

Derbyshire County Council

Cabinet

5th August 2014

Report of the Director of Public Health

**A fairer, healthier Derbyshire
(Health and Communities)**

1. Purpose of the report:

To inform Cabinet of the production of the first Public Health Annual Report "*A fairer, healthier Derbyshire*" following the transfer of responsibilities for public health to the county council in April 2013 and to consider the recommendations in the report for implementation.

2. Information and analysis:

Background

The Health & Social Care Act 2012 created a duty for the Director of Public Health to write an annual report on the health of the local population. The County Council has a duty to publish the report. The content and structure of the report is for local determination so gives freedom for the Director to tailor the report to align with local issues and priorities.

The Joint Strategic Needs Assessment identifies a wide range of areas that impact on the health of the population including poverty, worklessness, fuel poverty and child poverty. The Derbyshire Partnership has identified tackling poverty as a priority and a task group has been set up to strengthen the joint approach. The County Council Plan 2013-2015 has health and work as two key themes for action. This creates an ideal background to focus on reducing the impacts of low income in relation to improving health and providing a positive narrative about what would work to strengthen local responses.

Content of *A fairer, healthier Derbyshire*

This Public Health Annual Report considers the health dimensions of poverty under four thematic areas:-

- Improving financial inclusion

- Reducing child poverty
- The importance of the economy and work
- Reducing the impact of cold weather

Each section provides the context around the health issues with national and local data to enrich understanding of what this means for local people. The impacts on diverse communities and vulnerable populations are detailed, as far as practicable, to highlight the differential impacts that are being experienced and to create an understanding of the health inequalities inherent across these four areas.

The interventions that are likely to make a difference are then explored to inform the recommendations for action. The latest local position is provided to reflect the collaborative effort of a wide range of people and organisations who are working together to respond to the needs they have identified. Local examples of good practice are described to highlight some of the excellent joint working that is already in place.

The final area in each section has specific recommendations, across a range of partners, about how they could make a material contribution to these important factors for the health and wellbeing of local people. There is a particular emphasis on reducing the gap in health inequalities through targeted approaches across the county and for different groups of people. All of the recommendations are summarised on page 40.

This Report also provides a summary of progress, on page 43, against the recommendations made in the last Report in 2013.

Distribution

It is proposed to provide access to the Report to a wide range of partners and people. A limited number will be printed but electronic copies will be made widely available. The report will be presented by public health staff to key Boards and Groups across the county. Agreement will be sought to include:-

- The Derbyshire Health & Wellbeing Board
- The Derbyshire Children's Trust Board
- The Adult Care Board
- The Derbyshire Economic Partnership
- The five CCG Boards
- The Local Area Committees
- The Locality Partnerships and Health Partnerships in districts and boroughs

3. Other considerations:

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, property and transport considerations.

4. Background papers:

Derbyshire Public Health Annual Report 2013

5. Key Decision:

No

6. Call-in:

Is it required that call-in be waived for any decision on this report?
No

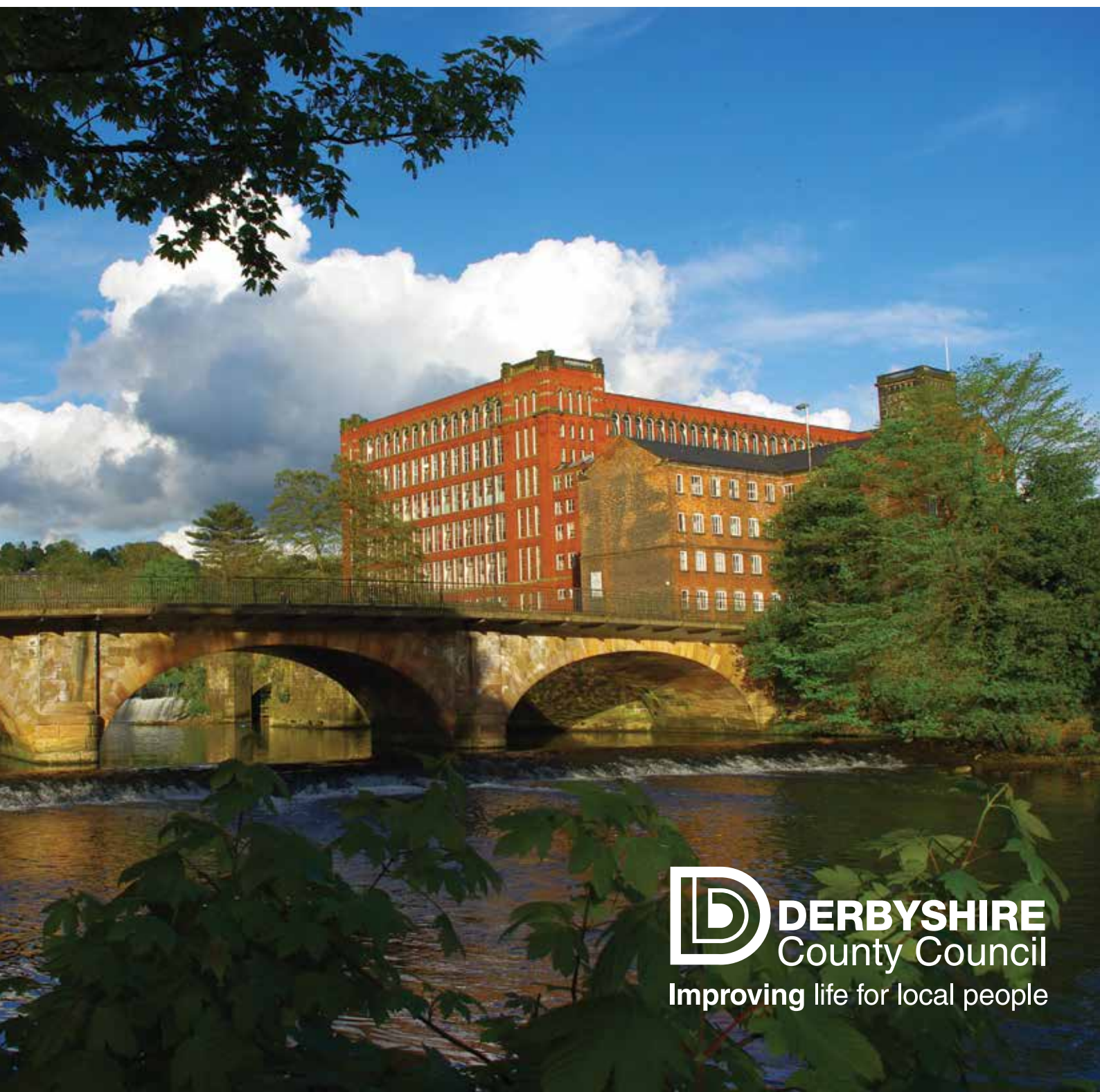
7. Officer's recommendation:

That the recommendations in the Director of Public Health Annual Report are endorsed and supported with partners.

Elaine Michel
Director of Public Health

A fairer, healthier Derbyshire

Derbyshire Director of Public Health Annual Report 2014





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Letter to Anne Western, leader of Derbyshire County Council

Dear Councillor Western,

I am delighted to publish this, my first Annual Report, as Director of Public Health for Derbyshire. My role as a public health consultant at the heart of the council gives me an opportunity to assess the health and wellbeing of local people and see where we might do better.

Derbyshire has developed excellent initiatives and strong systems to improve health and wellbeing, working in partnership with a wide range of stakeholders. However this is a difficult time as the economic downturn is making life hard for many people, and that may take a toll on their health. There are no quick fixes for that and its shadow may be long.

In this report I portray health not as something separate, but as the foundation for a full and enjoyable life. What makes people healthy is much the same as what makes them happy – having a satisfying role in life with prospects, feeling mentally and physically fit, and living in a decent community and a society where people of all ages and backgrounds have a fair chance in life.


Every area is facing similar issues and we need to share ideas and problems with others and learn together. My own experience suggests that there are ideas elsewhere that we can pick up and apply in Derbyshire.

Throughout this report I will discuss what could improve or harm health now and in the future with a specific focus on the impacts of the wider economic issues that make so much difference to people's opportunities for a satisfying life. I will also stress the importance of encouraging the whole of society to work together to improve people's lives, and how we can better engage the public and those who provide services in joining together in a way that can work in everyone's interest.

This report is focused on evidence and opportunities. The report examines the links between health and the economy, a complex area but one potentially containing untapped benefits. Each chapter includes recommendations, which I will return to in future Annual Reports.

I provide some suggestions about how we can push faster for real improvements in the health and wellbeing of all, with a specific focus on tackling health inequalities.

Yours sincerely



Elaine Michel

Director of Public Health
Derbyshire County

Improving financial inclusion

CONTEXT

In Derbyshire we want everyone to have access to appropriate financial services and products so they can manage their money effectively. People also need to have adequate knowledge, skills, confidence and motivation to manage money well. This is what we call financial inclusion. A dual approach, targeting both access to services and money management skills is required to tackle the converse problem: Financial Exclusion.

There is strong evidence to show that poverty and financial exclusion impair physical and mental health and wellbeing and reduce life expectancy. There are also strong links between financial exclusion and poor mental health, family breakdown, re-offending, social exclusion, homelessness and employment opportunities. One particularly distressing example is that of suicide rates which rose with the onset of austerity and now remain higher than before the economic downturn in 2007.

Financial exclusion costs money, with individuals paying more for everyday transactions: without a bank account it costs more to cash a cheque, pay a bill or pay for goods and services, particularly high cost items such as energy. Credit availability is limited and very expensive and individuals often resort to high cost lenders to borrow money.

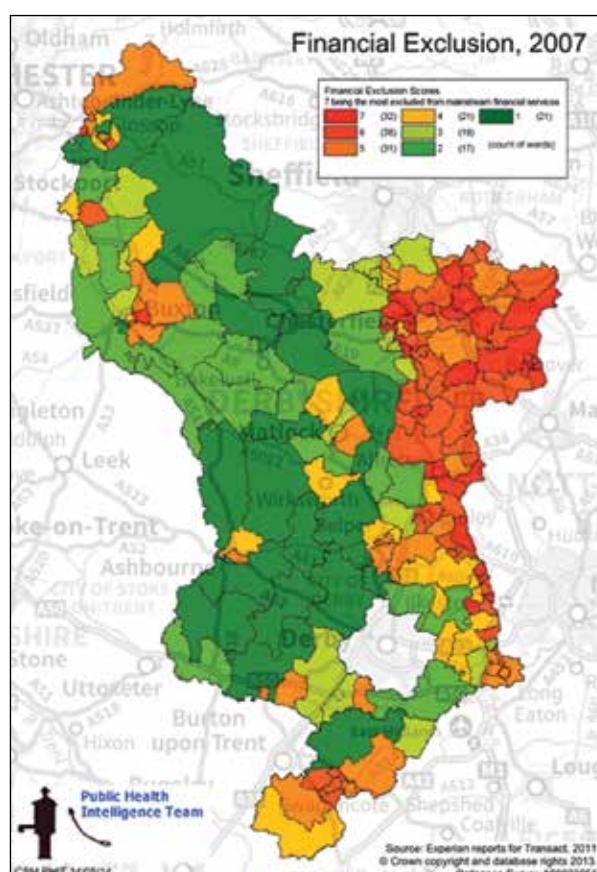
The following statistics provide a snapshot of some key indicators of financial exclusion in the UK:

- 11% of low income households have no bank account.
- Outstanding personal debt stood at £1.44 trillion at the end of February 2014 –
a significant proportion of this is likely to be unmanageable debt.
- Average household debt in the UK (excluding mortgages) was £6,018 in February 2014.
- 52% of people are struggling to pay their bills.
- 30% of UK households have no savings at all.
- One property is repossessed every 18 minutes.
- Redundancy can often be the final straw; tipping people who were coping financially, into financial exclusion. An average of 1,282 people were made redundant every day between November 2013 and January 2014.
- Every day 266 people are declared insolvent or bankrupt.
- Citizens Advice Bureaux deal with more than 7,000 debt problems each day.
- 200,000 people living in rural areas in the UK do not have a bank account and have only limited access to services that help people deal with financial exclusion.
- Oxfam estimates that recent welfare reforms have pushed 1.75 million of the UK's poorest households deeper into poverty.

DERBYSHIRE FACTS AND FIGURES

- There are an estimated 100,000 financially excluded people in Derbyshire.
- Derbyshire Citizens Advice Bureaux are seeing a huge rise in demand for benefits and debt advice stretching their ability to cope. In the last three years debt and benefit related enquiries have increased by 25%.
- There are now 22 food banks in Derbyshire all of which report an increasing need for emergency food parcels.

- Derbyshire County Council estimates that £112m of means tested benefits goes unclaimed in Derbyshire each year.
- Sheffield Hallam University estimates that welfare reforms will remove £219m a year from the Derbyshire economy.



WHAT CAN HELP?

Interventions that are likely to make the most difference are those which build individual and community resilience, thus increasing the ability to cope with uncertainty and to recover successfully from unpredictable and traumatic events. A partnership approach is essential as no single agency can resolve the complexities of financial inclusion alone.

Income maximisation

The living wage is a carefully calculated wage designed to provide employees with a minimum standard of living. Currently it is set at £7.65 per hour (£8.80 in London), compared to the minimum wage of £6.31 per hour. Currently some 4.8 million people (20% of the working population) work for less than the living wage. The living wage is good for employers, reducing absenteeism by 25% and good for employees, for example, 75% report increases in work quality as a result of receiving the living wage. It is also realistic and achievable: Derbyshire County Council is one of over 100 local authorities that have a living wage policy already. The public health argument in support of the living wage is clear:

Professor Kate Pickett, Professor of Epidemiology at the University of York, describes paying the living wage as “the single best action that I believe local authorities can take to reduce health inequalities”.

Tackle under-claiming of benefits

Low uptake of benefits is important as it leaves those not claiming their entitlement in greater poverty than they need to be, with greater level of hardship and potentially greater risk to health. Low uptake is a particular problem where the benefit in question is a means-tested one.

Research suggests that the most common reasons for non-uptake include lack of awareness of entitlement, previous (bad) experience of claiming, complexity of the tax and benefits system and stigma associated with means testing.

Increasing uptake of benefits not only helps individuals, but also supports local communities. Evidence from the New Economics Foundation demonstrates the positive impact on local economies of benefit take-up campaigns as poorer people have a greater tendency to spend their income within their own areas.

Interventions that are successful at improving uptake of benefits include: specialist welfare benefits advisors helping people to apply for their benefits and supporting appeals if their claims are initially rejected; Citizens Advice Bureau provision on the high street and in settings where people who need advice tend to go, such as GP surgeries and Children's Centres; and free, confidential telephone helplines such as Derbyshire County Council's Benefits Helpline tel: 0845 120 2985. Easy access to self-help advice websites such as Citizens Advice <http://www.adviceguide.org.uk/> and National Debtline <https://www.nationaldebtline.org/EW/Pages/default.aspx> are a good resource for people who have access to and the skills to use the internet.

Money management

Improving basic numeracy and literacy skills is imperative. There is a direct correlation between low level numeracy skills and financial exclusion. Around half of all adults in the UK have numeracy skills no better than those expected of an 11 year old. Recent reports have found that numeracy is a bigger determinant of future life chances and disadvantage than literacy. More than a quarter of working age adults in Derbyshire have no qualifications at all. This is higher than the England average of 23%.



Access to services

Many things can improve access to financial services: banks promoting their basic bank accounts, increasing the number of free ATMs (cash machines), especially in disadvantaged and rural areas and utility companies extending discounts to people on prepayment cards. Many credit unions offer 'jam jar' accounts which allow people to set up direct debits to help them to manage their budgets.

ASSETS AND CURRENT WORK

Promoting financial inclusion

Promoting financial inclusion is a priority of many agencies in Derbyshire, demonstrated by the 55 partners of Financial Action and Advice Derbyshire, the County's financial inclusion partnership. The partnership is implementing a strategy to promote financial inclusion: FAAD Strategic Action Plan.

Examples of current actions to promote financial inclusion include:

- Ensuring people are receiving tax credits and benefit entitlements through the County Council Welfare Rights team and local advice agencies. http://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/money_and_legal_matters/welfare_benefits/default.asp

- Provision of debt advice by the Citizens Advice Bureau, including sessions in most of Derbyshire's GP surgeries and in all Derbyshire's Children's Centres. <http://www.adviceguide.org.uk/?gclid=CN7Y3O3UqL4CFQQOwwodDaYAtA>
- Supporting the expansion of credit unions in Derbyshire to increase their capacity to make instant loans to provide an ethical and safe alternative to pay day lenders and loan sharks. http://www.derbyshire.gov.uk/community/consumer_advice/payday_lenders/alternatives_to_payday_loans/default.asp
- Tackling loan sharks – promoting the work of the Illegal Money Lending Unit by raising awareness and campaigning to encourage reporting of illegal moneylending. <https://www.gov.uk/report-loan-shark>



Credit unions are a community alternative to high street lenders or payday loans.

Sue* (32) from Brampton, turned to Chesterfield and North East Derbyshire Credit Union when her chronically ill husband stopped receiving sickness benefits.

The couple supported their family of five for 13 years on his salary working as a maintenance and repair operative.

But he had to give up his job when he started to collapse unexpectedly at work and the couple had to rely on benefits to clothe and feed their children.

When he was invited to attend a work capability assessment at the job centre the couple expected to receive a letter informing them of the results of his medical.

Sue said: "We didn't know his benefits had been stopped until I went to the bank to pay some bills and there was no money in the account. The Job Centre said they wrote to us but we didn't receive the letter.

"We quickly got into arrears with bills and started to receive threatening letters from debt collectors.

"Just before Christmas the bailiffs turned up at our door demanding payment and I had to give them everything I'd put away for the children's presents on top of what I could borrow from friends.

"I called up the Credit Union as a last resort and was really pleased they managed to see me within days.

"They were so supportive and didn't just want to discuss money. When I talked about what was happening I just burst into tears. But they gave me a cup of tea, a box of tissues and even a hug."

They told me about their family loans that I could pay back gradually with family allowance. I was so pleased that I didn't have to go to a payday lender and get into even more trouble.

"I borrowed £500 and am paying back £10 a week, which is affordable."

**Name changed to protect identity.*

“ I was so pleased I didn't have to go to a payday lender. ”

Wealth, Health and Wellbeing Project

This project takes an outreach approach in deprived neighbourhoods. Selecting a community of 100–150 households, it involves three steps over three weeks. On week one a leaflet is posted through all the doors asking questions that may indicate an issue related to financial exclusion, e.g. are you in debt, do you need help finding employment, do you need affordable credit, can you afford to heat your home, would you like help to improve your health and do you have children?

During the second week workers knock on doors asking if residents need help with any of these issues and if so, appointments are made for the following week.

On week three staff arrive on the outreach bus to provide advice to those with appointments. Residents can choose to be seen on the bus or in their homes.

On average, 40% of households respond to the leaflet and 50% of respondents benefit from at least one of the services on offer.

Sara* and Pete* a married couple, both of whom work, earn a joint income of £12,000. They have a mortgage to pay as well as other living costs so their finances are tight. Sara was worried about the cost of her energy bill. She didn't know how she was going to pay it and thought that she would have to take out a pay day loan. During the door knocking stage of the project she was relieved to find out that she could make an appointment with somebody who specialised in affordable warmth that would come to her house and talk through her options. The first issue was that Sara and Pete had never read their meter as they didn't know how, so had been over paying for many years unknowingly. The second issue was their lack of confidence to ring up the utility company; they also didn't know they could ask to be put on a lower tariff. The affordable warmth advisor rang the company on their behalf and succeeded in moving them to a cheaper tariff which would save £325 over the year. They also had problems paying their council tax and were in arrears with these so were helped to make an appointment with the Citizens Advice Bureau worker to help them address these.

**Names changed to protect identity.*

“ On average, 40% of households respond to the leaflet and 50% of respondents benefit from at least one of the services on offer. ”

Financial Capability

Money management skills are an important aspect of financial inclusion. However, 54% of people say they do not budget, 25% of people aged over 55 do not understand their bank statements and 18 million people regularly run out of money before pay day. Below are some examples of how we are developing financial capability in Derbyshire:

- Financial inclusion awareness sessions have been promoted via VCS and public sector networks. They are offered to front line workers and volunteers who come into contact with members of the public and help them understand issues related to financial exclusion. This enables them to signpost service users requiring help to agencies such as Citizens Advice Bureaux, Derbyshire County Council's Welfare Benefits Team, Council Housing teams and food banks.
- Schools are being supported to deliver financial capability training to children, with lesson plans, resources and free training for teachers available to primary schools.
- Adult education in Derbyshire has a focus on basic numeracy and literacy skills supported by other skills training to help people become 'work ready'.
- Money management skills training for vulnerable adults which covers issues such as how to set a household budget, interpreting bank statements, understanding the true cost of loans by calculating annual percentage rates (APRs) and where to find help with debt problems.

RECOMMENDATIONS

1. Make Derbyshire a 'Living Wage' economy. All major public sector employers to consider applying for accreditation with the Living Wage Foundation (<http://www.livingwage.org.uk/how-become-living-wage-employer>). Their example should be followed by private and voluntary sector employers where feasible.
2. Invest additional resources to support a multi-agency approach to ensure that more people receive their full benefit entitlement, aiming for an additional £10m of benefit take up.
3. Continue to invest in money management skills through adult education, schools, community groups and geographical communities at greatest risk of financial exclusion.
 - Target; anyone who enrolls on a work related training programme, every child in year six and year 11, anyone receiving advice on debt, benefits or taking out a loan from a credit union.
 - Target; geographical communities identified through mapping by using creative techniques to encourage community engagement.
4. Treble the percentage of the population who are members of credit unions in Derbyshire from the current 6,123 (less than 1%) to 18,000 over the next three years by:
 - providing financial support to credit unions in Derbyshire to expand the areas where they have a presence.
 - Derbyshire County Council encouraging its staff to join local credit unions and to make regular savings through payroll deduction.
 - Derbyshire County Council maintaining the ban on payday lenders being accessed through its public computers in libraries and continuing to instead provide information about local credit unions as an alternative.

Reducing child poverty

CONTEXT

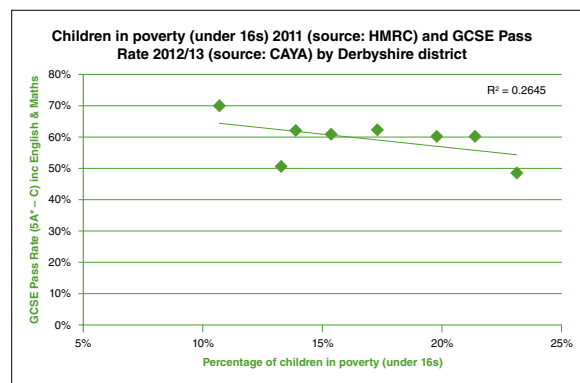
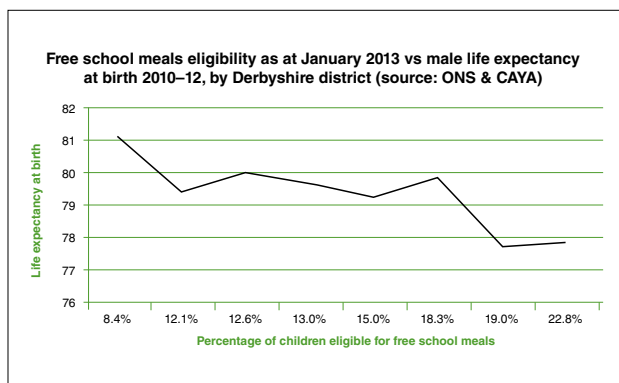
The UK has one of the worst rates of child poverty in the industrialised world. There are 3.5 million children living in poverty in the UK today.

Poverty blights childhood, with children living in poverty experiencing cold, hunger, missing out on activities and holidays. It also has a serious impact on health.

The definition of poverty is a household living on an income less than 60% of the national average. More than half of poor households are in work but do not have enough resources to meet their needs; 66% of children growing up in poverty live in working households.

Children who experience persistent poverty are more likely to have emotional and behavioural problems than their contemporaries living above the poverty line. For under-fives these experiences have a lasting impact on their wellbeing throughout life and older children recognise the difference between themselves and their peers and their wellbeing suffers as a result.

Children living in poverty are more likely to adopt unhealthy behaviours and to be obese; to suffer from diabetes, asthma, poor dental health; to develop mental ill-health and cancer and experience a lower life expectancy. In deprived households both infant and maternal mortality is higher, there is a greater rate of postnatal depression and breastfeeding rates are lower.



Poverty and poor health is a self-perpetuating cycle: poverty causes poor health, and poor health causes poverty. Children living in poverty often have lower educational attainment than their peers: by the age of three, poorer children are estimated to be, on average, nine months behind children from more wealthy backgrounds and by 16, children receiving free school meals achieve one point seven grades lower at GCSE. The resultant impact on job opportunities and future earnings ensures that poverty passes from generation to generation, with poor children four times more likely to be poor adults.

Whilst the current rate in Derbyshire is less than that in the UK (17% compared with 27%) that does mean that nearly 23,000 children under the age of 16 live in poverty.

Estimates suggest that current government policies could lead to an extra 600,000 children living in poverty by 2015/16, compared with 2012/13; rising to 4.7 million by 2020.

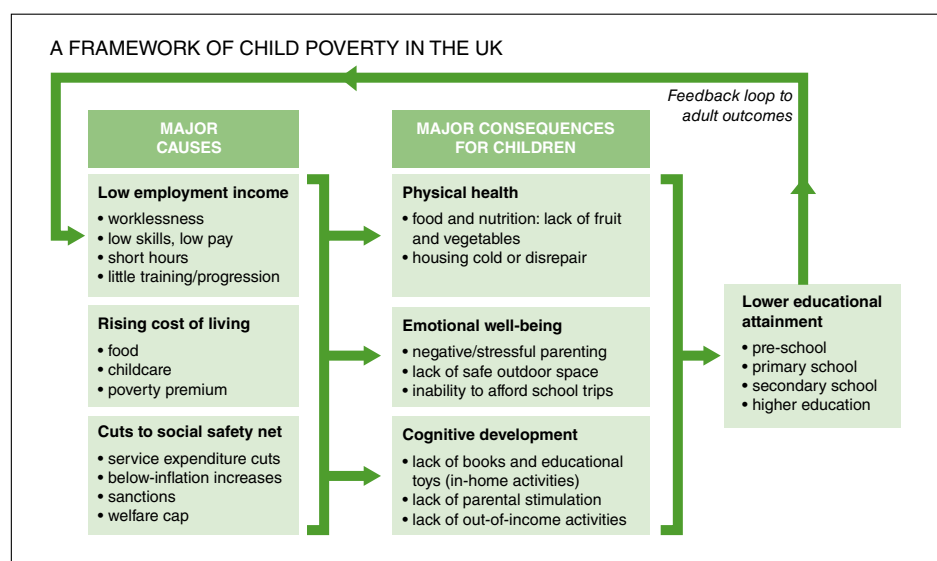


Diagram courtesy of Save the Children, *A Fair Start for Every Child*. www.savethechildren.org.uk/sites/default/files/images/A_Fair_Start_for_Every_Child.pdf

WHAT CAN HELP?

Evidence suggests that it is not just getting adults into work that will reduce child poverty but also looking at reducing the cost of living and essential items, improving insecure, low paid and low skilled jobs and improving the quality of childcare.

These approaches fall into three main categories: –

Helping the family to come out of poverty

Evidence shows that instead of career progression with a resultant increase in wages, people in low paid, low skilled, insecure jobs dip in and out of employment on consistently low wages. Whilst cost-of-living increases, their wages do not. Improving insecure, low paid and low skilled jobs that do not lead onto better jobs helps to reduce child poverty directly and improves future job prospects for children thus reducing the chance of them continuing in the cycle of poverty.

Increases in the levels of working lone parents and benefits paid to families contributed to a dramatic reduction between 1998/9 and 2011/12 when around 1.1 million children were lifted out of poverty.

Mitigating the current effects of poverty

Children who are living in poverty can experience more physical and mental health problems than their peers; often as the result of not being able to afford a healthy diet or access to physical activity and the pressure of realising they do not have the same opportunities as friends not living in poverty. Addressing this can prevent health problems both current and in the future. This can be through initiatives such as free school meals, subsidised or free school uniform and free childcare places.

Preventing children in poverty becoming adults in poverty

Improving the quality of free childcare not only allows parents to work, it also allows children living in poverty to access support around learning, raising aspirations and early detection of any problems that may prevent educational achievement. Accessing free early education helps the most vulnerable children to be ready and able to learn once they start school.

ASSETS AND CURRENT WORK

Work needs to be done on a national and local level to support pre-school and school age children living in poverty.

Early Years

Breastfeeding support for mothers throughout Derbyshire can improve the health of babies and can reduce the risk of obesity, Type II diabetes and a range of infections. It also has significant benefits for the mother including financial benefits. Formula milk can cost up to £540 for the first year, plus there is the cost of feeding equipment, breastmilk is free!

Teenage parents are more susceptible to postnatal depression and to living in poverty. The Family Nurse Partnership is an intensive support programme to help teenage parents through the antenatal period, up to the child's second birthday supporting the family and preventing problems developing. Outcomes include increased breastfeeding rates, higher employment rates and lower safeguarding incidents.

Derbyshire's Children's Centres can direct parents to get support with housing, benefit entitlements and debt issues. They have links with the Citizen's Advice Bureau, credit unions, Job Centre Plus and The Law Centre. They work with parents to help maximise their income by offering training and volunteering opportunities to improve job prospects. Work is done with parents to reduce substance or alcohol misuse so that any income is directed to supporting their children. Children's Centres also offer support to access food banks, crisis monies, the Derbyshire Discretionary Fund (http://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/money_and_legal_matters/managing_money/derbyshire_discretionary_fund/default.asp), goods, fruit and vegetable cooperatives, free nursery provision, affordable warmth schemes and children's activities.

The Derbyshire 'Every Child a Talker' (ECAT) and the new 'Every Child a Mover' (ECAM) programmes are targeted to accelerate educational progress of the most vulnerable children, actively assessing their developmental level and putting in strategies to support them.

<http://webarchive.nationalarchives.gov.uk/20110809091832/http://teachingandlearningresources.org.uk/collection/12796>

1,696 children in Derbyshire are currently eligible to receive 15 hours of free early education (increasing to 3,200 from September 2014). There is currently 75% uptake although in some of the most deprived areas this is as low as 31%, further creating inequalities in accessing early support.

The Early Years Quality Improvement Service works with 282 early years settings including independent schools, pre-schools, nurseries, full day-care settings, Children's Centres, child-minders, playgroups, out of school clubs on a day-care site and stand-alone out of school provision. They work with providers to ensure children at risk of developmental delay are identified at the earliest opportunity and appropriate interventions put in place.

School Age Children

In September 2014 universal free school meals will be implemented for every pupil in reception, year one and year two. This will allow children to have a free, nutritionally balanced hot meal. As it will ease family budgets it may enable older siblings to also have a hot lunch. It is hoped it will reduce some of the stigma that can exist around free school meals and increase uptake in those at greatest need. http://www.derbyshire.gov.uk/education/schools/your_child_at_school/meals/default.asp



A breakfast club pilot across Derbyshire offers children in schools with the largest percentage of free school meals, a nutritious breakfast alongside informative, fun activities. Breakfast clubs help academic achievement with improved attainment, attendance, punctuality, concentration and behaviour.

The Raising Aspirations programme works to combat the perception in some children that working life will at best mean an unskilled role with a low wage. It provides initiatives for children and their families to discover more about the world of work and the opportunities available to them. The programme offers targeted work alongside universal initiatives.

Example of two letters from pupils at a primary school thanking Derbyshire County Council for providing a Breakfast Club:

I want to thank you for providing us with breakfast in the morning. We are also writing to say thank you and that we enjoy our breakfast.

Breakfast has helped us to work confidently and kept us awake during lesson time. Our favourite breakfasts are: sausage cob and rice crispies. These breakfasts are so delicious and we can't wait for next week. My least favourite breakfasts are: brioche and flapjack. We are also looking forward for having different breakfasts besides the breakfast we eat in a morning.

We are extremely thankful for the appetizing breakfasts we eat in a morning. We would like to hear from you with a reply.

*Yours sincerely
Lisa, Chris and Beth*

We are writing because we want to say a big, big thank you for all the wonderful breakfasts you have provided us every morning! We all appreciate it very much.

Giving us breakfast has helped us to be healthier, most of us are on time and give us lots of energy during the morning. On Monday, we have brioche, Tuesday, hot dog, Wednesday, flapjack, Thursday, toast and Friday, cereal. We can have Corn Flakes or Rice Krispies and we all sit around a table and have a nice chat.

We just want say another huge thank you and would love it if you came to our school and even ate some breakfast with us and see how much you've helped us.

*Yours sincerely
Isobel, Tim, Martha and Paul*

There are a range of parenting programmes across Derbyshire which aim to alleviate the stress of day to day parenting and impact on those with more complex needs. This can be particularly useful for parents in poverty who have additional stresses which can affect relationships with their children.

Three health projects offer support to homeless young people who need health advice, information about budgeting, benefits and employment advice. They support some of the most vulnerable young people and give them information and skills to prevent them living in poverty in the future or to currently move out of it. Multi-agency teams also provide families and young people with food vouchers, support to access debt counselling and hardship funds.

Uni-fi is an initiative that seeks to radically transform the relationship between Derbyshire County Council and the children in its care, with the aim of improving their life chances. An endowment for children in care is currently being trialled. This provides a financial budget to support each young person enabling them to make choices and increase opportunities to achieve their potential and realise their ambitions. Uni-fi seeks to counter both the financial and other disadvantages that can be associated with growing up in care.

Teatime for Boys

The Young Persons Health Project in Clay Cross set up 'Teatime for Boys' to support young men living in homes affected by poverty. After looking at school attendance, anti-social behaviour and health needs, a Friday evening group was set up aiming to spend a significant amount of time with approximately eight young men aged 12 to 13 years. Every Friday the young men are warmly welcomed and led in some relaxation activity. As a team they decide what they would like to eat, shopping for ingredients, making the food and then sitting together to eat. Whilst eating the young men and youth workers can talk about the past week – any issues with home, school, friends or concerns. Any food left over can be taken back to their family (including jointly made birthday cakes) establishing an important connection with home. Teatime for Boys outcomes include improving self-worth, team working, cookery skills, healthy-eating, budgeting and responsibility. The young men turn up every week, this commitment alone is a significant outcome. Supportive relationships are built within the group and with trusted adults, allowing an important emotional support system to be developed. The group offers space for young men to think about their problems or simply to forget them and to enjoy time with others.

New Mills and Chapel Children's Centre Group

During the recent OFSTED inspection of New Mills and Chapel Children's Centre group, strong partnership working was highlighted as a strength which contributed to the outstanding judgement in 'leadership and management'. "I feel that having clear links and working protocols with partner agencies helps to identify those in need of support at the earliest possible opportunity. Within the Children's Centre we have links with all partner agencies including the voluntary sector, resulting in positive outcomes for families."

Emma Steeples, Children's Centre coordinator

New Mills Children's Centre work in partnership with statutory and voluntary services and as part of these working agreements we hold regular meetings with the local food bank. At a recent meeting it was identified that one young woman, Sarah had attended for more than six sessions. Knowing she was regularly attending the food bank was an indicator that she was struggling to manage on the income she had and prompted further support. Following up on this information helped the Children's Centre to assess and maximise Sarah's family's income. Support through the Citizen's Advice Bureau service running from within the centre, resulted in Sarah accessing further benefits and consolidating debts to increase her family's income by £30 a week. Working in partnership with GPs, social care, health visitors and police has ensured that a multi-agency plan is in place to support the needs of the children and family and has prevented them being impacted further by the effects of poverty.

RECOMMENDATIONS

1. Support parents to improve skills, qualifications, training and experience to improve employment outcomes by ensuring that organisations such as adult education, Children's Centres and social enterprises look at childcare arrangements and flexibility of hours to ensure accessibility for parents including currently working parents
2. Increase the uptake of free school meals and breakfast clubs and assist schools to make sure their breakfast clubs are self-supporting and sustainable. Aim for:
 - Increase uptake of free school meals in primary schools from 82% to 87% (from September 2014 – to include universal free school meals at KS1).
 - Increase uptake of free school meals in secondary schools (KS3) from 74% to 80%
3. Increase uptake of free early education places for eligible two year olds in Derbyshire from 75% to 80%. (NB: The number of eligible children will rise from 1,696 to 3,200 in September 2014).

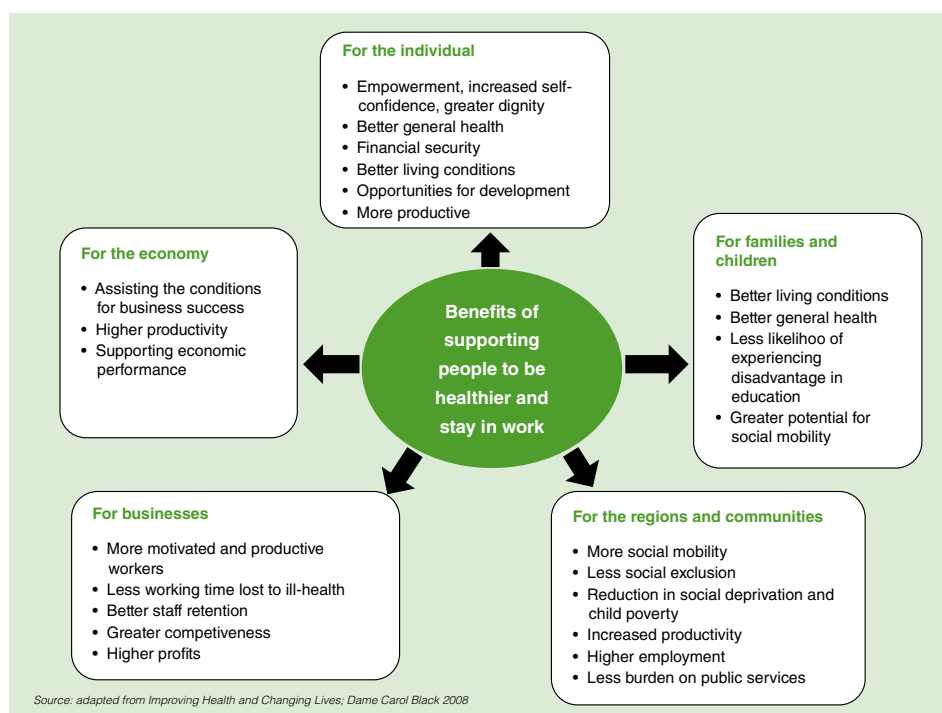
The importance of the economy and work

CONTEXT

For most people, work is good for their health and well-being. Conversely, unemployment is linked to poorer physical and mental health. During periods of economic downturn self-reported ill-health and limiting long-term illness increase.

Evidence shows that people in lower paid jobs are at an increased risk of heart disease, cancer, sickness absence, depression and other health conditions than those earning more within the same organisation.

Maintaining a healthy workforce has a range of economic benefits for individuals, employers and society as a whole.



Unemployment affects health in three main ways:

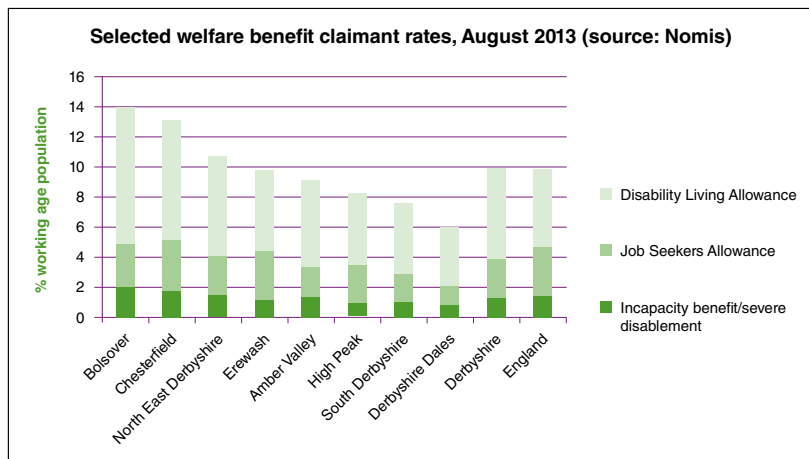
- Financial – leading to poorer living standards, fewer social connections and lower self-esteem.
- Psychological - acting as a trigger for anxiety, distress and depression.
- Behavioural – often leading to an increase in smoking and alcohol consumption and a decrease in physical activity.

For people in employment, the longer someone is on sick leave, the less likely it is they will return to work and their chances of becoming dependent upon benefits increases. Studies have shown that the best window of opportunity for a return to work is between one month and six months.

In April 2014 Derbyshire's claimant unemployment rate of 2.1% remained below the East Midlands and England with figures of 2.6% and 2.7% respectively. At district level, Chesterfield had the highest rate (2.9%), which is above both the regional and national averages. The lowest rates were in Derbyshire Dales (0.9%) and South Derbyshire (1.4%).

At the very local level, around one in five (37) of the county's 179 wards have an unemployment rate above the national average, mostly clustered in the urban areas in the east and north-west of the county. Of the 15 wards with the most severe unemployment problems, five are located in Erewash, four in Chesterfield, three in High Peak, two in Bolsover, and one in North East Derbyshire. Amber Valley and Derbyshire Dales had no areas with high concentrations of unemployed people.

Uptake of welfare benefits across Derbyshire varies by district. Those with a disability are particularly far from the job market with over 40% being economically inactive compared to less than 20% in the general population. For DLA (disability living allowance) claimants in Derbyshire the most common disabling condition is learning disability, followed by arthritis, then psychosis.



The percentage of employees who had at least one day off work in the previous week varies across Derbyshire districts from 1.5% in Derbyshire Dales to 3.3% in the High Peak (compared with an average of 2.2% in England). Absence nationally is highest in the public sector (and within that the health sector has highest rates) and is higher amongst women than men. The most common cause of short-term absence is minor illness, whereas for long-term absence it is acute medical conditions (such as stroke or heart disease) followed by mental ill-health.

The recession disproportionately affected young people's job prospects. The number of young people aged 16 to 24 who were not in education, employment or training (NEETs) peaked in 2011 but has only declined slowly since. With around one in five young people unemployed, the persistence of high youth unemployment is storing up health and societal problems to come.

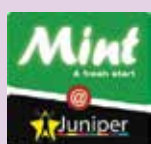
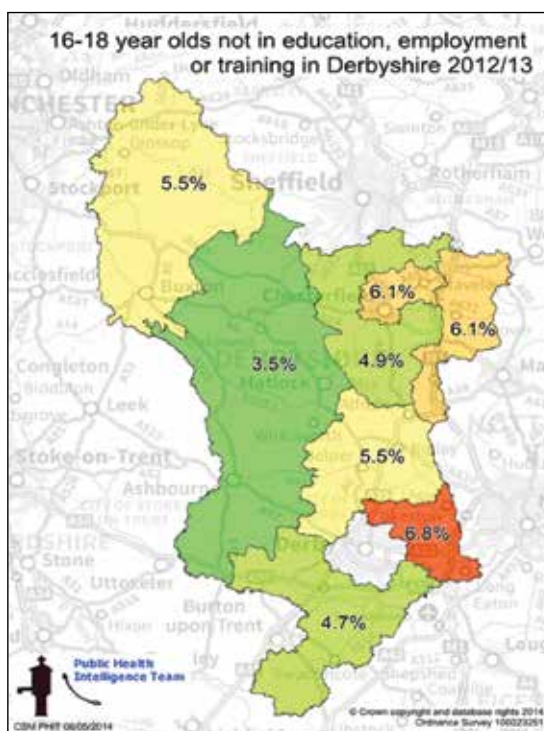
WHAT CAN HELP?

Measures that impact on individual employability

There are specific interventions that have been shown to be effective in helping young people into employment. These include:

- Encouraging young people to take up volunteering opportunities.
- Provision of relevant and meaningful work experience opportunities.
- Encouraging parents to be actively involved in their children's learning.
- Provision of extracurricular activities that are structured, involve partnerships with the family, school and community institutions.
- Provision of work based learning e.g. apprenticeships.

- Intensive one-to-one support for young people who are classed as NEET that identifies their needs and aspirations. This includes Activity Agreements. These take the form of a negotiated contract between the young person and their Personal Adviser/ Keyworker that identifies the specific steps the young person should take to progress to education, employment or training. The young person receives intensive support from the Personal Adviser or Keyworker to help them achieve their goals.



Juniper's 'Mint' programme, in the High Peak, aims to help 16 to 19 year olds not in education, employment or training to attain skills. Training is completed in interesting ways to meet the needs of young people that have previously had negative experiences at school. They operate a 100% progression promise and aim to progress every student in to sustainable jobs with training or apprenticeships.

Annabel* joined the Mint programme in August 2013. After missing much of her secondary education she had no qualifications in Maths or English. Annabel completed the course and gained a level two BTEC extended certificate in work skills and functional skills in both English and Maths. Having qualifications enabled her to progress in to an apprenticeship in interior design; a career she had always assumed was out of reach to her. Annabel is doing well in her apprenticeship and hopes to be fully qualified within the next two years.

**Name changed to protect identity.*

Initiatives that promote a community of responsible employers

On 31st January 2013, the Social Value Act came into force. This ground-breaking new law has the potential to transform the way public services are purchased, requiring public bodies to consider choosing providers based on the social value (i.e. economic, social and environmental benefits) created in an area and not on cost alone. Local authorities and other public bodies can use the Social Value Act to help those facing the greatest barriers to employment into work.

Organisational policies and structures that promote workplace health

Organisations can support the health and wellbeing of employees by implementing interventions based on components of good quality work identified by Sir Michael Marmot, Director of the Institute of Health Equity and MRC Research Professor in Epidemiology at University College London. These include:

- Reviewing the working environment and job design.
- Providing fair earnings and job security.
- Providing training, learning and promotion.
- Providing a work-life balance e.g. through offering flexible working arrangements.
- Supporting employees with a health condition to remain in and return to work e.g. amending work roles, adapting the work environment and providing an alternative job.
- Encouraging active travel e.g. car sharing scheme.
- Providing a programme of health promotion activities.
- Providing health screening e.g. health checks and access to smoking cessation services.

All of the above can be incorporated into an overall workplace health and wellbeing approach. Evidence indicates that approaches which combine several of these components have a greater effect on employees' health and wellbeing.

ASSETS AND CURRENT WORK

Action to address work and health issues needs to be taken at national, county and local levels.

In 2013 the government released a discussion paper which sets out further reform proposals on both the supply and demand side of the labour market: This provides a set proposals and principles for supporting people with a disability or health condition into employment. The forthcoming delivery plan will help to inform our local approach to supporting individuals whose health condition is a barrier to employment. <https://www.gov.uk/government/publications/the-disability-and-health-employment-strategy-the-discussion-so-far>

Nationally, the Government is taking steps to overcome barriers to work for people with health problems or a disability. Fulfilling Potential: Making It Happen (2013): A cross-Government strategy – <http://odi.dwp.gov.uk/fulfilling-potential/index.php>

At county level, Local Enterprise Partnerships (LEPs) link local authorities with their business communities. They play a central role in deciding on, and funding, local economic priorities and activities to drive economic growth and create local jobs. Derbyshire is covered by two LEPs, D2N2 (Derby, Derbyshire, Nottingham and Nottinghamshire, <http://www.d2n2lep.org/>) and SCR (Sheffield City Region, <http://sheffieldcityregion.org.uk/about/growthplan/>), who have recently submitted their Strategic Economic Plans to government. These plans form the basis of negotiations with government on the amount of money each LEP will receive to deliver economic growth within their area. By incorporating social inclusion and health into their strategic objectives they have significant power to reduce economic disadvantage and nurture growth that benefits those at greatest health need.

The Derbyshire Economic Partnership has also drafted an economic strategy statement which, having gone out for consultation is being finalised as this report goes to press. This document defines where Derbyshire can add value to strategic economic plans but also sets out the conditions which will drive economic growth in the county. The strategic objectives aim to provide support to people in overcoming barriers to employment and addressing the root causes of exclusion and poverty such as health and well-being and skills gaps. Activity will be focused on disadvantaged communities with high levels of economic inactivity, particularly within the North East Economic Zone.

Target communities include:

- people with health and wellbeing issues, including those with mental health issues.
- the financially excluded.
- children and young people (including NEETs).
- people with multiple and complex needs.
- households with worklessness.
- adults with physical and learning disabilities.

At local level, councils across Derbyshire deliver a wide range of initiatives to support people furthest from the job market to find, and remain in, employment. Examples include:

- Bolsover District: Help to Work. This is a directory of support that is available to people with disabilities in the district, <http://www.helptowork.org.uk/>.
- North East Derbyshire: Working Communities Project. This project helps unemployed people to overcome barriers and develop skills to get a job, <http://www.nederbyshire.gov.uk/business/working-communities/>.
- Derbyshire County Council: Disability Employment Project. This aims to improve the employment prospects of local people with a disability, http://www.derbyshire.gov.uk/working_for_us/equal_opportunities/disability_employment_project/.

Markham Vale Workforce Recruitment and Training Service

As part of developing its 200 acre business park at Markham Vale, Derbyshire County Council provides a free service to support the workforce needs of businesses locating to the site. The council works in collaboration with its clients and organisations that operate in the supply and training of labour to maximise employment for local unemployed residents. This service has resulted in over 150 people, including the long-term unemployed, access a range of opportunities in logistics, customer services and other sectors.

Having attended college to learn painting and decorating, Simon* aged 25 found he was unable to find employment. He was referred to the Sector Based Work Academy for a major distribution centre based at the Markham Vale site. As a result of the council's project he was successful in obtaining employment. He has subsequently developed his skills base and experience with potential for promotion. He now owns his own vehicle and is able to make long terms plans for his future.

**Name changed to protect identity.*

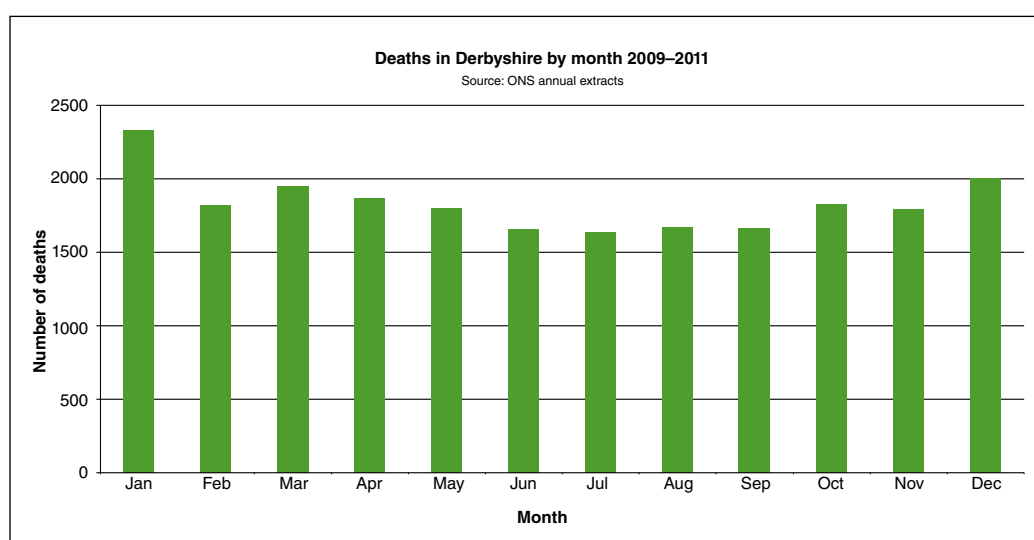
RECOMMENDATIONS

1. Develop a more coherent and coordinated approach between schools, colleges, businesses, training providers and local authorities to support young people aged 16 to 24 to access education, training or employment opportunities.
2. All public sector bodies in Derbyshire should embed social value into commissioning and procurement practices to encourage employers to include the health and wellbeing of their employees as part of their business model.
3. Through the development of a healthy workplaces approach, ensure employers and people with a disability are aware of and access the opportunities that exist to support them into, and to stay in, employment – such as the ‘Access to Work’ scheme.
4. Derbyshire County Council should tackle health inequalities by working with partners in developing a Healthy Workplaces approach targeted at businesses located in disadvantaged areas employing a high level of low paid, low skilled, manual or retail staff who carry a higher burden of ill-health.
5. The Economic Strategy would benefit from the specific inclusion of the health and social care sector which is a significant contributor of jobs to the Derbyshire economy and is estimated to be 16% of the D2N2 workforce. There are opportunities for collaborative working with the Derbyshire Local Education and Training Council to promote and secure jobs in the sector where there are current gaps in provision. Many of these jobs require high levels of skill and have attractive salaries. Such opportunities should be explored to maximise the ability of local people to access these jobs.
6. Public health support is recommended on relevant boards such as the D2N2 Skills Board and opportunities for joint working should be identified through the Derbyshire Economic Statement to enable collaborative alliances between Public Health and colleagues in economic regeneration at both local and county level to be developed further.

Reducing the impact of cold weather

CONTEXT

Every year in England, mortality is on average 19% higher in the winter months, compared to the rest of the year. The recent publication, *The Health Impacts of Cold Homes and Fuel Poverty* stated that “countries which have more energy efficient housing have lower excess winter deaths, and that this is due to better preparedness for cold weather and well-insulated, well-heated and energy-efficient homes”. The number of excess winter deaths in the UK is higher than many other European countries that have colder winters such as Finland, Denmark and Germany.



The majority of these additional deaths are caused by an increase in the rates of heart attacks, strokes and respiratory disease during the cold weather. A smaller proportion are due to influenza and falls. Households that are at highest risk of poor health during the winter months are those classified as being in fuel poverty.

The key drivers behind fuel poverty are:

- the energy efficiency of the property (and therefore, the energy required to heat and power the home)
- the cost of energy
- household income

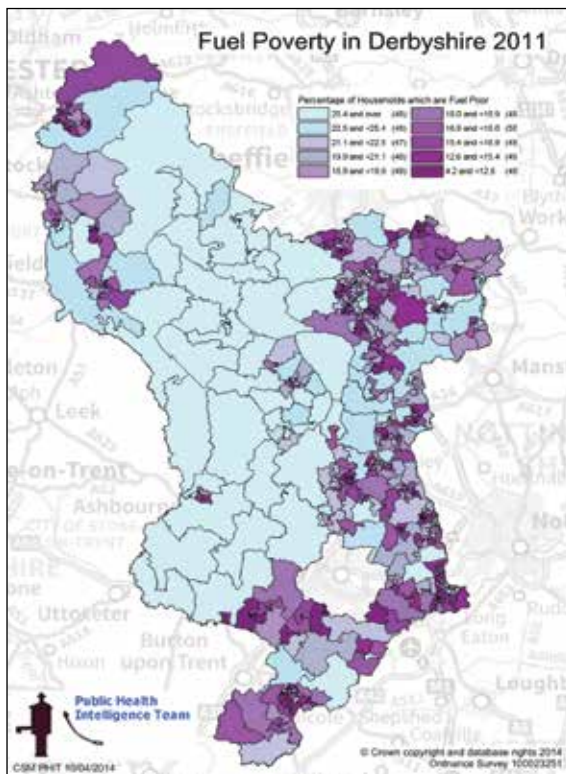
Within Derbyshire, in 2012/13 there were an estimated 463 excess winter deaths, a figure which is similar to the national average.

Until 2013, households were defined as being fuel poor if they had to spend more than 10% of their income on fuel to maintain a satisfactory heating regime. The government recently changed the definition, with households now said to be in fuel poverty if:

- they have fuel costs that are above average, and
- if they were to spend that amount they would be left with a residual income below the official poverty line.

Regional data suggests that the change in definition will reduce the number of households classified as being in fuel poverty by approximately one quarter.

In Derbyshire, using the pre-2013 definition, there were nearly 83,000 households living in fuel poverty; that is just under one in five of all households. This figure is likely to reduce to approximately 60,000 using the new definition. Derbyshire Dales has the second highest proportion of fuel poor households in England, with 27% of households living in fuel poverty. Across Derbyshire, the highest rates of fuel poverty are found in the rural communities.



There are certain groups within Derbyshire that are more likely to meet the definition of fuel poverty and therefore be at increased risk of poor health during the winter months:

- people with long-term respiratory or cardiovascular illness.
- people on low incomes, especially
- those living in rural locations with restricted fuel choices, or
- families with young children living in poorly insulated, private rented accommodation, or
- older people unable to economically heat a larger family home.

WHAT CAN HELP?

Evidence shows that simple measures to improve housing conditions (better insulation, draft proofing and energy efficient heating systems) and increasing the ability to pay for energy, provide measurable health improvements.

What can individuals do?

- improve their knowledge of issues related to affordable warmth and share this knowledge to support vulnerable households to reduce their fuel costs.
- take every opportunity to maximise their income and actively take up offers aimed at improving people's ability to effectively heat their homes.
- plan for future price rises and make sure paying energy bills is prioritised as part of household budgeting.

What can communities do?

- with the support of local authorities and community and voluntary sector organisations, form community schemes to increase buying power and reduce costs, such as bulk oil purchase cooperatives.
- with the support of local authorities and community and voluntary sector organisations, participate in collective switching schemes to new energy providers or tariffs.
- collectively participate in council-endorsed schemes offering free or low cost external insulation.
- encourage the identification of vulnerable people in their community so that they can be signposted to agencies who can offer support.

High Peak CVS Big Energy Saving Network project

Between December 2013 and March 2014, High Peak Community and Voluntary Support ran a project to help vulnerable households identified as being highly unlikely to switch energy providers to get a better deal, or to claim an energy-related benefit. The project reached over 230 people, including vulnerable consumers and frontline workers and volunteers.

Households supported to make changes to reduce their fuel costs included:

- an elderly couple losing heat by keeping the trap door to their loft open permanently.
- a woman in her 80s who had got into fuel debt by leaving her electric immersion heater permanently switched on.
- a young, single mother on a low income and with a new baby was supported to get a better energy deal, changing prepayment meters to ordinary meters and identifying the benefits to which she may be entitled.
- the manager of a community centre mainly used by older people attended a project workshop and subsequently ran advice surgeries to help the centre-users reduce their energy costs.

What can organisations do?

- recognise the impact that cold, damp housing can have on an individual's health and the measures that can mitigate these risks.
- systematically assess and refer vulnerable individuals for support to access energy efficiency and income maximisation advice. Initially, organisations should agree an appropriate process to allow this.
- actively support the Derbyshire County Council funded scheme aimed at the most vulnerable living in cold, damp housing.
- adopt the wide range of evidence-based affordable warmth interventions to ensure county-wide provision and reduce inequity in service provision.
- within the scope of data sharing agreements, share intelligence across organisations.
- support partnerships such as The Local Authority Energy Partnership to access investment from central government or energy providers on a large scale.

GP Affordable Warmth scheme

Mr Smith's* wife died recently. He has a heart condition and Diabetes, which makes him particularly susceptible to the cold. He relies on a single gas fire and electric heaters upstairs which he has found are very expensive to run. His GP from Jessop Medical Centre contacted Amber Valley Borough Council because of concerns about the impact the poorly-heated house was having on Mr Smith's health.

Amber Valley Borough Council arranged for the Home Improvement Agency to visit to see how Mr Smith could be helped. They helped Mr Smith apply for funding for heating improvements. Two months later central heating was installed, and Mr Smith was given additional advice to make sure that his fuel bill was manageable and that he understood the tariff that he was on.

**Name changed to protect identity.*

ASSETS AND CURRENT WORK

Action can be taken at national and local level to reduce fuel poverty and mitigate its effects.

Nationally, the Cold Weather Plan gives advice to professionals from health and social care organisations on preparing for the effects of winter weather on people's health. <https://www.gov.uk/government/publications/cold-weather-plan-for-england-2013>

The Local Authority Energy Partnership (LAEP) is a partnership whereby Derbyshire's district councils, county council and the Peak District National Park Authority work together to alleviate fuel poverty and promote energy efficiency. The partnership has coordinated county-wide actions such as providing practical advice, area-wide insulation schemes and maximising income from government and energy company schemes. In 2013, the LAEP secured over £1 million funding to replace 350 broken or inefficient boilers in fuel poor households across Derbyshire.

Derbyshire County Council have recently invested significant resources to identify and target individuals with health conditions most likely to be exacerbated by cold and damp housing. People are supported to access advice on energy efficiency and ways to maximise their income to improve their ability to comfortably heat their homes. The service will use a range of data sources to identify those people who live in the least energy efficient homes, are on low incomes and have long term conditions associated with excess winter deaths. They will be contacted by a health professional and with their consent, will be referred through to the District Council who will provide direct support both practical and in certain cases, financial to ensure that barriers to improving the energy efficiency of their homes are reduced and interventions provided.

All of the district and borough councils produce bi-annual Home Energy Conservation Act reports. These reports set out the actions that each authority undertakes to support the delivery of energy efficiency and help tackle fuel poverty. Information is available on each Council's website.

Currently, borough councils produce individual Affordable Warmth Strategies; however Derbyshire County Council and the district and borough councils are now working together to produce a joint Affordable Warmth Strategy which will further strengthen the partnership working across Derbyshire to tackle fuel poverty.

Community and voluntary sector organisations also support affordable warmth initiatives across Derbyshire. Rural Action Derbyshire operates an Oil Buying Scheme that uses the power of collective purchasing to offer discounted prices on heating oil for those consumers not connected to the mains gas network. Provision of advice about affordable warmth is included within the Pennies and Pounds project that supports older people in North Derbyshire.



RECOMMENDATIONS

1. Partner agencies across Derbyshire, using LAEP as a coordinating forum should mitigate the reduction in financial resources available from central government for affordable warmth schemes, by working cooperatively to maximise access to affordable warmth schemes, grants, incentives and opportunities.
2. Derbyshire and Nottinghamshire LAEP, and other local organisations representing those most in need, should advocate to the Department of Energy and Climate Change on the impact of the changes in government policy and subsequent impact on the housing condition and health of vulnerable households.
3. Development and implementation of a county-wide strategy to systematically identify and refer vulnerable households should be prioritised, co-ordinated through a suitable forum such as the LAEP or the Derbyshire Housing and Health Strategy Group.
4. Member organisations of the Health and Wellbeing Board should prioritise implementation of the Public Health affordable warmth programme to identify individuals with poor health at increased risk of winter mortality and ensure that their staff are aware that the programme has been identified as a strategic priority.

Summary of recommendations

Financial inclusion

1. Make Derbyshire a 'Living Wage' economy. All major public sector employers to consider applying for accreditation with the Living Wage Foundation (<http://www.livingwage.org.uk/how-become-living-wage-employer>). Their example should be followed by private and voluntary sector employers where feasible.
2. Invest additional resources to support a multi-agency approach to ensure that more people receive their full benefit entitlement, aiming for an additional £10m of benefit take up.
3. Continue to invest in money management skills through adult education, schools, community groups and geographical communities at greatest risk of financial exclusion.
 - Target; anyone who enrolls on a work related training programme, every child in year six and year 11, anyone receiving advice on debt, benefits or taking out a loan from a credit union.
 - Target; geographical communities identified through mapping by using creative techniques to encourage community engagement.
4. Treble the percentage of the population who are members of credit unions in Derbyshire from the current 6,123 (less than 1%) to 25,000 over the next three years.

Child poverty

5. Support parents to improve skills, qualifications, training and experience to improve employment outcomes by ensuring that organisations such as adult education, Children's Centres and social

enterprises look at childcare arrangements and flexibility of hours to ensure accessibility for parents including currently working parents

6. Increase the uptake of free school meals and breakfast clubs and assist schools to make sure their breakfast clubs are self-supporting and sustainable. Aim for:
 - Increase uptake of free school meals in primary schools from 82% to 87% (from September 2014 – to include universal free school meals at KS1).
 - Increase uptake of free school meals in secondary schools (KS3) from 74% to 80%.
7. Increase uptake of free early education places for eligible two year olds in Derbyshire from 75% to 80%. (NB: The number of eligible children will rise from 1,696 to 3,200 in September 2014).

Employment and health

8. Develop a more coherent and coordinated approach between schools, colleges, businesses, training providers and local authorities to support young people aged 16 to 24 to access education, training or employment opportunities.
9. All public sector bodies in Derbyshire should embed social value into commissioning and procurement practices to encourage employers to include the health and wellbeing of their employees as part of their business model.
10. Through the development of a healthy workplaces approach, ensure employers and people with a disability are aware of and access the opportunities that exist to support them into, and to stay in, employment – such as the 'Access to Work' scheme.
11. Derbyshire County Council should tackle health inequalities by working with partners in developing a Healthy Workplaces approach targeted at businesses located in disadvantaged areas employing a high level of low paid, low skilled, manual or retail staff who carry a higher burden of ill-health.
12. The Economic Strategy would benefit from the specific inclusion of the health and social care sector which is a significant contributor of jobs to the Derbyshire economy and is estimated to be 16% of the D2N2 workforce. There are opportunities for collaborative working with the Derbyshire Local Education and Training Council

to promote and secure jobs in the sector where there are current gaps in provision. Many of these jobs require high levels of skill and have attractive salaries. Such opportunities should be explored to maximise the ability of local people to access these jobs.

13. Public health support is recommended on relevant boards such as the D2N2 Skills Board and opportunities for joint working should be identified through the Derbyshire Economic Statement to enable collaborative alliances between Public Health and colleagues in economic regeneration at both local and county level to be developed further.

Affordable warmth

14. Partner agencies across Derbyshire, using LAEP as a coordinating forum should mitigate the reduction in financial resources available from central government for affordable warmth schemes, by working cooperatively to maximise access to affordable warmth schemes, grants, incentives and opportunities.
15. Derbyshire and Nottinghamshire LAEP, and other local organisations representing those most in need, should advocate to the Department of Energy and Climate Change on the impact of the changes in government policy and subsequent impact on the housing condition and health of vulnerable households.
16. Development and implementation of a county-wide strategy to systematically identify and refer vulnerable households should be prioritised, co-ordinated through a suitable forum such as the LAEP or the Derbyshire Housing and Health Strategy Group.
17. Member organisations of the Health and Wellbeing Board should prioritise implementation of the Public Health affordable warmth programme to identify individuals with poor health at increased risk of winter mortality and ensure that their staff are aware that the programme has been identified as a strategic priority.

Progress on challenges highlighted in the 2013 Annual Report

What we highlighted last year	Progress made
Starting and developing well	
Low rates and inequalities in breastfeeding initiation in Derbyshire	<ul style="list-style-type: none"> ■ A county-wide Breastfeeding Peer Support Service started in April 2014, interviews for peer supporters are underway at the time of going to press and most areas have recruited to these new positions. ■ UNICEF have awarded Derbyshire with an 'Outstanding' accreditation at Stage three of the Baby Friendly award.
Inequalities in childhood obesity in year six	<ul style="list-style-type: none"> ■ A new Breakfast Club service is now jointly funded by Public Health and Derbyshire County Council's Children and Young Adults team, aiming to improve attainment, attendance, punctuality, concentration and behaviour. ■ A maternal obesity pilot programme that offers physical activity to pregnant women has been extended to Queens Park Sports Centre. ■ The Five60 programme for Years three, four and five has continued to develop to include a focus on encouraging children to be more active outdoors, by delivering road safety messages. ■ The Food for Life partnership has targeted schools with the highest rates of obesity and focussed on enjoyment of a healthy diet including growing, cooking and eating.
High rates of smoking in pregnancy	<ul style="list-style-type: none"> ■ A pilot financial incentive scheme to help pregnant smokers to quit proved successful, so this service will be built into our redesign of lifestyle services. This should help us reach our target of getting smoking in pregnancy down 11% by December 2015.
<p>A social gradient in A&E admissions for 12 to 19 year olds for self-harm</p> <p>Poor emotional health of children in care</p>	<ul style="list-style-type: none"> ■ We are developing: <ul style="list-style-type: none"> – A children and young people's mental health promotion and emotional wellbeing action plan – a Young People's Risky Behaviour strategy (to include self-harm, sexual health, smoking and substance misuse). – A parenting strategy – An integrated Public Health Nursing Service for youngsters aged 0 to 19.
Adulthood	
Rising levels of adult obesity across Derbyshire	<ul style="list-style-type: none"> ■ We have developed a partnership approach to nutrition called Heart of Derbyshire and, with colleagues in Derbyshire Sport; we have refreshed the Active Derbyshire partnership plan. One of the actions in the plan aiming to reduce sedentary behaviour is the Workforce Challenge, encouraging all employers and employees to sign up with their own physical activity challenge. A new fund to tackle sedentary behaviour at locality level has also been created to encourage innovation.

A need for more integrated and holistic support for people wanting to make lifestyle changes	■ Two major reviews were completed in the last year on tobacco control and obesity. As a result a new integrated wellbeing service distributing resources to areas of highest need will be in place later this year. This approach brings together the resources for smoking, weight management and health trainers to form an integrated service.
A need to extend and embed MECC (Making Every Contact Count)	■ Plans to extend MECC to other, non NHS agencies are well developed. The approach includes both an online training tool and a training function built into the integrated wellbeing service.
An ambition for Derbyshire County Council to accelerate the Healthcheck programme	■ Derbyshire County Council's strong leadership has increased the number of Health Checks undertaken in Derbyshire and we are close to our 60% target. We aim to increase this to at least 66% in 2014/15 aspiring to reach 75%. For 2014/15 we will promote a recall process for those people who have not responded to an invitation. We have successfully piloted a GP outreach Health Check in a village hall which offers later evening appointments. These have been fully booked for the three month pilot which has been extended to cover the summer months. We are looking at developing the same model within Bolsover. Plans are in place to improve access to Health Checks especially in areas of highest deprivation.
Ageing well	
Under-diagnosis of dementia and a forecast of increasing numbers of sufferers	■ The dementia strategy for Derbyshire has been reviewed to assist NHS partners, social care, Public Health and the voluntary sector to shape services to support the prevention, diagnosis and treatment of dementia.
An increasing need for joined up services to prevent falls in older people	■ Public Health have provided an additional investment of £275,000 to strengthen the primary falls prevention work which takes place across the county. This will enable people who have fallen or are at risk of falling to attend long term exercise sessions aimed at improving and maintaining their balance and strength.
Uptake of bowel cancer screening of 58% in 2012	■ The latest figure for uptake of bowel cancer screening in 2013 was almost 60%. NHS England's Area Team, who are now responsible for national screening programmes, have developed a health improvement strategy which aims to increase uptake of bowel cancer screening in parts of the county where the uptake is particularly low.
Healthcare	
The establishment of a Clinical Effectiveness Team within DCC to support Clinical Commissioning Groups (CCGs)	■ The way Public Health supports the NHS is currently under review in Derbyshire with the aim being to improve co-ordination and impact on health improvement and reduction in health inequalities. Most of the functions of the Clinical Effectiveness Team will be maintained, but within a wider 'offer' of specialist Public Health support to the CCGs in Derbyshire.

	<ul style="list-style-type: none"> ■ All Derbyshire CCGs have Public Health input at senior management team level to ensure that the public health principles of prevention, health-improvement, fairness and cost-effectiveness are considered in CCG decision-making. ■ Public Health are in the process of finalising a prevention strategy to guide NHS and other partners in planning to prevent ill-health and loss of independence.
Sexual health	
A need for a more integrated specialist contraception and sexually transmitted infections service model	<ul style="list-style-type: none"> ■ A sexual health needs assessment and review of existing sexual health services has been undertaken. Recommendations including developing an integrated sexual health service were presented to Derbyshire County Council Cabinet and approved. A tendering process will start later this year to commission a Derbyshire County Integrated Sexual Health Service. This will be in place from April 2015 and will improve access to STI testing and treatment, contraception and sexual health promotion and HIV prevention services across the county.
A need to maintain investment in prevention to avoid rising treatment costs for poor sexual health outcomes	<ul style="list-style-type: none"> ■ Derbyshire has begun implementation of the national chlamydia screening 3Cs & HIV programme. This supports practices across England to provide the '3Cs': a chlamydia screen, signposting or provision of contraceptive advice and free condoms, during routine consultations with young adults. The programme also includes delivering HIV testing in primary care for adults.
Mental health and wellbeing	
Access to talking therapies for some, but not all areas of Derbyshire	<ul style="list-style-type: none"> ■ Access to talking therapies is now available across the county, and we plan to undertake a health equity audit of the services later this year to make sure they are reaching those at greatest need.
A need for people with long term physical health conditions to have their mental health needs met too	<ul style="list-style-type: none"> ■ A psychiatric liaison service (RAID) (rapid assessment interface discharge) has been established at Royal Derby Hospital, and CCGs have agreed to commission a similar service at Chesterfield Royal Hospital to ensure that hospital patients' mental health needs are assessed and support is offered where necessary.
People suffering mental illness on average die younger than the general population	<ul style="list-style-type: none"> ■ CCGs and Public Health continue to jointly fund the Healthy Body Healthy Mind Programme which works to improve the physical health of individuals with mental health problems.

Economic austerity can have a wide-ranging, damaging impact on people's mental health, including increased risk of suicide	<ul style="list-style-type: none"> ■ The suicide prevention strategy is updated annually, and work continues with a wide range of stakeholders to reduce the rate of suicide in Derbyshire. This includes provision of mental health awareness and suicide prevention training. ■ Public Health have provided financial support to credit unions and food banks to support those at risk of developing mental health problems through financial crisis. ■ Derbyshire County Council have signed up to the Time to Change campaign to reduce stigma and mental health discrimination.
Substance misuse	
A planned review of intensive, inpatient detox services	<ul style="list-style-type: none"> ■ A review of the completion and outcome data for inpatient detox services over the past three years is currently underway. This will give us a better understanding of whether the existing service provides effective treatment for our investment. We will then look at all potential service providers to develop a 'preferred provider' list which meets the needs of service users from across the county.
A planned review of family and carer support	<ul style="list-style-type: none"> ■ The family and carer service has funded from a grant for 2014/15 whilst we redesign it to best meet the needs of families and carers of people who misuse drugs or alcohol in Derbyshire.
A need for recovery focused alcohol services	<ul style="list-style-type: none"> ■ Specialist alcohol services for dependent drinkers have been redesigned and the new service started in April 2014. We are still in the process of redesigning services that provide alcohol misuse information and advice, signposting and referral, and aftercare.
Plans to train successful service users to become 'recovery champions'	<ul style="list-style-type: none"> ■ We have a scheme with RIOT (Recovery Is Out There) from Staffordshire who are all volunteers, in recovery themselves. Their remit is to make recovery more visible and achievable for service users. Volunteers sit in waiting rooms of the mainstream treatment services and take opportunities to discuss treatment and recovery from the perspective of a recovered service user. Their longer term aim (2014/15) is to develop a qualification to use when identifying local recovery champions to develop their skills and experience, and these local recovery champions will take forward visible recovery across Derbyshire.
Plans to pilot a peer support scheme at Foston Hall prison	<ul style="list-style-type: none"> ■ Two peer mentors were originally identified, although one was subsequently deemed to be unsuitable. The remaining peer supporter is doing extremely well and they are now actively recruiting for more volunteers to support prisoners wanting to recover from drug or alcohol problems.

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