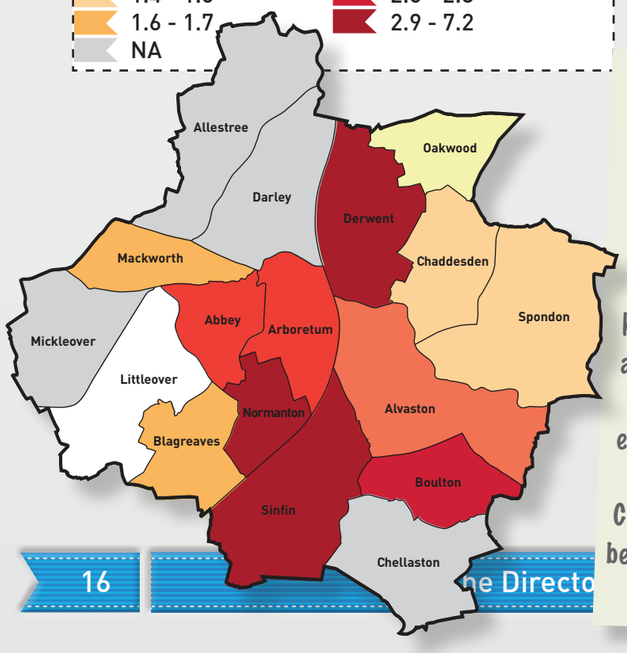
There are more first-time entrants to the youth justice system than the England average with a rate of 536 per 100,000 10-to-17 year olds receiving their first reprimand, warning or conviction. There are 138 per 10,000 hospital admissions due to injuries in young people aged 15 to 24 years. One in twenty 16-to-18 year olds are not in education, employment or training. In recent years there have been an increased number of apprenticeship opportunities for young people across a variety of sectors where people can combine a job with study to obtain on the job skills and qualifications in their chosen career-field.

Youth clubs

Across Derby city there are a number of young people centres offering drop-in facilities, activities and youth clubs.

Percentage of deliveries where the mother is aged under 18 years

- 0
- 0.1 - 1.1
- 1.2 - 1.3
- 1.4 - 1.5
- 1.6 - 1.7
- NA
- 1.8 - 1.9
- 2.0 - 2.1
- 2.2 - 2.4
- 2.5 - 2.8
- 2.9 - 7.2



Young people services

The SPACE @ Connexions provides a wide range of services for young people in Derby where staff offer information, advice, referral and support regarding issues such as: housing and homelessness; benefits; volunteering; drugs and alcohol; eating disorders; mental health; sexual health; stop smoking; education; training and employment; debt; travel; Chlamydia screening; pregnancy testing. Staff at The SPACE @ Connexions include nurses, and the services can be accessed through scheduled drop in clinics and appointments.

3.9.1 Access to services

Young people can go to Youth Clubs to participate in regular activities and social events specifically targeted to children and teenagers. There is also the specialised centre called The SPACE @ Connexions which is there for young people to seek advice, support and treatment for any issues that they are experiencing.

There is also a number of independent sports clubs and movements (e.g. Scouts, Guides, etc) which provide young people the opportunity to be physical active, develop a particular set of skills and self-confidence, as well as the chance to socialise outside of the school environment.

3.10 Starting well inequalities

This chapter shows that whilst there are a number of inequalities experienced across Derby City during the early years, school years and young adulthood, it is possible to reduce these inequalities. This can be done through individual, family and community choices and by taking advantage of the services available to help.

People in Derby can give their babies the best start in life by planning pregnancies and being in optimal health. This can be done by being a non-smoker, pausing alcohol consumption, taking pregnancy supplements, consuming a healthy diet, being physically active, opting to breastfeed, vaccinating against harmful diseases – all of which support babies start in life and reduce inequalities. Parents, caregivers and professionals can support nursery and primary school children to develop well.

This is the time where good dental, diet and physical activity behaviours are formed for adulthood. It is also important for a child's future that adults prepare children to be developmentally ready for school. Ensuring that all children have a good foundation in these areas will help to reduce inequalities and poor health later in life.

Teenagers need guidance to avoid taking part in risky behaviours and to protect their mental health and wellbeing. Experiencing negative behaviours at this age can cause long-term and irreversible harm, of which the consequences can continue into adulthood. Supporting the health and wellbeing of teenagers can help reduce and prevent poor health in adulthood and health inequalities.

LIVING

4.1 Unhealthy behaviours

4.1.1 Lifestyles

England is in the grip of a rising wave of obesity: since the 1990s, the rate of obesity has significantly increased. Now one-in-three children are overweight or obese, with rates of obesity increasing as children age. 9.4% of children in Derby begin primary school obese and this rises to **23%** of children in Derby being obese when they leave aged 11. In Derby, two-thirds of adults are overweight or obese (Public Health England, 2016). These levels are concerning because being overweight and obese is associated with health problems such as diabetes type 2, heart disease, stroke, hypertension and some cancers. These conditions impact on people's ability to live well and are linked to premature death. Cases of overweight and obesity, are estimated to cost the NHS £4.2 billion each year.

Physical inactivity is associated with **1-in-6** deaths in the UK which is comparable to the harm from smoking (Public Health England, 2014). A third of UK adults do not manage 30 minutes of moderate physical activity a week and are classified as 'inactive'. It's not only adults who are not moving enough, nine-in-10 UK children aged between 2 and 4 years do not achieve the physical activity guidelines (HM Government, 2014). It's important to develop healthy lifestyle behaviours from a young age because poor lifestyles developed in childhood are challenging to reverse in adulthood. Good habits developed in childhood will provide positive health benefits in adult life.

Public Health England published the Eatwell Guide which outlines what constitutes a healthy and balanced diet. It includes fruit and vegetables (39%), starchy carbohydrates e.g. potatoes, rice (37%), proteins e.g. meat, pulses (12%), dairy and alternatives (8%), oils and spreads (1%), and occasional foods (3%). Therefore, three quarters of a healthy diet should encompass fruit, vegetables and starchy carbohydrates.

TUESDAY
Livewell appointment
2.45pm at Springwood Leisure Centre

People living in the UK are advised to follow the 5-a-day campaign: being mindful of including five portions of fruit and vegetables in their diet each day. It is also advised that diets are low in sugar, salt and saturated fat. Following a healthy and balanced diet is known to reduce the chances of heart disease, stroke and bowel cancer cases.

In England, **3-in-10** working aged adults and four-in-10 older adults (65+ years) meet the 5-a-day dietary recommendation - similar to the England average. A large proportion of the local population could make improvements to their diet to include five portions of fruit and vegetables each day whilst at the same time avoiding foods containing excess sugar, salt and saturated fat.

Ultimately, to reverse the increasing trend in obesity, individuals, families and communities need to move more, eat less and consume a healthy, nutritious diet. The majority of the population would benefit from making improvements to their diet. More adults in Derby need to become physically active and strive towards regular physical activity at moderate level e.g. cycling to the shops and workplace. More pressingly, children require the opportunity and encouragement to be physically active each and every day. Physical activity across generations is recommended in order to avoid the associated diseases such as diabetes and specific cancers, and conditions such as hypertension and depression. This requires us as individuals, families and communities to make healthy choices but also for national and local governments to enable and support people to make these choices.

	Obese adults (%)	Binge drinking adults (%)	Healthy eating adults (%)	Unemployment (%)	Population aged 25-64 years (%)
Allestree	20	18	36	0	46
Arboretum	23	13	28	4	53

WELL

Lifestyle Service

The Livewell Service is a healthy lifestyle service available for people registered to a doctor in Derby and who meet certain criteria. It has been successfully run for a few years now. Enrolled children and adults are supported by a designated Livewell advisor through health and wellbeing programmes specific to their needs to make positive changes to their lifestyle. The service is provided free of charge for up to 12 months. Programmes are varied and plans are personalised to the attending individual and family but commonly include stop smoking, weight reduction, physical activity and diet advice.

Did you know...

healthy eating need not be expensive! The NHS and the British Heart Foundation provides healthy eating ideas according to different budgets and gives ideas for ways to eat well for less.

Asian community. That being said, Surinder might have prevented his diagnosis if he had eaten a healthier diet, exercised more and maintained a healthy weight.

Ranjeet and Surinder spent the week busily preparing for the weekend family get together. They were having all the family and close friends over on Saturday to celebrate their 40th wedding anniversary and had prepared a feast for everyone. The meal and celebrations went well until Surinder tried to kick a football around with his grandchildren. He collapsed with chest pains and paramedics rushed him to hospital. Surinder had coronary heart disease and was told he needed to stay in hospital for coronary bypass surgery and recovery. His lifestyle of smoking, poor diet and lack of exercise had led to narrowed and clogged up arteries so his heart struggled to pump blood sufficiently around his body and supply oxygen to his heart.

The events at the wedding anniversary gave all of the members of the Sahota family a real shock and led them to reflect on their health. Ranjeet and her six children are determined to give their lifestyles an overhaul and Surinder also decides to change his lifestyle. Several family members begin attending a weight loss group together that promotes healthy eating and recipes for home cooked meals and exercise. The support of loved ones following the same healthy eating programme and the support from the local service Livewell, enables Ranjeet and her family to adopt positive behaviour changes.

Once the Sahotas had got to grips with their new diet and felt the improvements of eating well, the family began incorporating various physical activities into their weekly routine. Ranjeet and Surinder (with his recovering health) now walk to the shops, regularly taking their grandchildren to the local play park and have both signed up to a weekly yoga class. Their children have chosen more vigorous physical activities such as running, cycling to work, joining the gym and attending exercise classes. All six children and their respective partners are inspired to run together. To give themselves a target they sign up for the Derby 10k race and fun run.

Over the following three months, the exercise and healthy eating has meant that all family members have lost some weight and feel better in themselves. On average, each person has lost 12lbs, with some family members needing to lose more weight in order to obtain a healthy BMI score. The Livewell service has congratulated Ranjeet on lowering her blood pressure to a healthy range because it had been too high when she first registered with the service.

4.1.2 Alcohol and drugs

Over in Allestree, Laura and Mark have put the children to bed and while there is a bit of peace and quiet, they both sit down to a glass of wine. Laura was advised by her Public Health Nurse that she should not drink more than one or two units, more than once or twice a week – so this small glass of white is her limit for the next few days. After a long day at work and play with the children before bed, Mark however, sits down to his usual evening routine of two large glasses of red, followed by a whiskey night cap – the equivalent of seven units of alcohol. Though it might not feel like it, Mark has consumed half of a week's recommended units of alcohol.

The consequences of too much alcohol on a regular basis can be harmful not only to the individual, but to their families and the wider community. Unbeknown to Mark, his intake of alcohol has raised his blood pressure putting him at increased risk of stroke. Fortunately, he has received an invitation for a free NHS Health Check in the post.

Substance Misuse Service

Derby has an integrated Drug and Alcohol Treatment Service. In April 2016 a newly integrated Family and Recovery Service providing support for families and those affected by someone else's drug/alcohol use, and recovery focused family interventions was established. The services continue to work in partnership with key agencies to facilitate access to and engagement with wider support services - such as housing, employment, leisure services, mutual aid and peer support groups. This is to help drug and alcohol clients to maintain recovery and improve wellbeing.

4.2 Prevention

4.2.1 NHS Health Checks

You take your car for an MOT after it reaches three years of age, so why not take yourself for one when you reach 40? The NHS Health Check is offered to adults aged 40 to 74 years of age.

You will be asked about your lifestyle and family medical history, and undertake some routine tests, such as having your blood pressure, weight and height measured. Your GP or other health professional can then use the results to determine your risk of developing conditions such as heart disease, stroke, kidney disease, type 2 diabetes and certain types of dementia. With help and advice, you can then consider ways of reducing your risk and enjoying a better quality of life, such as:

- Maintaining a healthy weight
- Being physically active
- Eating a healthy and balanced diet
- Stopping smoking
- Cutting down on alcohol.

At his appointment, Mark finds out that he has high blood pressure and that his risk of stroke has increased. High blood pressure is referred to as hypertension and puts the body under strain and this raises an individual's risk for potentially lethal conditions such as heart disease, heart attacks, strokes, aneurysms and vascular dementia. The good news is that in most cases, high blood pressure can be reduced through being a healthy weight, eating a healthy diet, being physically active, stopping smoking, getting enough sleep and reducing alcohol and caffeine intake.

Mark and his GP have a chat about his current lifestyle, and Mark explains that he does enjoy a drink each evening and struggles to find the time to exercise. Between them they come up with a personalised plan of action and series of health goals for Mark, the first is to cut down his alcohol intake. Mark decides to reduce his two glasses of wine a night to one glass and in addition decides to have three nights without alcohol during the week. This breaks Mark's daily habit of alcohol consumption at the point the children go to bed and gives his liver a break from processing alcohol.

The second goal is to increase his levels of physical activity. Mark is referred into the Livewell service where he speaks to an advisor about his

	Fertility rate per 1,000 female pop aged 15-44	Emergency hospital admissions for stroke (SAR)	Emergency hospital admissions for heart attack (SAR)	Incidence of prostate cancer (SIR)	Incidence of lung cancer (SIR)
Allestree	54	94	102	94	45
Arboretum	90	147	212	70	124

high blood pressure and lack of physical activity. He is encouraged to restart jogging, an activity he was fond of as a teenager.

Mark has begun going for a jog three mornings a week before the children have woken up. He has downloaded the NHS app 'Couch to 5k' and is currently on week 3. The podcasts take him through a five minute walking warm up and cycles of running and walking.

Mark's third goal is to address his diet. He has now started prioritising eating more healthy and has started eating breakfast at home and preparing a healthy packed lunch for work. This means that he is no longer hungry when he finishes work making him reach for quick-fix snacks or indulging in heavy and unhealthy dinners.

All of Mark's efforts result in the reduction of his blood pressure and he can now fit back into clothes he wore on honeymoon with Laura a few years ago!

At the same time, Gurdeep in Arboretum is being helped to stop smoking because he wants his newborn baby son Surinder to grow up in a smoke-free home and family. Gurdeep has recently adopted other healthy lifestyle changes since his father's ill health and surgery. Gurdeep now eats a diet that is low in saturated fat, sugar and salt, and is mindful to eat his 5-a-day. He is also active several times a week, including going to a local football club in his area for a kick around after work on Tuesdays. As Gurdeep is a smoker, he struggles to run a lot. Smoking has been the one part of his lifestyle that Gurdeep wants to change the most but has also been the most challenging. Gurdeep previously tried to quit smoking as a New Year Resolution and on specific milestones (e.g. when Pia found out she was expecting) but has been unable to manage it by himself.

There are lots of chemicals in cigarettes, one of which is nicotine. Nicotine is highly addictive and although many smokers may wish to quit smoking, it can be very difficult to stop. Gurdeep tried to stop smoking in the past by going 'cold turkey' but this is the least effective method of quitting smoking so it is not surprising that he began smoking again.

4.2.2 'Healthier Lives'

In order to live healthier lives, Mark and Laura think about what changes they can make to their diet. They adopt the habit of sitting down together each week to write a weekly meal plan for the family. The British Heart Foundation (BHF), as well as many other charities and organisations, provide advice on healthy eating on a budget and how to make the healthiest choices. In one example, the BHF provides a week's food shopping list and recipes for two adults at the cost of £21 each.

4.2.3 Sexual health

Taking care of your sexual health really matters!

Jaspreet and her fiancé Sam attended their local sexual health service together early in their relationship to rule out any sexually transmitted infections - although they felt well and had no symptoms they had both been in sexual relationships before dating one another. They also had no immediate plans for children so wanted to discuss contraception options.

Jaspreet and Sam were seen in a drop-in morning clinic, where they provided urine and swab samples and quickly learned that their results indicated a clean bill of health. The nurse provided the couple with condoms and Jaspreet booked in to have an IUD (intrauterine device) fitted, which is commonly called 'a coil'. The IUD is a T-shaped, long lasting, contraception device that is inserted into the womb and is highly effective at preventing pregnancy.

In the same week, Jaspreet also attended her GP Practice for a smear test. At 25 years old, she had recently received her first invitation for cervical screening. Jaspreet received her results through the post a few weeks after and found out that her results were normal.

4.3 Screening

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. In England, there are 11 screening programmes including screening in pregnancy, types of cancer screening, diabetic eye screening, aortic aneurysm screening and newborn screening. Jaspreet's mum, Ranjeet, has received an invitation this year for NHS breast screening. This particular programme is offered to women between the ages of 50 and 70, once every three years.

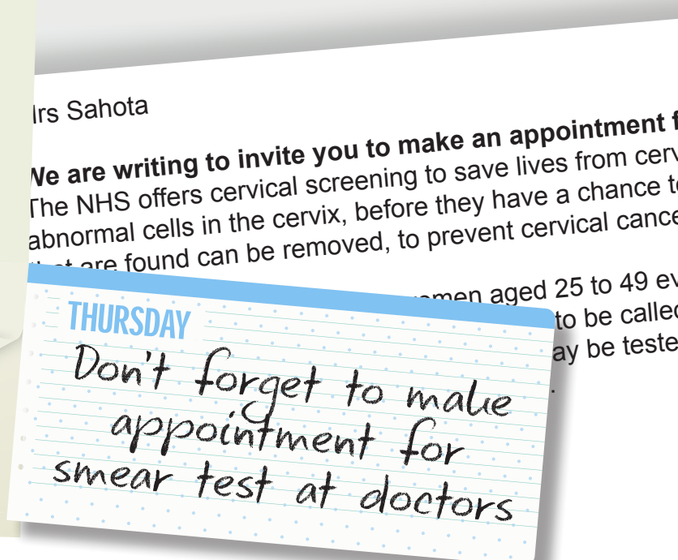
In the UK, someone, somewhere, is diagnosed with cancer every couple of minutes. The rate of new cancers being diagnosed is increasing, but fortunately our treatment and survival rates are improving. Screening services enable the early detection of cancer so that an early diagnosis can be made and the treatments are more likely to be successful. Fortunately, 43% of cancers are preventable. One-third of cancers alone are caused by smoking, poor diet, harmful levels of alcohol consumption and obesity.

In the case of breast cancer, around 27% of cases are preventable. Excess weight and physical inactivity, certain occupational exposures and little/no breastfeeding are some of the lifestyle factors associated with this particular cancer.

Unfortunately, 23% of Derby's female population do not attend screening. However, Ranjeet attends as she did three years ago and her breast screening appointment is quick and pain free.

Sexual Health Service

Derby's Integrated Sexual Health Service is based at London Road Community Hospital. It is open 8:30am to 8pm Monday to Friday and a short clinic is provided on Saturday 10am to 2pm for people to either attend by walk-ins or appointments. The service is free, confidential and provided by specialist sexual health professionals and includes sexually transmitted infections (STI) testing, treatment, contraception, advice, pregnancy testing and termination referrals.



NHS breast screening
Helping you decide

NHS

Let's be clear. Bowel cancer screening

MONDAY
Ranjeet's breast screening appointment @ 4.30pm Derby Royal

Over in Derwent, Mark's Dad Norman has received a bowel cancer home testing kit through the post. Norman hasn't done one of these home testing kits before but finds the instructions easy enough to follow so takes part in the screening. This is good news for Norman but there are many people aged 60-74 years old who do not participate in bowel screening in Derby. Of those who are eligible for bowel cancer screening, only **57%** are screened. Fortunately, Norman is given peace of mind two weeks later when he receives a normal test result through the post.

It's really encouraging that both Norman and Ranjeet have participated in screening because it is known that screening participation varies across Derby city with people from more deprived backgrounds being less likely to use this service and benefit from early disease detection. Equal participation in screening from all groups within the city will contribute to reducing health inequalities.

4.4 Access to services

Surinder is now managing his diabetes and heart disease through regularly attending GP practice appointments, screening, as well as using local services and speaking with his pharmacist for advice. Managing his long-term health problems in the community means that he is less likely to require emergency treatment through A&E attendance and will be preventing further ill health that would require long-stays in hospital.

The Sahota family's response to Surinder's ill health event is an example of how family networks are a protective factor to our health. It is a reminder that communities work at their best when people can manage their health, supported by local services as needed. This can also ensure that the NHS is able to use resources differently to function at its' best, providing hospital care to those most in need.

A&E attendance in England increased by 5.2% in 2016 compared to 2015 – this means that 3,216 more people arrived at A&E every day in 2016 (House of Commons, 2017).

Screening Services

A number of screening services are available to residents of Derby. Screening offers the opportunity to examine healthy individuals who may be at an increased risk of disease and detect any illnesses early on before symptoms present.

The **abdominal aortic aneurysm screening** programme is provided by the NHS to men aged 65 years and above. The aim of the service is to reduce aneurysm-related mortality. Men attending the screening have a stomach ultrasound scan and are informed of their results at the time of the test. At the moment, four in five Derby men eligible for abdominal aortic aneurysm screening use the service.

British Heart Foundation

Men and women aged between 60 and 74 years are invited to participate in the **bowel cancer screening** programme every couple of years. Identified individuals receive a home faecal occult blood sampling kit through the post to self-complete and return for laboratory testing. Any abnormal tests result in a follow invite for a colonoscopy. Currently, 58% of Derby people offered bowel cancer screening take part which shows that many more people could engage with this service in the future.

BOWEL CANCER UK

Women aged between 50 and 70 years old and registered with a Derby general practitioner (GP) are invited to attend **breast screening** every three years. Three in four women in Derby attend breast screening.

Cervical screening aims to detect abnormalities of the cervix through the laboratory examination of a sample of cervix cells. GP registered women aged 25 to 49 years old will receive an invitation every 3 years (women aged 50 to 64 years will receive an invite every 5 years), to attend cervical screening. 75% of women regularly attend cervical screening in Derby.

CANCER RESEARCH UK

All teenagers and adults with diabetes are eligible for **diabetic eye screening** because screening is able to pick up early eye changes and allow for preventions to be put in place to stop eye sight loss.

DIABETES UK
CARE. CONNECT. CAMPAIGN.

There are a few antenatal and newborn screening programmes. As part of antenatal care, pregnant women are offered **ultrasound scan** programme which is designed to detect conditions such as cleft lip, spina bifida, anencephaly, gastrochisis, etc. through ultra scans. There is a combined test which involves a blood sample and ultrasound scan. This **screening test is for the syndromes Down's, Edwards' and Patau's.** There is another blood test for these syndromes that can be conducted in later weeks. Pregnant women are offered a blood test to test for infectious diseases (hepatitis B, HIV, syphilis).

There is the **newborn and infant physical examination screening** programme for babies and this involves checks of the heart, hips, eyes, testes. Babies can have the newborn blood spot heel screening test which screens for nine rare but serious conditions. Babies are also eligible for the **newborn hearing screening** programme at 4 to 5 weeks old. The test aims to identify any incidences of moderate, severe and profound deafness and hearing impairment at the beginning of a child's life.

Yoga classes @ Derby Arena 12.15pm

4.5 Employment health & wellbeing

Almost all of our adults in both the Sahota and Stanley families work full-time, which means that they spend a lot of their waking hours at work. Working generally is good for your health and wellbeing and returning to work from unemployment results in significant health improvements and increases self esteem. In addition, there are many health benefits for those with on-going health conditions such as helping people recover from sickness and reducing the risk of long-term incapacity. The individuals in our two families vary their approaches to work and how they support their own health.

Sunita knows that it is important to eat well in order to feel well. Therefore, she always takes a homemade lunch to work with her that contains salad or vegetables, some carbohydrates, protein and a piece of fruit. She stays hydrated, and avoids headaches, by drinking plenty of water during her work day.

Harbinder has a high pressured job in sales that involves long hours which got on top of him a few years back meaning that he had to take time out to focus on his mental health and wellbeing and received support from a mental health nurse. Now Harbinder practices mindfulness and goes to a yoga class two lunchtimes a week which relieves stress and helps him to practice a work-life balance.

Santokh experienced redundancy at the start of the year and in recent weeks has begun working in an office. His workplace supports and encourages employees to have a healthy lifestyle. Santokh is aware of his sedentary lifestyle at work; he travels to work by car and sits behind a desk for eight hours a day, so he has participated in his workplace health activities. Santokh gets himself outside at lunchtime to go for a walk and takes part in any workplace team health challenges such as the British Health Foundation Pedometer Challenge.

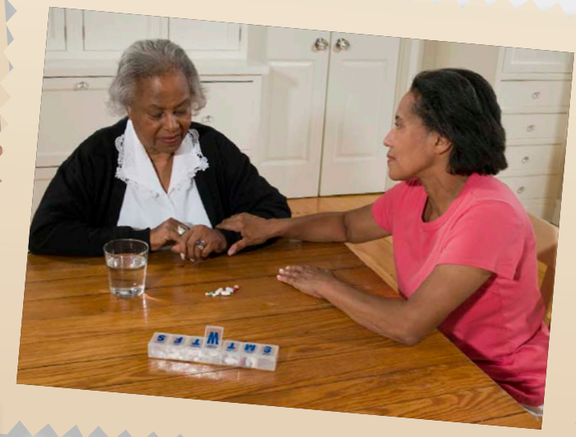
Santokh is feeling positive in his current workplace and secure in his permanent role. Previously he has, like many thousands of people in England, been part of the gig economy. The gig economy relates to short-term projects or freelance work, and can even be as short as work which provides single food deliveries and taxi journeys. Although different to zero-hour-contracts, the gig economy shares similarities of which the negatives include fewer employment rights, work security and company benefits, in addition to exclusion from paid sick and holiday leave. The lack of security can mean that people are in work one day and out of work the next, with devastating repercussions for individuals and families. As a result the gig economy can risk increasing inequalities for some people.

4.6 Reducing living well inequalities

Our two families have made significant improvements in their health and wellbeing during the last few months and their hard work and commitment has paid off. In particular, they have focused on increasing their physical activity, reducing alcohol intake, eating a healthy and balanced 5-a-day diet, losing excess weight, and stopping harmful habits such as smoking. They have also used services such as Livewell and screening programmes. Health conditions that were deteriorating or out of control are now well managed and warning signs of ill health have been heeded and addressed.

Even though the statistics show that various health conditions vary by different areas of the city, our families have put themselves in control of their health. They do not want to become an ill-health statistic so have taken it upon themselves to try to have a happy and healthy future and delay ill-health for as long as possible. Our families know that many chronic health diseases are preventable. Therefore, they recognise that their continued hard work at healthy living will pay off in their older years.

Our two families have achieved so much despite the changing service climate since the 2007-2008 global financial crash. Ten years on, many health improvement services have been closed, reduced or restructured in order to save public money and to provide better value for money. The services emerging in the wake of the financial crash are operating at a restricted level and this means that the public sector is finding it increasingly difficult to manage demand. This requires us all, individuals, communities, public and private sector, to take responsibility.

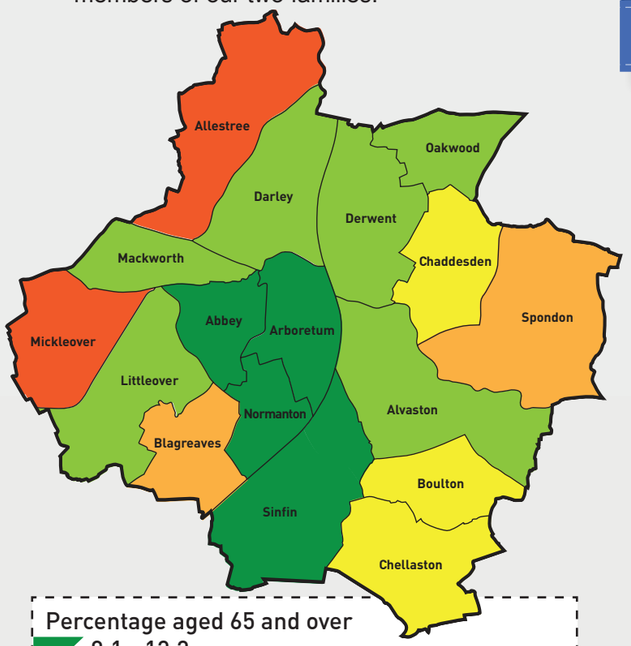


Carers provide unpaid care to family members or friends who cannot manage without support due to physical or mental illness, disability or addiction. Caring can be positive and rewarding but it can also negatively impact on various aspects of carer's lives – financially, health and wellbeing, availability to get out and about, working and learning. There is support available to carers which are signposted by Derby City Council.

AGEING

The proportion of the population aged 65 and over is growing. People are living longer than ever before and the 'Baby Boomers' born after World War Two are reaching retirement age.

There are an estimated 40,806 people aged 65 years and over living in Derby. The majority of older people live outside of the city centre in wards such as Allestree, Mickleover and Spondon. This chapter focuses on the experiences of Julie, Norman, Surinder and Ranjeet - the older members of our two families.



5.1 Long-term conditions

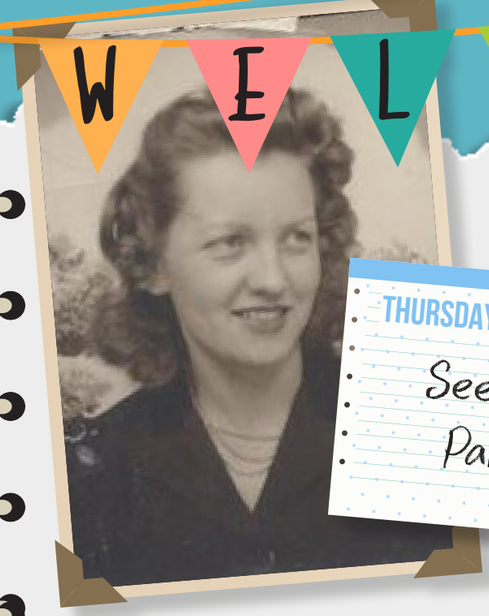
Laura regularly visits her mother Julie in the nursing home. Julie has been living in a nursing home since becoming a widow three years ago.

Julie has lived with chronic obstructive pulmonary disease (COPD) for a number of years which has limited her movement. In recent years she has relied upon oxygen therapy during the day. Her late husband John had managed their home, shopped and cooked, and assisted her around the house.

Julie became a heavy smoker from her early twenties, when smoking was popular and 'cool and sophisticated'. When two of her school friends died of lung cancer before retirement and their grandchildren were born, Julie vowed to stop smoking and successfully quit with the help of Stop Smoking Services. She thought she had been left with a lingering smokers cough that left her susceptible to frequent chest infections, but one day she was rushed to her doctor with breathlessness. Julie's GP suspected she had COPD and after another consultation and tests, diagnosed her with the condition.

	Male Life expectancy (years)	Female Life expectancy (years)	Deaths from all causes, under 75 yrs (SMR)	Deaths from heart disease, under 75 yrs (SMR)	Deaths from respiratory disease (SMR)
Allestree	83	88	66	62	67
Arboretum	73	79	176	211	167

WELL



THURSDAY

See Mum at 10am, Parli Care Home

COPD arises when the air sacs in the lungs are damaged or the airways are inflamed and narrowed. This causes the person to have breathing issues. The damage is permanent, but treatment can try to slow this down. The main cause of COPD is smoking.

Julie has adjusted to living in a nursing home and enjoys visits from Laura and Mark and the grandchildren. She hasn't seen Jake and Martha very much in the last year because they have had various coughs, colds, and infections. Laura has kept them away to avoid making her mum unwell. Today, all five of the Stanleys have visited. Julie adores cuddling baby Ruby and listening to Jake animatedly talk about what he has been doing at primary school and his new friends in class.

Laura notices that her mum is more often referring to Jake as "James" (which is Julie's son's name - James lives in Australia), and she has called Martha "Laura" several times that day. Julie has muddled up names before, so Laura does think too much of it. But as the family leave the care home, the manager has a quiet word with Laura. He tells her that her mum has had a few memory and communication problems which the care assistants felt were out of character. The manager asks if he can mention the specific instances to Julie's doctor when she visits to review her COPD condition and treatment next week.

5.1.1 Incontinence

Although rarely spoken about, many people have long-term urinary and bowel control issues which

Incontinence

clinically effective and cost effecti

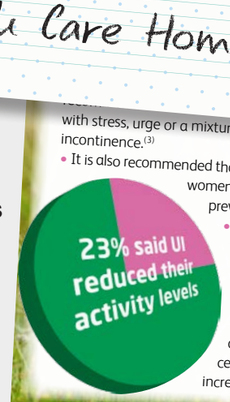
What is Urinary Incontinence?

Urinary Incontinence (UI) is 'the complaint of any involuntary loss of urine'. The most common form is stress UI, which is loss of urine on effort or physical exertion (e.g. sporting activities) or on coughing or sneezing.[2]

UI is distressing and socially disruptive. It may be the cause of personal health and hygiene problems. It may restrict nities.[3] ation and erstood nen delay t or shame. hildbirth or reatment

muscles ethra) is women with stress, urge or a mixture of stress and urge urinary incontinence.[3]

- It is also recommended that it should also be offered to women in their first pregnancy as a preventive strategy for UI.
- Physiotherapists give advice[6], to women with UI, on key public health messages that improve lifestyle and wellbeing including; weight loss, reduction of caffeine / fluid intake, cessation of smoking and an increase in physical exercise.



The cost of Urinary Incontinen

- The high prevalence of UI res in a high overall cost of treat The annual cost to the NHS f community dwelling women i 2000 was estimated as **£233 million** with a further **£178 million** borne by indivi for self management. [1]

interfere with everyday life activities. In the UK, it is estimated that more than 3 million people aged 65 and over have urinary incontinence. Up until recently, Ranjeet has not talked to family and friends about the worsening trouble she has with bladder control and also has not sought help from health professionals.

After living in Derby all her adult life, Ranjeet has built up knowledge of local public toilet locations for when she is out and about, but finds herself feeling increasingly anxious at the thought of travelling to locations she is unfamiliar with. Her bladder control problems have started to control her life and this has made her feel unhappy. Ranjeet decides to mention the problem at her doctor's appointment, and is diagnosed with stress incontinence.

Ranjeet left her doctor's surgery feeling positive. She had found out that her condition is very common amongst women of her age, and that something can be done about it. In the first instance she was advised to try pelvic floor exercises to build strength in her muscles supporting her bladder. She was encouraged to keep a bladder diary, and informed that her current efforts towards losing weight may help her condition.

5.1.2 Multiple morbidities

Surinder, is managing his coronary heart disease and diabetes. Fortunately, his son Gurdeep has quit smoking, exercises regularly and has improved his diet significantly. Gurdeep is now no longer a borderline diabetic, and should have better health than his father Surinder when he is his age.

It is known that many physical and mental health conditions coexist resulting in multiple illnesses in individuals. Sadly, there is a poorer state of health in those with mental ill health. For instance, 39% of patients on the Severe Mental Illness (SMI) register are smokers, which is much higher than the national figure of **18%.** This will mean that a greater number of SMI patients will be at risk of smoking relating illnesses. This pattern is not only limited to people with SMI, it is also apparent for people with a diagnosis of mental health issues. In relative terms, for example, the prevalence of epilepsy in the Derby City and Derbyshire population with a diagnosis of mental ill health is seven times greater than in the population without a mental health issues.

5.2 Dementia

Dementia is a debilitating neurodegenerative syndrome that predominantly affects older people. Symptoms include deterioration in memory, reasoning and communication abilities, which impacts on a person's ability to conduct daily activities independently (Alzheimer's Society, 2007).

When Julie's doctor visited in the week, she didn't make any changes to the current COPD treatment. Before speaking with Julie, the care home manager had seen the doctor and mentioned her memory issues and comments received from the care staff. The doctor had a conversation with Julie about her memory, reasoning and communication abilities. Julie said she was aware that her recall was not as sharp as it had been whilst she worked as an office administrator. Through conversation and assessments the doctor established that Julie often lost her glasses and watch. She had difficulty remembering the daily routine of the nursing home and struggled to play board games with the other residents. The doctor concluded that Julie has the early symptoms of dementia. She offered reassurance about the condition and signposted her to the help that is available.

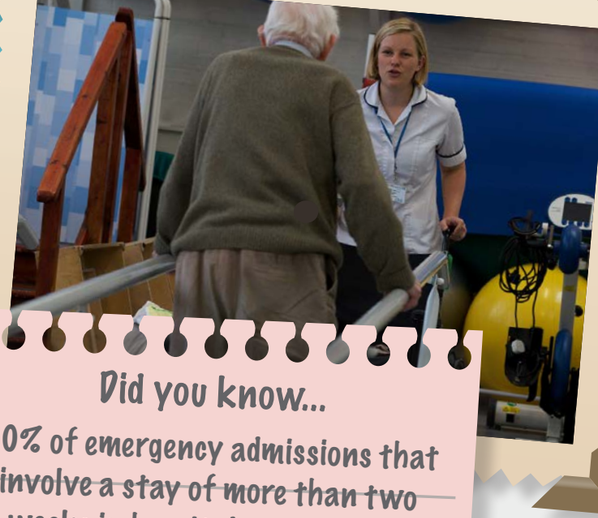
Julie is in her 80s, and at this age dementia is common in women, so she needn't feel alone with the condition. For instance, 20.2% of women aged 85-89 years old have late-onset dementia compared to 1.8% of women aged 65-69 years old (Alzheimer's Society, 2014). In Derby, **5.12%** of the population aged 65 and over have diagnosed dementia. This is higher than the England prevalence of **4.31%.**

5.3 Injuries in later life

Older people, particularly those with long-term health conditions, are at a greater risk of falls. These events can have serious consequences such as broken hips, a long stay in hospital and the possibility of long-term admission into care. Norman recently fell at home, but fortunately he had no serious injuries. Norman knows that he is lucky, especially after the experience of his neighbour Dorothy.

Short term care at home

In Derby, older adults who have been in hospital or risk a hospital admission could receive free assistance from the Home First Service provided by Derby City Council. The support can help individuals with personal care, mobility and meal preparation, and the aim of the service is to enable individuals to regain their confidence, independence and wellbeing.



Did you know...

80% of emergency admissions that involve a stay of more than two weeks in hospital are amongst patients aged 65 and over.

Last year, Norman's neighbour Dorothy fell at home when she got out of the bath and fractured her hip. Alone and in agony, she called out for help. Fortunately, her next door neighbour heard her and called an ambulance. Dorothy was admitted to hospital and underwent surgery; she was then transferred to a ward to begin a rehabilitation programme.

Dorothy spent several weeks recovering following surgery and concentrated on improving her mobility. She missed living at home and worried about her pets even though neighbours had kindly drawn up a rota to look after them.

Falls are a serious problem for older people. In Derby, there are 2,175 per 100,000 injuries due to falls in people aged 65 and over. Many falls occur in the home environment, and some can be prevented through exercise, physical activity, and environmental modifications (such as reducing potential fall hazards and the installation of aids such as hand rails). Dorothy and Norman have both benefitted from free help from the Home First Service. Norman also attended the falls clinic at the Specialist Assessment and Rehabilitation Centre (SpARC) in London Road Community Hospital to understand why he is unsteady on his feet.

5.4 Loneliness and isolation

Norman is determined to live independently in his own home and this desire was re-evaluated following his fall. Norman's family suspect that his difficulty in hearing and poor eye-sight contributed to his fall. They have encouraged him to buy a new pair of prescription glasses and to talk to the doctor about ways he might be able to improve his hearing.

Norman's fall earlier in the year knocked his confidence, and he became reluctant to leave the house. This led to him having a low mood, and little energy to make an effort at home with day to day activities. He felt lonely not seeing or speaking to people each day.

Loneliness and isolation is common and impacts upon a person's physical and mental health.

	Older people in deprivation (%)	Pensioners living alone (%)	Population whose ethnicity is not 'White UK' (%)	Fuel poverty (%)	General health - bad or very bad (%)
Allestree	6	30	7	7	4
Arboretum	52	39	67	20	8

A couple of months after the fall, Norman went into Derby to have an eye test to get new glasses. He also saw his doctor who believed he had noise-induced hearing loss from the years working as a welder with heavy machinery without wearing the workplace provided ear protectors. Norman tried using a discrete hearing aid, and used his new glasses. Although reluctant to take advice from family initially, Norman was now feeling much more positive, and was back out walking around the shops with a walking stick and seeing people he knew each day. His daily interactions with friends and locals improved his low mood and he no longer had those feelings of isolation.

Norman's brief experience of loneliness and isolation led him to consider ways he could prevent the situation reoccurring in the future. He has heard that his local Chaddesden Centre runs a Thursday lunch club and has contacted the centre to attend.

Talking Points

The idea behind Talking Points is to make social care more accessible. Instead of going through a lengthy formal assessment straight away, social workers come out to Derby communities for a simple face-to-face chat with residents who may need support.

5.5 Social care

Norman has contacted the Derby City Council Adult Social Care department for local information about meals provided. He now experiences difficulty with preparing meals at home and recognises that he would eat a more balanced diet by having cooked meals delivered five days a week. Staff at Adult Social Care assist Norman with booking home delivered hot meals.

Norman found talking with Adult Social Care helpful, and this has opened up the idea of getting some home help. He organises a Talking Points appointment and meets with a social care worker in Derwent for a chat about his support options. Norman identifies that having someone work in his home would help him with laundry and to stay on top of the cleaning. He knows that his local social care worker will be able to help him with advice and information should he wish to hire a personal assistant.

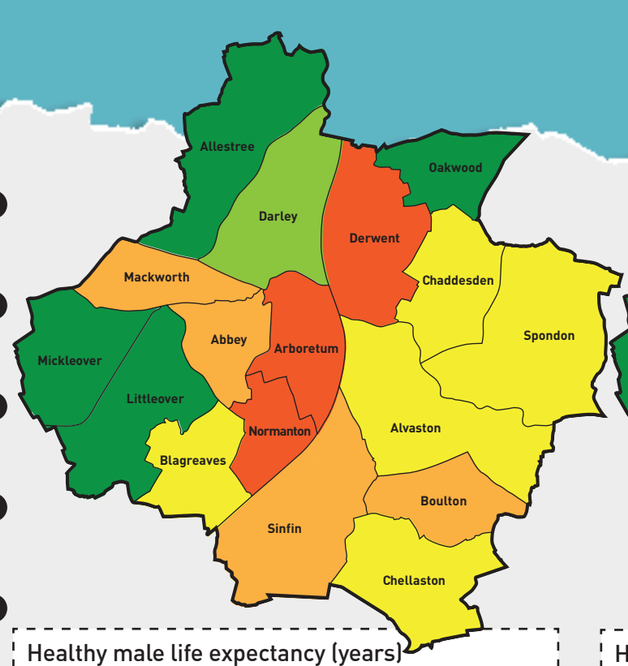
5.6 Life expectancy

Life expectancy is generally into lower in Derby than the England average, with people in Derby having a life expectancy that is almost a year shorter than the national life expectancy of 79.3 years for males and 83.0 years for females.

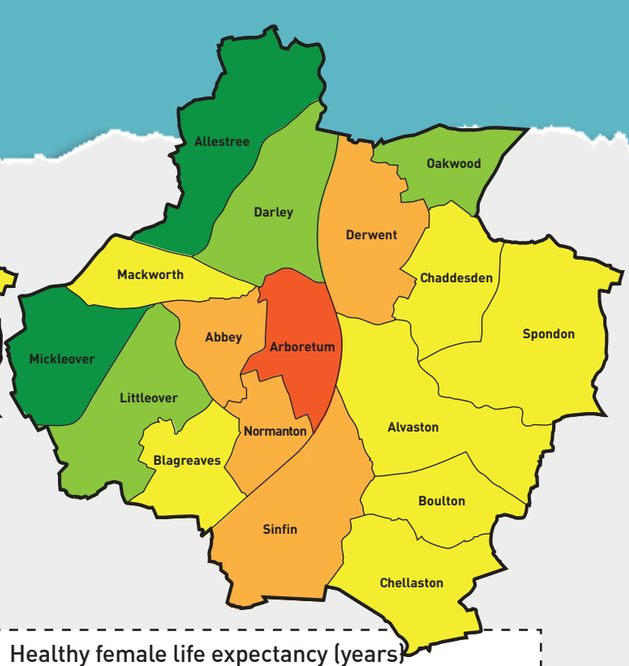
Healthy life expectancy is poor in Derby. This means that on average people in the city live for twenty years in poor health before death. Ranjeet and Surinder have spoken with their adult children about the importance of caring for their health in adulthood in order to live in good health in their twilight years.

Day centre services

Social and therapeutic activities can be provided for older people at day centres. In Derby there is the Morleston Street Day Centre located in close proximity to Derby train station. The facilities include day care, transportation, meals, activities for the mind and body.



Healthy male life expectancy (years)
- 51.8 - 55.8
- 55.9 - 59.7
- 59.8 - 63.6
- 63.7 - 67.5
- 67.6+



Healthy female life expectancy (years)
- 50.0 - 54.4
- 54.5 - 58.9
- 59.0 - 63.4
- 63.5 - 67.9
- 68.0+

5.7 Environmental health

The built environment covers homes, schools, places of work, public recreation grounds, roads, etc. Since our physical and mental health is interlinked with the built environment, the importance of sustainable communities should not be under-estimated.

5.7.1 Healthy Housing Hub

There is a large and growing evidence base demonstrating the association between poor housing and poor health, particularly in vulnerable groups such as the older people. Derby City Council's Healthy Housing Hub (HHH) works to reduce the risk of harm posed by poor housing, and works to prevent home accidents.

Mark's dad Norman lives on his own in Derwent Ward. He has a renewed determination for living independently in his own home despite his recent fall, and to support this his GP has suggested that he would benefit from a home visit from one of the HHH Project Officers. Upon visiting, the Officer assessed the risks in the property and agreed to not only install stair and grab rails, but also to repair the boiler, which was faulty.

"I'm really glad the Healthy Housing Team were able to help me. My self-confidence has had a real boost and I'm still living independently in my own home, exactly where I want to be."

A real service user

MONDAY

Meeting with Yaz from Adult Social Care at 10am

5.7.2 Local Area Coordination

Derby City Council first introduced Local Area Coordination (LAC) in 2012 in two of the city's Wards. The aim was to support residents in the local community to 'get a life, not a service', empowering individuals to find community-based support. LAC now have several staff spread across Derby, and the service has recently proved useful for Ranjeet. Ranjeet contacted LAC for some one-off advice about the activities and groups occurring in her local community, and she began attending a weekly group where she enjoyed socialising with other women of a similar age.

5.8 Living spaces, living streets

5.8.1 Green spaces

Ranjeet and Surinder regularly go to their local Arboretum park so that their grandchildren can be outside and active – using the playground facilities and walking around. On the other side of Derby, mum Laura has started a weekly class called 'buggybabes', where parents do an hour of exercise in their local park, pushing their children in prams with other parents. Regular exercise in local parks is a great way to get outdoors in green spaces, which is good for the health of both the mind and body.

With that being said, only a small proportion of people use outdoor space for exercise or health reasons. Despite Derby having a lot of green space and parkland, it has been estimated that only 12% of the population visited the natural environment for health or exercise reasons over the previous seven days. This falls short of the estimated proportion of 18% nationally. Unfortunately, the health benefits of outdoor space utilisation are well evidenced but not practised by the majority of the population.

The Stanleys have made a family promise to go walking in the Peak District together once a month. The Peak District is one of ten National Parks in England, and these cover 10% of the English landscape. Like half of the population of England, the Stanleys' nearest National Park is within an hour's travel of their home. National Parks are free to access and open every day of the year, which makes this a fantastic local resource to the people of Derby to access for their emotional, physical and mental health.

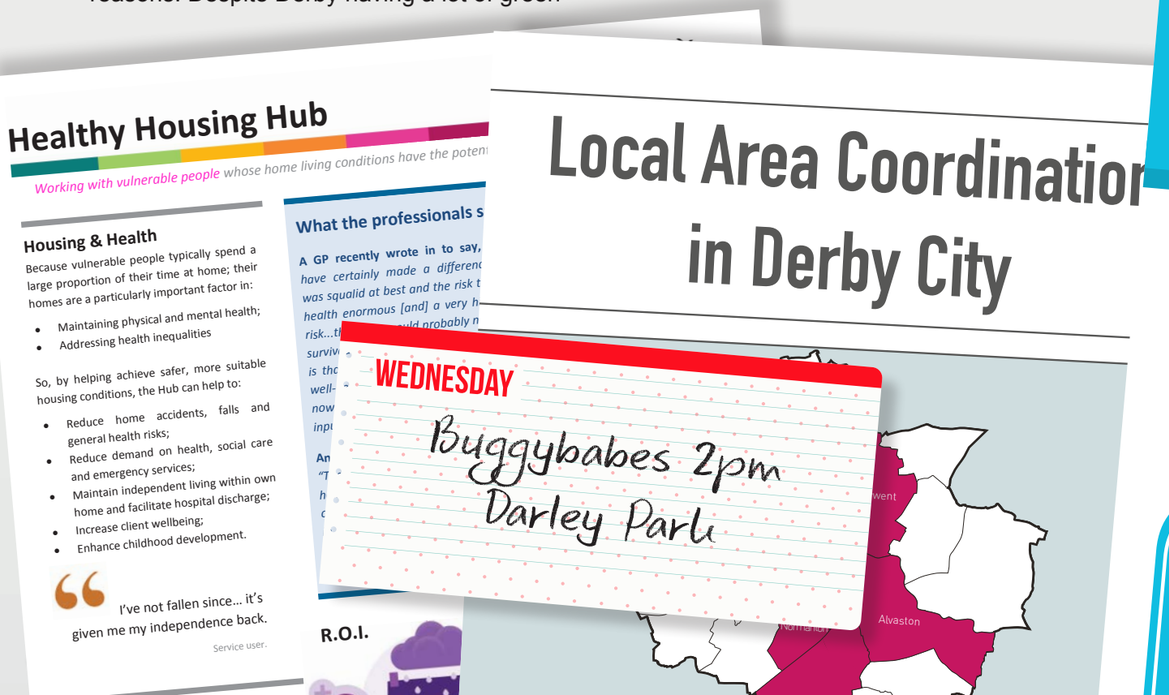
The NHS has the 10,000 steps challenge where the aim is to walk 10,000 steps a day. Surinder has a pedometer which he has been using since the day he left hospital. Initially, he only managed about 3,000 steps a day (roughly 30 minutes walking). Yet over the course of his recovery he has successfully built up to walking 10,000 steps a day, and his wife Ranjeet often joins him. When Surinder walks on his own he listens to downloaded podcasts and music to keep him entertained, and the time passes quickly.

5.9 Ageing well inequalities

The elders in our families have recently experienced a wide range of health conditions such as COPD from smoking, incontinence, dementia, heart disease, injuries from falls and low mood from loneliness.

Ranjeet, Surinder, Julie and Norman have experienced common health conditions related to older age and are now actively managing their conditions. They have addressed these conditions through accessing local services such as Livewell, GP advice, community care, Home First Service, the SpARC falls clinic, day centres, social care, Healthy Housing Hub, Local Area Coordination, NHS information and accessing charity advice.

"There are also many opportunities for those of us in this age group to continuously help ourselves, if we decide to. The choices we make every day will have an impact on how we age. Those of us who are Baby Boomers can embrace these opportunities to be healthier, and get 'fit' for our own futures. By doing so we can improve our chances of a comfortable and enjoyable older age."
Prof Dame Sally Davies, Annual Report of the Chief Medical Officer 2015

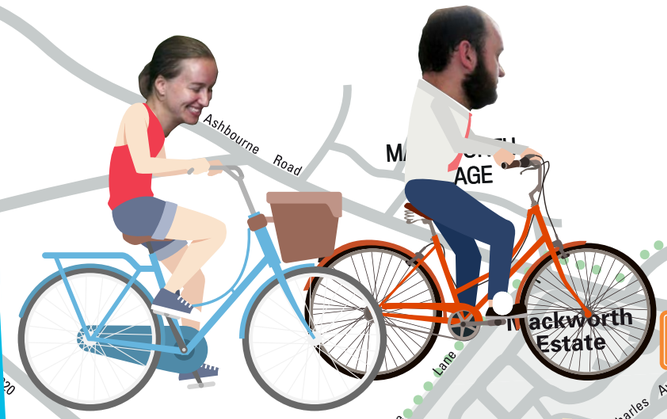


Talking Points

A face-to-face chat with social care

We offer a drop-in service with a social care worker who can chat with you about a variety of different support available for you.

Drop-in sessions at Village Community Medical Centre on the 1st and 3rd Tuesday of the



Norman has a fall

The Stanleys

Marli has a NHS health check

Surinder has a heart attack

Gurdeep receives stop smoking support

The Sahotas

Surinder attends retinopathy screening

The Social Mobility Commission published the 'State of the nation' fifth report (2017) which ranks all English local authorities by the social mobility prospects for people from disadvantaged backgrounds. The East Midlands is the lowest performing region for outcomes and Derby is the ninth worst (316th out of 324th) for social mobility in England. The 16 social mobility indicators cover the lifespan - early years, schools, youth, and working lives - of which Derby has a particularly low positioning for early years at rank 321 (fourth worst in England).

CONCLUSION

I hope you have enjoyed meeting the families and that the glimpse past the curtains of two Derby households has helped you see some of the common public health challenges they face, whether they live in an affluent suburb on the City fringe or within the more densely populated inner city area with older housing stock and less disposable income.

Both of our families have taken on the challenge and changed their lifestyles through personal motivation, family support, and by using community support and local services to help where necessary. Our families have stopped smoking, improved their diet, become more active, enjoyed our green spaces, reduced their alcohol consumption, lost weight, attended screening services, managed the challenge of chronic disease. They have done wonderfully! But let's remember they have taken care of themselves because they to a large extent lead happy, productive lives and want to continue to do so. There are others, however, where another cigarette and a super-sized pizza with chips are perhaps the only things that make life bearable.

Both the Sahota's and Stanley's have friends and neighbours who do not live such lives, who are unemployed, involved in the gig economy, who have scant resources. What both the Sahota's and Stanley's have is resilience bought about not by huge incomes in the Sahota's case, but by the social networks that protect them. And this reflects the choices they have made in our story.

I hope this story has given you insight into your lives and those around you and helped you consider what improvements you can make to your own health and wellbeing going forward. With the focus of this report being on our two families it has inevitably focused on their lifestyles and positive changes. It should be noted, however, that people's health is determined by a wide range of factors, particularly poverty and deprivation. To impact on health inequalities we cannot hold individuals responsible and must take action as a system to address these factors to provide a context and environment to support people to have good health and wellbeing.

Remember...
"The future depends on what you do today."
- Mahatma Gandhi

Here's to a healthy and happy future of the people of Derby!

LAST WORDS

Equally well..?

As I reflect on my years in the service of Public Health (and with the hope of many more despite my grave health problems currently); I am truly amazed at what has been achieved and dismayed at what has not. We can prevent and treat diseases formerly considered unpredictable death sentences. Yet many proven and simple strategies for preventing disease and life-limiting conditions sit on the shelves, gathering dust, while we do nothing. Sometimes, it appears our capability to prevent and treat disease seems to exceed our "collective" willingness to apply evidence-based interventions.

Health inequalities seem to be a case in point. There is obvious evidence that we can turn things around. But the "evidence base" is only one part of the picture, there is also a requirement to "organise" action and draw others into the cause. Clearly, some actions rest nationally, especially on many of the root causes of ill health such as poverty. But there is much work we can do locally such as improving service access for at-risk groups.

So if we know we can improve them, why do we sometimes seem to lack the drive to do so? Perhaps because it requires a different way of working across the whole health and care system.

I think one of the key strategies needed to address this issue effectively, is to maintain an active focus on this and have clear priorities for action, because inequalities are persistent and stubborn and without this clear focus they can slip away from you. I think the other huge problem is that it requires a collective focus and a real drive to work together to address these priorities across health and care organisations, across public, not-for-profit and private sectors, across disciplines and professions because parts of the answer lie in different sectors. Simply stated, it means we need to all own the problem and have "shared" accountability. I think this must be led by Councils and Health and Wellbeing Boards (HWBBBs), but we will not succeed unless it is shared in a meaningful way with the NHS via the Sustainability and Transformation Partnership (STP) or other vehicles for change.

Sadly without this, we will have huge difficulty in "closing the gap", between the "haves" and "have-nots" and health in the UK is neither equally distributed nor enjoyed.

Next Steps

I have spoken for the need for real collective action at local level to tackle health and social inequalities that seem almost endemic in our society. Leadership must rest with local government as their role in reducing avoidable health inequality between social groups is the most profound. Councils typically control the planning or delivery of such key social determinants as education, transport and spatial planning. But they cannot do this alone. My own view is that work should be progressed under the auspices of local HWBBB by a taskforce. This taskforce would have responsibility for measuring and understanding the problem and would develop an Equity Action Plan, which would be need to be translated into our local STP.

Here are some of the areas we need to promote to reduce health inequalities.

Whole-of-society approaches to drive integrated action to reduce inequalities

We have spoken of the need for collective action and accountability at local level in tackling health and social inequalities. Evidence suggests that better integrated approaches would impact more effectively on health inequalities. It might be sensible that Derby City Council employs Marmot as a platform to promote collective actions around health and wellbeing. Turning to vehicles for change outside the Council, it would be useful for Derby City Council to use its' influence within the local STP to ensure this becomes a cross-cutting theme across all of the current workstreams. This would integrate action more fully across the health and care system.

Within the STP, a number of us advocated the "industralising"[7] of prevention which not only frees up resources by limiting demand on more complex services but also may help in reducing health inequalities. However, to do this it is necessary for all STP workstreams, including prevention plans, demonstrate they are "as least as effective in groups with the worst health" so we do not "widen" the gap.

[7] Cate Edwynn, Alison Wynn: Something we spoke about in our invited paper on "industrialising prevention" at PHE Conference in September 2016 which demonstrated the economic benefits of prevention within our local footprint.

Health For All: Countering austerity[8] and other threats to health

Austerity and welfare reform in the UK have significantly affected local government funding and welfare support[9]. The result has been to hamper progress in reducing inequality and poverty by local councils[10]; led to poorer job prospects (particularly for younger people); decreased the number of households achieving a minimum income for healthy living; increased relative child poverty; and increased the levels of material deprivation. These factors impact negatively on health and wellbeing in the absence of strong social support systems and the most vulnerable groups have been unduly affected, so potentially increasing inequity.

> "Austerity is the central public health issue of our time. From A&E departments to mental health to child health, austerity hampers the ability of the NHS to respond to the needs of the British population... and austerity falls hardest on the poorest in society, the most vulnerable, the voiceless." Dr Yannis Gourtsoyannis, infectious disease registrar, University College, London Hospitals

Evidence and experience in other countries (such as Iceland, Sweden, Canada and Norway) suggests it is important to maintain public spending in key areas to improve health outcomes and reduce health inequalities namely social welfare and health and promotion of economic growth. This suggests a need to maintain spending in these areas despite reduced resources in the system as a whole. Although much of this action rests with national government, it also helps Derby City thinking in what might be their priorities beyond statutory duties. These areas include social protection systems (unemployment programmes, housing, income maintenance) which counter decreased welfare spending and public health services which includes lifestyle interventions but should reach into early help initiatives such as PAUSE.

To help our communities, it seems prudent to assess what we are currently doing and the likely impact on inequalities. A "health in all policies" approach to look at how current resources are used and impact on health and wellbeing outcomes and health inequalities might help decision makers in formulating policies and plans that do not widen health inequalities.

Good Places produce better health: putting people and places at the heart of health and wellbeing

The places in which we live are very important to us. There is a recognition that where we live, where we spend our time and who we live with, affects our health and wellbeing over and above our own individual circumstances.

Because of this, the interplay between place and person is vital to our wellbeing.

And by place, I mean the buildings, streets, public spaces and natural spaces that make up the physical environment of neighbourhoods.

And by person, I refer to the relationships, social contact and support networks surrounding us. We need to acknowledge that our "social" environment influences our health and recovery from illness as well as our likelihood of taking up and maintaining "unhealthy" behaviours.

[8] Austerity is defined as the process of reducing public spending principally through budgetary restrictions on departments and services.
[9] Local government budgets have decreased significantly between 2009-10 and 2014-15, with spending per person reduced by 23.4% on average. From: Innes D & Tetlow G (2015) Central cuts, local decision-making: changes in local government spending and revenues in England, 2009-10 to 2014-15. London: Institute for Fiscal Studies.
[10] Joseph Rowntree Foundation report (2015) noted that the ability of local councils in England and Scotland to influence health and well-being is limited as austerity is hitting councils in the poorest regions the hardest. From: Hastings A, Bailey N, Bramley G et al (2015) The cost of the cuts: the impact on local government and poorer communities. York: Joseph Rowntree Foundation.

"People who do not feel in control over their lives struggle because the system does things to them – it doesn't work with them and help them create 'wellness' for themselves ... when things happen that alienate people, they lose that sense of control and a whole range of biological, as well as psychological, things occur." Dr Harry Burns, Former CMO, Scotland

This people in places paradigm can either nurture us or contribute to our poor health. This depends upon how key factors come together. And this is an area dependent on our Councils. For we are speaking of how places are designed, how they evolve, how they are maintained on behalf of communities. But it is also about the strength of the social aspects of place and how engaged and involved communities are within the places they live in. Former Chief Medical Officer of Scotland, Harry Burns - who I confess is a hero of mine - compared mortality in Glasgow with that in Liverpool and Manchester - three cities with similar levels of poverty and inequality - and found Glasgow had higher premature mortality rates. The biggest relative excess in Glasgow was from drug overdose and poisonings, suicide, alcohol related causes and 'external' causes of death, all socially determined causes of early death.

These observations are not specific to Scotland. Studies elsewhere find clear relationships between turbulent early years and adult outcomes. The California Adverse Childhood Event study, for example, looked at nine types of childhood event and how they related to problems in adulthood such as alcoholism, drug abuse and domestic violence. None of these events were particularly damaging on their own, but the more of them an individual experienced, the more damaged their adult life was likely to be and the more likely they were to experience addiction, violence and mental health problems.

[11]Resilience is defined as the ability of a material to return to its original shape after being bent, stretched or compressed. In human terms it is about how people can cope with and recover from experiences that damage them which can include illness, stress, emotional trauma and social and cultural deprivation.

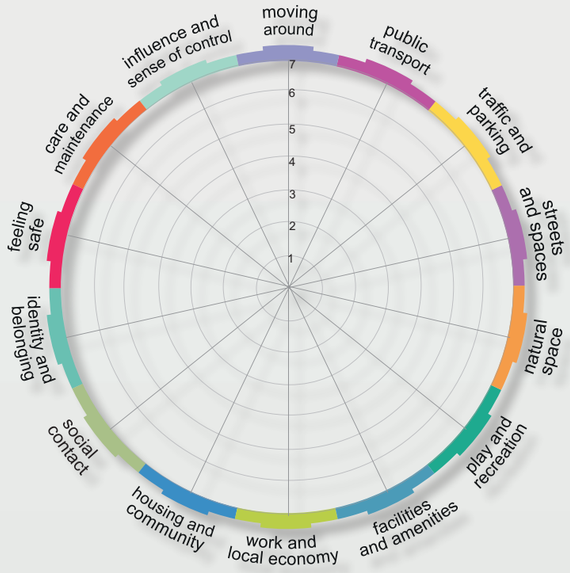
[12] It has just won a category at RTPI Awards for Planning Excellence which are the longest running and most high-profile awards in the industry.

Can we fix it? Yes, we can.

This type of damage can be tackled. This is the good news. Studies show that poorer communities and often very damaged individuals can take back control of their lives. The building of resilience[11] is key to this and something called social capital can be key to this. This suggests that when people trust and help one another, when one good turn deserves another and when a community feels like a community, not just a place where individuals live, people are enabled to be healthier, safer and happier, resilience is enhanced. Strangely both the fundamental causes and solutions to reducing health inequality lie both in places and communities in which we live.

So how do we tackle health destroying places? How do we improve them? And how do we decide which aspects are most important? One way is via an innovative Place Standard tool created by Architecture & Design, Scotland, which is designed for use in and with communities to increase the potential of both physical and social environments to support health and wellbeing and tackle inequalities.

This tool allows us to evaluate systematically what a "good place" means by thinking about the physical elements of a place (e.g. its buildings, spaces, and transport links) as well as the social aspects (e.g. whether people feel they have a say in decision making)[12]. A diagram to illustrate this model is located below.



Recommendations: addressing inequalities

This report has tried to consider health inequalities, and stressed the need to tackle the broad determinants of health, rather than drifting into lifestyle explanations. The recommendations set out below may help us impact more effectively.

1. Improved decision-making and commissioning - *decisions about services and provision should not increase health inequalities and should, ideally, reduce them. To help make sure that this happens, it is recommended that the Health and Wellbeing Board (HWBB) and its constituent members adopt 'health in all policies' to reduce inequalities and life-limiting conditions.*

2. Better use of resources *- the majority of our local spend on health and wellbeing is used to treat and support people when they are unwell. We could get a lot more 'health' for our money. To do this, we have to make sure we only have in place treatment and services that are evidenced to be effective. We also need to shift more resource to helping people to stay as well as they can be in the first place.*

3. Adopt 'whole of society' approaches *- all partners working in a seamless and co-ordinated way working to improve the health and wellbeing of the local population, in which we all have a role. We know that health care services are only part of what contributes to our health and wellbeing. Our income, education, employment, housing, for example, significantly impacts on our health and wellbeing – for good or bad. We must, therefore, consider individual and population health and wellbeing in the round.*

4. Becoming a Marmot city: *through being a Marmot city, Coventry, has seen the life expectancy gap between their poorest and most affluent residents reduce as well as improvements in: education; health outcomes; life satisfaction and employment. It is recommended that we consider what is required to become a Marmot City. This would involve the council and its partners adopting the Marmot principles, from the Marmot Review, Fair Society, Healthy Lives which aim to reduce inequality and improve health outcomes for all.*

5. Strategic leadership by the Health and Wellbeing Board (HWBB)*: ensuring that reducing inequalities is a priority for the city. The broad membership of the HWBB puts it in a unique position to drive forward the recommendations described above. To ensure that we focus our effort to tackle the health inequalities that have been embedded in the city for many years, the HWBB will need to hold to account its members and partnerships such as Joined Up Care Derbyshire in the delivery of these ambitions.*

Next year's report

The next DPH report, will take a more social model of health forward as well as focusing on various aspects of health inequalities and needs of vulnerable groups starting with the concept of "austerity and impact on health and wellbeing". The DPH report will take the form of a series of "bulletins" that will released over the period April 2018-March 2019.

Acknowledgements

I am so very appreciative to Leila Whiteley for leading this work, Laura Barker and Carla Wilson for their design expertise, and Andrew Muirhead and Alison Wynn for their review and support. I would also like to thank everyone - in the Public Health Department and the wider Derby City Council - for their contributions to this new DPH annual report.

Thank you everyone for the hard work and for welcoming me back, Cate x

GLOSSARY

Body Mass Index (BMI)

The body mass index is a measure that uses your height and weight to work out if your weight is healthy.

Cognitive Behavioural Therapy (CBT)

CBT is a talking therapy, commonly used to treat anxiety and depression, which aims to deal with overwhelming current problems in a positive way by breaking them down into smaller parts.

Demography

Characteristics of a population such as size, distribution and vital statistics.

Deprivation measures

Indicators which estimate the level of deprivation in a given area e.g. Index of Multiple Deprivation (IMD).

Director of Public Health

Directors of public health are responsible for determining the overall vision and objectives for public health in a local area.

Disadvantaged groups

Term applied to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other more fortunate groups in society.

Gastroenteritis

Vomiting and diarrhoea typically caused by a stomach bug or food poisoning.

Health and Wellbeing Boards (HWBB)

These were established under the Health and Social Care Act (2012) to act as a forum in which key leaders from the health and care system work.

Hypertension

High blood pressure increases risks of serious problems e.g. heart attacks.

Incidence

Incidence is the number of new events in a defined population, occurring within a specified period of time.

Inequalities

The differences between people or groups due to social, geographical, biological or other factors.

Life expectancy

The average number of years an individual of a given age is expected to live if current age-specific mortality rates continue to apply.

Lifestyle

Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions.

Long term condition

A long term condition is one that generally lasts a year or longer and impacts on a person's life. Also known as 'chronic conditions'.

Mental health

A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Mindfulness

An awareness of what is going on inside and outside ourselves in the present moment.

PAUSE

Organisation which works with women who have experienced, or are at risk of, repeat removals of children from their care.

Population

A group of people with a common link, such as the same medical condition or living in the same area or sharing the same characteristics.

Prevalence

The total number of individuals in a population with a specific disease at a particular point in time, usually expressed as a percentage of the population.

Prevention

Activities designed to reduce the instances of an illness in a population and reduce the risk of new cases appearing. Prevention also applies to those already with illness where the duration of time a condition is experienced is reduced, or harm is minimised.

Rate

Number of events occurring in a population over a period of time, often expressed as the number of events per 100,000 of the population.

Screening

Screening is the process of identifying healthy people who may be at increased risk of disease or condition.

Standardised Admission Ratio (SAR)

SAR is a summary estimate of admission rates relative to the national pattern of admissions and takes into account differences in a population's age, sex and socioeconomic deprivation.

Standardised Incidence Ratio (SIR)

Estimate of the occurrence of an event in a population relative to what might be expected if the population had the same experience as some larger comparison population designated as 'normal' or average or reference.

Standardised Mortality Ratio (SMR)

The ratio of the observed number cases in the study population to the expected number in the standard population.

Sustainability and Transformation Plans (STPs)

'Place-based plans' developed by NHS organisations and local authorities in England for future health and care services delivered locally.

Source: many terms directly extracted from Public Health Glossary on NHS Health Education England website.

We can give you this information in any other way, style or language that will help you access it. Please contact us on: 0800 0092117 Minicom: 01332 640666

Polish

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku.
Prosimy o kontakt: 0800 0092117 Tel. tekstowy: 01332 640666

Punjabi

ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ 0800 0092117 . ਮਿਨੀਕਮ 01332 640666 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Slovakian

Túto informáciu vám môžeme poskytnúť iným spôsobom, štýlom alebo v inom jazyku, ktorý vám pomôže k jej sprístupneniu. Skontaktujte nás prosím na tel.č: 0800 0092117 **Minicom** 01332 640666

Urdu

یہ معلومات ہم آپ کو کسی دیگر ایسے طریقے، انداز اور زبان میں مہیا کر سکتے ہیں جو اس تک رسائی میں آپ کی مدد کرے۔ براہ کرم 0800 0092117 منی کام 01332 640666 پر ہم سے رابطہ کریں۔

Derby City Council

The Council House Corporation Street Derby DE1 2FS

/derbycc @derbycc www.derby.gov.uk