

Agenda item 6

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 January 2017

Report of the Director of Public Health

**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016:
DERBYSHIRE – A HEALTHY PLACE**

1. Purpose of the Report

To inform the Health and Wellbeing Board of the publication of the Director of Public Health's Annual Report for 2016.

2. Information and Analysis

The Health and 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 contents and structure of the report is determined locally, so this provides the Director the opportunity to tailor the report to align with local issues and priorities.

Content

The places in which we live and work have an important role in shaping our health and wellbeing. This annual report considers the impact of place on the health of local communities. The theme explores key features of a healthy place and allows consideration of a wide range of issues, such as how where we live impacts on health and wellbeing through access to housing, jobs, services, transport and green space.

Each chapter within the annual report considers different aspect of place and how this impact on health. A series of case studies and examples of good practice are included, highlighting some of the work which is currently taking place to improve health and wellbeing outcomes.

The report makes several recommendations using local information and a broader evidence base to suggest robust ways in which partners and individuals can work to benefit the health and wellbeing of local communities.

The report also provides a summary of progress against the 2015 report, which focused on raising awareness of mental health and wellbeing.

The report is available online and Health and Wellbeing Board partners are asked to distribute links to this report within their organisations and to other relevant stakeholders. The full report is available at:

https://www.derbyshire.gov.uk/images/Director%20of%20Public%20Health%20Annual%20Report%202016_tcm44-286195.pdf

In addition Public Health staff are currently presenting a summary of the report to key groups, partner organisations and communities across the County.

Background papers

Derbyshire Director of Public Health Annual Report 2015: A happier, healthier Derbyshire.

3. RECOMMENDATION

The Health and Wellbeing Board are asked to:

- a. Note the production of the Director of Public Health Annual Report 2016 and notes the recommendations contained within it.
- b. Agree to share the report with colleagues within their organisation and other key stakeholders.

**Dean Wallace
Director of Public Health
Derbyshire County Council**

A photograph of two cyclists riding away on a dirt path. The cyclist in the foreground is wearing a grey t-shirt, shorts, and a helmet, with a green and yellow backpack. The cyclist in the background is wearing a white t-shirt, grey trousers, and a helmet, with a black backpack. To the left, a wooden signpost reads 'Five Pits Trail' and 'HORSES WALK AND TROT ONLY'. The background shows trees and a clear sky. The image has a warm, orange-yellow overlay.

DERBYSHIRE - A HEALTHY PLACE

**DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT 2016**

DERBYSHIRE IS A GREAT PLACE TO LIVE AND WORK



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Front cover photo: Cyclists on the 5 Pits Trail

Inside cover: Bolsover Sport Relief Mile

Inside back cover: Canoeing at Pleasley Vale Outdoor Activity Centre

**DERBYSHIRE –
A HEALTHY PLACE**



INTRODUCTION

This is my first report as the new Director of Public Health for Derbyshire. Derbyshire is a great place to live and to work, with vibrant market towns and villages, a strong industrial and agricultural heritage, and some of the best countryside in England. I am proud of Derbyshire, and in this report i have chosen to focus on the role of 'place' on the health of our local communities.

Where we live is an important factor in determining our sense of identity and belonging, as well as making a real difference to the quality of our lives and our health and wellbeing. The foundations of a good place to live include access to jobs, green space, transport, safe and secure homes, and affordable, healthy food, as well as services such as healthcare, schools, and leisure and cultural facilities. Participating in community life provides opportunities for local people to lead longer, healthier lives

The health of the population of Derbyshire is fairly good on average - in most cases at least as good as the national average. However, these 'average' figures can mask differences between individuals and communities, for example, those who are comfortably-off and others who are struggling financially; healthy people and those who are experiencing physical or mental ill health; those who have good quality homes and others whose home is damp, cold or unsafe; people who have good employment, and those who have yet to secure a job. These underlying factors strongly affect people's chances of living a long life in good health.

Health and wellbeing varies significantly between different places across Derbyshire. The gap in life expectancy at birth between the richest and poorest neighbourhoods in Derbyshire is 7 years, and this gap increases to 14 years' difference in healthy life expectancy. These inequalities in health are persistent and we need to redouble our efforts to enable people, particularly those in the most disadvantaged communities in Derbyshire, to stay healthier for longer.

We know that the solutions to improve the health of local people are rooted in the circumstances in which people spend their lives. Sir Michael Marmot highlighted that tackling the health inequalities that persist in our communities “requires effective participatory decision making at local level. This can only happen by empowering individuals and local communities”. That is why this report starts by highlighting the importance of the many assets we have in our communities, and of settings-based approaches to support longer healthier lives. It explores key features of what we mean by a healthy place and how we can work together in harnessing local assets to improve wellbeing.

The next three chapters focus on how our homes and the built and natural environment impact on our health and wellbeing. These show how proactively addressing factors such as fuel poverty and poor quality housing, good urban planning and improving access to green space can make a real difference to people's wellbeing. The case studies demonstrate some really good examples of what is happening across Derbyshire.

**“TACKLING HEALTH INEQUALITIES
REQUIRES EFFECTIVE
PARTICIPATORY DECISION
MAKING AT LOCAL LEVEL.
THIS CAN ONLY HAPPEN BY
EMPOWERING INDIVIDUALS
AND LOCAL COMMUNITIES”.**

Sir Michael Marmot, Fair Society, Healthy Lives

Derbyshire is a big county and it is largely rural, so chapter 5 focuses on transport as a key public health issue in terms of local people being able to access services and stay connected. The increasing use of private vehicles to get about is contributing to an increased risk to health from air pollution, and chapter 6 explores the local action needed to achieve a decrease in the air pollutants that have a negative impact on health of the local population, particularly those that are worst affected such as children and people with chronic health problems.

While a majority of this report focuses on the characteristics of places and their impact on health, chapter 7 looks at the importance of access to services, and place-based approaches to organising services that local people need to stay healthy and independent.

Last but not least, the report summarises progress on last year's Director of Public Health report, which focussed on engaging directly with local people through the '5 Ways to Wellbeing'. It shows how using innovative approaches can help engage different groups of people in preventing mental ill-health and promoting positive mental wellbeing. I am keen that we continue to build on the great progress to date by ensuring the 5 Ways to Wellbeing is a key feature of healthy places across Derbyshire.



**Dean Wallace, Director of Public Health,
Derbyshire County Council**

HEALTHY COMMUNITIES

We all belong to communities: the towns and villages where we live, the places we visit, our workplaces and schools, and where we relax and socialise. These communities play an important role in shaping the health of individuals within them. Poorly designed housing estates, limited access to services, social isolation, high levels of pollution, limited possibilities for enjoying green spaces, lack of access to affordable healthy food or exposure to excessive drinking all have a significant detrimental effect on health. Conversely, communities where people of all ages can come together to thrive and achieve their potential, feel happy, included and able to participate, are supported to make healthy lifestyle choices, and have a sense of belonging will provide a boost to the health and wellbeing of local people.



Eats and Treats session at Shirebrook Christian Centre allowed families experiencing financial hardship to access support and advice from a range of organisations

All communities have assets and resources, in the form of physical attributes and the people that form the community. Promoting access to the services and facilities, such as leisure centres, schools, workplaces, community centres and parks can have an obvious benefit to health. In addition, the individuals that comprise a community, and the connections between people within the community are a strength that can be fostered to improve health and wellbeing. Individuals' skills and experiences, and their ability and willingness to share these with others make a huge difference to community cohesion and to the resilience of individuals. The connectedness within and between communities is called social capital and nurturing this makes an important contribution to the prevention of ill-health.

Current position

In Derbyshire, there is a long history of partnership working within communities to promote health and well-being. District, borough, parish and town councils provide an infrastructure to support the development of

healthy places, and this is supplemented by thousands of community and voluntary sector organisations and groups that provide services at a local level.

Across Derbyshire, Health and Wellbeing Partnerships provide an opportunity for different organisations to work together to improve health at a local level. There are eight partnerships across the county that bring together local people, elected members from all levels of local government, and service providers from the statutory and voluntary sectors to agree health and wellbeing priorities and actions.

Derbyshire's Health and Wellbeing Strategy recognises the importance of supporting communities in improving health and wellbeing, through the inclusion of Building Social Capital and Creating Healthy Communities as two of its priorities. In 2015, to support the implementation of the Creating Healthy Communities priority, Derbyshire became a member of the UK Healthy Cities and Communities Network, and since then six local District and Borough Councils have joined as affiliate members.

Thriving Communities and Local Area Co-ordination are two further examples where intensive work in targeted communities across the county has presented additional opportunities to support local people to improve their health and wellbeing in their own communities.

What more can be done?

Using communities' assets and natural strengths to improve health and wellbeing requires organisations to invest time and resources to develop, facilitate and sustain the infrastructure that allows local connections and partnerships to thrive. Historically, when developing services, statutory organisations have often overlooked the pre-existing assets and strengths in communities, which has resulted in money invested not showing a maximum return on investment.

Measuring the impact of local place-based initiatives is not easy and currently there is a limited evidence base for effectiveness. This lack of direct evidence for success is often used as an argument against investing time, energy, effort and resources in place-based health. However, testing new initiatives on a small scale initially, developing measures to monitor success, and having evaluation mechanisms in place from the outset will develop a more robust understanding of the characteristics of effective place-based working.

Finally, listening to the voices of local people in shaping delivery of local services is important. Not only will this help services to meet individual and community needs, but will also shift the culture of services doing things to people to enabling individuals and communities to support themselves.

Further information

For information on Town and Parish Councils in Derbyshire, see www.derbyshire.gov.uk/council/council_works/other_councils/town_and_parish_councils/

Healthy Derbyshire, the Health and Wellbeing Strategy for Derbyshire 2015-2017

www.derbyshire.gov.uk/social_health/health-and-wellbeing/about-public-health/health-and-wellbeing-board/health-and-wellbeing-strategy/default.asp

Action plans for all locality Health and Wellbeing partnerships can be found here: www.derbyshire.gov.uk/social_health/health-and-wellbeing/your-communities-health/work-in-local-areas/default.asp

Information on the UK Healthy Cities and Communities network www.healthycities.org.uk/

Information on Local Area Co-ordination <http://lacnetwork.org/areas/derbyshire/>

Social Capital

Social capital is a key attribute for developing healthy communities, and it describes the relationships, networks and trust which help people to support each other. The presence of social capital in a community helps individuals build their confidence to bring about positive changes in their lives and communities. It also helps people manage and deal with life's challenges with less dependence on services. Investment can nurture social capital in a number of ways, for example supporting community groups to establish social eating opportunities, developing networks within a community, using technology to increase connectedness between individuals, increasing access to facilities for use by a community, recognising and supporting volunteering opportunities, co-designing services with local people, and adopting a social value approach when procuring services.

Healthy settings

A setting describes a place where people come together to actively use and shape the environment, such as schools, workplaces, hospitals, villages and towns. Using a settings-based approach is a well-established method for promoting health and well-being. A settings focus enables risk factors for poor health to be identified and mitigated, and assets within the setting to be actively promoted to improve health and wellbeing. Adopting a settings-based approach can support lifestyle change amongst individuals, but also provides scope for organisational change to improve health and wellbeing at a population level.

CASE STUDY: THORNBRIDGE BREWERY

Thornbridge Brewery in Bakewell was supported by Derbyshire County Council's Healthy Workplaces team to identify priorities to improve the health and wellbeing of employees. Through management and staff at the organisation working in collaboration, an action plan was developed which included:

- adoption of a new Mental Health and Wellbeing Policy, accompanied by mental health awareness training for staff.
- delivery of alcohol advice workshops
- access to Health Checks conducted by Derbyshire Dales District Council Leisure staff
- establishment of running and cycling groups and organisational support for staff to participate in long distance charity walks

CASE STUDY: SHIREBROOK FORWARD NG20



Shirebrook Forward NG20 was set up in July 2015 in response to growing community tensions. This was having a negative impact on the way local residents felt about their community and was also hindering the ability of migrant families to integrate effectively, in turn producing unwanted consequences on well-being. Local service providers were also experiencing challenges when trying to meet the increasingly diverse needs of the expanding Shirebrook community.

The partnership has brought together local residents and agencies, to focus on how to make Shirebrook a place where people want to live, work and spend time. In a relatively short period of time partners have worked together to achieve positive changes within the community, including:

- reviewing how services can be better co-ordinated to tackle difficult situations and react much more quickly, for example in relation to non-statutory homelessness and appropriate repatriation of migrant workers
- securing support from national organisations such as the Polish Consulate, which has provided timely advice to local agencies in terms of responding to cultural differences.

This has resulted in a more co-ordinated and consistent approach when dealing with service provision and addressing community needs

- Community Safety staff and Derbyshire Police working with the Polish Consulate to manage anti-social activity more effectively; for example adopting a zero-tolerance approach to street drinking, littering and other cultural sensitive behaviours, has reduced incidents and helped to ease community tension and unrest
- contributing to a BBC Inside Out documentary to challenge negative media coverage affecting the image of the NG20 area
- engaging local people from all cultural backgrounds in shared social and leisure activities, listening to their concerns and worries. An example is the Eats and Treats event https://youtu.be/60_zx_plAV4

The partnership has attracted the interest of the Department of Communities and Local Government (DCLG) and work is underway to secure resources which will sustain and build on progress to date.

HOUSING AND HEALTH

Having a roof over our heads is a basic human need, and living in a safe, secure and decent home provides a strong foundation for our health. Good homes not only need to be structurally and environmentally safe, warm and dry, but also affordable, located in neighbourhoods that encourage community relationships, where there is a low fear of crime and access to good employment and educational opportunities. Conversely, housing that is in a poor condition has a significant impact on physical and mental health and wellbeing, particularly for people who spend a lot of time at home, such as children, disabled people and those with long-term conditions, older people and carers.

The impact of housing on health is multi-faceted. Damp and mouldy homes increase the chances of developing respiratory infections, asthma and allergies, or exacerbating existing conditions.

Homes in a state of disrepair are a significant cause of accidents and falls, with young children and the elderly being especially vulnerable. Cold homes worsen conditions such as angina, stroke and coronary heart disease, and in 2015 there were approximately 150 excess winter deaths¹ a year across the county.

Inappropriate housing can also cause depression and anxiety, for example where homes are too small or too large for their occupants, amongst disabled people living in homes without suitable modifications and for people whose health and care needs change without subsequent changes to the physical environment of their home. Similarly, households living in precarious housing, such as families living in temporary accommodation can experience isolation and stress through separation from their social networks, employment and schools.

The most extreme example of the impact of poor housing on health is that rough sleepers have a life expectancy some 30 to 40 years less than the general population.

Current position

Nationally the cost of poor housing condition to the NHS in England is estimated to be £2bn per year, with the impact of cold housing being the largest contributing factor. Evidence suggests that overall the housing in Derbyshire is in a poorer condition compared to England. The rate of fuel poverty² in Derbyshire (12.8%) is higher than the national average (10.4%), affecting over 40,000 households in the county.

¹ More people die in the winter months than the rest of the year. Excess winter deaths measures the number of deaths that occur between December and March, and compares it to the average number of deaths occurring in the preceding four months (August to November) and the subsequent four months (April to July). The main causes of excess winter deaths are stroke, heart attacks and respiratory diseases, especially flu.

² A household is considered to be in fuel poverty "if they have required fuel costs that are above average (the national median level) and, were they to spend that amount, they would be left with a residual income below the official poverty line" (i.e. they are more likely to spend an above average amount on heating their homes and be left below the poverty line as a result)



The cost of housing in the UK is expensive, and is a significant financial pressure for many individuals and families. In Derbyshire, the average house price in 2015 was £183,614, just slightly lower than the average for the UK of £194,258, and the median monthly rent was £528. The median household income in the UK in 2015/16 was £25,700.

There are no statistics available that show a comparative figure for Derbyshire, but assuming a similar income in Derbyshire to the national figure, housing accounts for approximately 30% of the average household's expenditure. Spending a high proportion of the monthly budget on mortgage payments, rent and utility bills means households have less to spend on other priorities such as food, clothing, transport and leisure. In some areas of Derbyshire, such as Derbyshire Dales, house prices are significantly higher. This makes living in towns and villages in these districts unaffordable for young people and individuals on lower incomes, affecting family and social ties.

What more can be done?

A recently published Housing and Health Joint Needs Assessment highlighted where partners should work together to develop "homes for health" strategies. As housing is such a complex issue, leadership is required across organisations to change the different parts of the system.

There are a number of ways, learning from good practice elsewhere, in which individuals and communities can contribute to improving health through housing in Derbyshire, including

- developing a sharing economy, for example through time-banks, to use the skills of community members in home or garden improvement and maintenance
- building peer support, for example older people learning from others who have experience of successful housing solutions to meet their needs as they age, or people who have experienced homelessness providing advocacy for other homeless people
- members of the community making an active contribution by identifying their neighbourhood's housing improvement needs
- promoting Shared Lives initiatives which enable people with a spare room and a desire for support or company to share their home with others who need support and/or accommodation

CASE STUDY: THE HEALTHY FUTURES PROJECT

The Healthy Futures project is a service for homeless people who present at hospital in Derby and Chesterfield. The service aims to secure accommodation for individuals and provide support in the community to help independent living.

In the twelve months to March 2016, the project received 128 referrals, the majority of which were white British men aged between 35 and 50 years, which reflects the key demographic characteristics of the homeless population.

Individuals supported by the services had an 86% reduction in hospital admissions, a 90% reduction in A&E attendances and an 82% reduction in calls to 999.

In addition, individuals attended 95% of their GP appointments and only 15% discharged themselves from care. Social return on investment modelling shows that every pound invested in this project achieves a return of £11.85 across the health and social care economy.

ELIZABETH'S STORY

Elizabeth had a history of mental and physical health problems and was living in private rented accommodation in Erewash, but was at risk of becoming homeless.

Initially the healthy futures worker negotiated with the landlord to allow Elizabeth to stay while alternative accommodation was arranged. The worker also supported Elizabeth to make a successful application to pay off her arrears, and to register as homeless. A suitable property was secured, and Elizabeth was helped to apply for housing benefit.

The worker also liaised with the respiratory team to acquire less-bulky equipment for Elizabeth to manage her Chronic Obstructive Pulmonary Disease therefore improving her quality of life.

Elizabeth has required several readmissions as she fought to control her anxiety and its detrimental effect on her COPD, but is now living independently in her new home.

Further information

Good Housing Leads to Good Health: A toolkit for environmental health practitioners published by the Chartered Institute of Environmental Health

www.cieh.org/uploadedfiles/core/policy/housing/good_housing_leads_to_good_health_2008.pdf

Housing and Health Joint Needs Assessment: A home in which to start, live and age well in Derbyshire

www.observatory.derbyshire.gov.uk/IAS/Custom/Resources/HealthandWellbeing/Health_Needs_Assessments/DerbyshireHousingHealthJNA2016.pdf

Lifetime Homes are homes that incorporate 16 design criteria that can be universally applied to new homes.

www.lifetimehomes.org.uk/

HEALTH, PLANNING AND THE BUILT ENVIRONMENT

This chapter focuses on the role the physical environment in which we live, work and relax plays in shaping our health. If well-planned, the built environment can promote better wellbeing, quality of life and opportunity for all. Conversely, poorly planned developments can contribute to a number of health problems, including obesity, heart disease, stress and mental illness.

Planning is therefore an important lever that can support the adoption of healthy behaviours, improve environmental health, improve mental and physical wellbeing, and achieve greater equity in health. However, planning is not routinely used as a mechanism to improve health, and a planning strategy that does not proactively include health as a priority is a missed opportunity to improve the health of a population and contribute to reducing health inequalities.

Current position

By 2039, it is anticipated that the population of Derbyshire County will increase by nearly 80,000 people. Due to falling death rates and people living longer, the majority of this increase will be amongst older people. It is estimated that these population changes will require an additional 56,400 homes across Derbyshire. Developing strong, healthy and vibrant communities is crucial to ensuring the wellbeing of people in Derbyshire. The new homes that will be built in Derbyshire over the next few years, whether through new development or redevelopment of existing properties, presents an opportunity for them to be healthy homes in healthy communities.

Planning authorities across Derbyshire have been working together to agree strategic priorities for Planning and Health which has culminated in the production of a Planning and Health Strategic Statement, and to systematically develop new ways of working to maximise the contribution of the planning system to the health and wellbeing of the Derbyshire population.



What more can be done?

Joint working between Planning, Public Health, to Strategic Housing, Regeneration and Transport departments presents a great opportunity for professionals to work together, and alongside communities, to promote better health and reduce health inequalities. The Derbyshire Planning and Health steering group has been established to implement the vision outlined in the Planning and Health Strategic Statement.

Health Impact Assessments are a valuable tool for assessing the potential positive and negative health impacts of a planning proposal, and can be used to identify ways to maximise the health gains and mitigate the negative impacts of a development. A rolling programme of HIAs has been established within Derbyshire County Council, and this has included an HIA to identify opportunities to improve health for a major housing development in North East Derbyshire. (see case study).

Licensing, planning and public health

District and borough councils are responsible for the licensing of premises that sell alcohol, fast-food takeaways and provide gambling activities, such as bookmakers, bingo clubs and amusement arcades. All of these activities can have a detrimental effect on the physical and mental health of communities, and therefore offer an opportunity for public health, planning and licensing authorities to work together to improve health.

Examples of schemes developed in England include limiting the number of fast-food takeaways in proximity to schools, and sharing data and information on the harm caused by alcohol in a community to limit provision of premises licenses.

	KEY OBJECTIVES	POTENTIAL HEALTH BENEFITS
PRIORITISING POSITIVE PREVENTION	PROMOTING THE DEVELOPMENT OF HEALTHY ENVIRONMENTS	<ul style="list-style-type: none"> • Encourage physical activity and active travel • Increasing access to healthy food • Limiting hot food takeaways • Increasing healthy behaviours through behavioural nudges • Improving community safety
SUPPORTING HEALTHY AGEING	MAXIMISE THE BENEFITS OF AN AGEING POPULATION	<ul style="list-style-type: none"> • Encourage physical activity and active travel • Increasing access to healthy food • Increasing healthy behaviours through behavioural nudges
HEALTHY HOMES	ENSURE THE DELIVERY OF HIGH QUALITY HOMES AND GOOD DESIGN STANDARDS	<ul style="list-style-type: none"> • Improving mental health • Improved cardiovascular and respiratory disease • Reducing social isolation • Reducing falls
SUPPORTING POSITIVE MENTAL WELLBEING	USE PLACE-SHAPING TO IMPROVE THE MENTAL WELLBEING OF LOCAL PEOPLE	<ul style="list-style-type: none"> • Improving mental health • Reducing sickness absence • Maintaining a motivated and productive workforce
ENABLING PEOPLE TO CONNECT	CREATE CONNECTED LAYOUTS AND PLACES WHICH PROMOTE OPPORTUNITIES FOR MEETING	<ul style="list-style-type: none"> • Strengthening social cohesion and community resilience • Encouraging physical activity and active travel

CASE STUDY: AVENUE DEVELOPMENT



Photo from Kier Reserved Matters and design code

The proposed Avenue development is on the former Avenue Coking Works, near Wingerworth. The site had extremely high levels of industrial pollution and approximately £180 million has been spent on reclaiming the site. A masterplan has been created, which proposes the creation of approximately 470 new homes, a primary school, playing pitches, employment land and approximately 73 hectares of country park area.

A Health Impact Assessment has been completed to identify how the development could maximise its contribution towards improving the health of local residents, and that could therefore be included within the masterplan. A number of opportunities were identified, including

- connecting new open spaces and enhancing walking and cycling routes to existing communities
- encouraging physical activity and active travel by creating new children's play spaces linked with existing provision and new green infrastructure, for example, the Country Park, Village Green, open spaces and street trees
- increasing natural surveillance and community safety by the good design of public areas
- increasing access to healthy food by linking residents with local allotments and community gardens, promoting social eating opportunities, including spaces for raised beds in the design and layout of the community building, and placing restrictions on hot food takeaways through the planning process as part of a wider strategy to tackle obesity and health inequalities
- providing a mix of house types, form, densities, tenures and affordable housing
- involving local people in the design of spaces and connections

NATURE AND WELLBEING

Within Derbyshire we are fortunate that there is an abundance of green space, in the form of open countryside, woodlands, nature reserves, parks and waterways.

Engaging with the natural environment is associated with better physical and mental health, including:

- a reduction in the risk of developing long term conditions such as diabetes
- lower rates of anxiety and depression
- improved wellbeing and improved levels of social interaction and community cohesion

Exploring the natural physical environment is an important part of child development and helps build the foundation for good mental health into adulthood.

The presence of greenery and trees in the built environment plays a vital part in children's wellbeing, being associated with reduced mental illness, lower Body Mass Index scores, and better concentration and self-discipline.

Outdoor play and integrating learning with the natural environment improves how children relate to each other, encourages more creative play and socialisation, develops resilience, helps reduce bullying, and improves academic performance.

Actions that improve access to nature are therefore a cost-effective way of improving health and wellbeing. Furthermore, income-related health inequalities are reduced in areas where people have close access to open green spaces. Investing in interventions that increase equitable access to green space therefore presents an opportunity to reduce health inequalities. However, there is still a significant proportion of our population that do not have easy access to observe and interact with the natural environment.

NATURE CONNECTION

Nature connectedness is the extent to which an individual includes nature as part of their identity. If an individual feels connected to nature, they are more inclined to care about nature and protect the environment. Nature connectedness can be increased by spending more time in nature.

Recent research has found that feeling connected to nature is associated with higher psychological well-being (such as self-acceptance, purpose in life, positive relations with others, and autonomy) and emotional well-being (including positive emotions and life satisfaction). Nature connectedness is also associated with vitality (having both physical and mental energy) and mindfulness.

Current position

In 2014-15, 42% of Derbyshire residents reported they had visited the natural environment at least once in the last seven days, similar to the England figure of 44%. About 8% of people living in Derbyshire stated they never visited the natural environment, the same proportion as England as a whole. Nationally seven out of ten children visit the natural environment at least once a week, but one in nine children have not visited the natural environment in the past year.

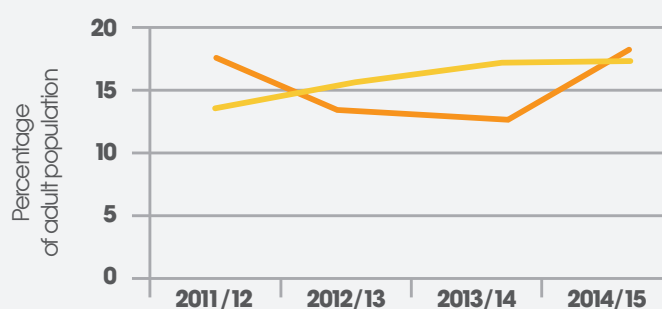
This information is derived from the national Monitor of Engagement with the Natural Environment survey, which also records reasons for visits. Data for Derbyshire indicates that in 2014/15 less than 1 in 5 adult residents had visited the natural environment for health or exercise purposes in the last seven days. This is an increase from the previous year's figure, and is higher than the average for England of 17.9% (see figure next page).





Utilisation of outdoor space for health or exercise reasons

Derbyshire England



What more can be done?

Local authorities, communities and other local organisations and partnerships are well placed to work together to create new areas of green space, improve the quality of existing green spaces, and increase accessibility, engagement and use of green spaces. We need to build further on the progress already achieved in Derbyshire, and ensure all communities have the opportunity to increase their access to and use of green spaces and the natural environment. Examples of work in Derbyshire include:

- Forest Schools engage children in outdoor tasks and activities, learning and achieving in the natural environment
- Walking for Health schemes provide free walks to all, with some walking groups established specifically for priority groups, such as mental health service-users and people participating in cardiac rehabilitation.

- Development of the walking and cycling route infrastructure, including greenways (such as former railway lines and canal towpaths) that provide traffic free routes to connect urban and rural areas.
- Community gardens, food growing and fruit tree planting schemes
- Wildlife and conservation schemes in public areas such as in Brimington Cemetery, Chesterfield.
- Green Gyms aim to improve health and physical activity at the same time as benefiting the environment through participants undertaking gardening or practical conservation work

In addition, Natural England's Access to Nature programme provides an opportunity to improve access to and engagement with the natural environment, with a particular focus on socially excluded people or those who have little or no contact with green space.

CASE STUDY: FOREST SCHOOLS



Bonsall Primary School is one of many schools in Derbyshire to participate in the Forest School programme

Forest Schools are an outdoor based programme whose philosophy is to engage and inspire individuals of any age through a programme of activities and learning experiences in a woodland environment. Activities include shelter building, learning woodland and traditional crafts, exploring the landscape and its history, playing team and group games, studying wildlife, completing sensory activities and learning to use tools safely. In Derbyshire, the Forest School programme runs throughout the year. Children and young people work with tools, play, learn the boundaries of appropriate behaviour, grow in confidence, self-esteem and motivation.

The following are some quotes from primary school children who have taken part in Derbyshire's Forest School programme:

“I like forest schools because I get fresh air and time to play”

“I learned to be safe around a fire and happy outside. I'm very proud of myself because everything kept going wrong but I kept trying until it was right. I think I persevered and co-operated”

“I learned to be a good friend”

Further information

Natural England's Natural Connections Demonstration Project: <http://publications.naturalengland.org.uk/>



SUSTAINABLE ACTIVE TRAVEL

We are now more than ever reliant on our cars, with car use the main mode of transport for the majority of both long and short distance journeys in the UK.

While car use provides many benefits in terms of providing convenient access to services, leisure opportunities and jobs, this increase in car use has resulted in a decrease in active forms of travel such as walking and cycling, and contributes significantly to our increasingly sedentary lifestyles and high levels of physical inactivity.

Sedentary lifestyles and insufficient levels of physical activity are significant risk factors for many physical and mental illnesses. It is estimated that physical inactivity directly contributes to 1 in 6 deaths in the UK. Promoting active travel therefore has the potential to greatly benefit individuals and society, through

- higher levels of physical activity leading to improved mental and physical health, which in turn reduces sickness absence
- social benefits such as increased social cohesion, a reduction in levels of social isolation and increased spending in local shops
- reduced traffic congestion which in turn reduces carbon emissions and improves air quality

- fewer road traffic accidents and injuries

Current position

In Derbyshire the use of cars and vans to get to work has been steadily increasing since 2001. Over 65% of the population of Derbyshire travel to work in cars and vans, compared with 54% nationally. This higher rate is likely to be due to the rural nature of our county.

The transport issues faced in rural communities differ from those in more urban areas. Rural communities suffer less from congestion and air pollution compared with urban communities, but they often have more limited access to services, jobs and public transport networks. This contributes to increased levels of car use and lower levels of physical activity.

Approximately three-quarters of Derbyshire is classified as rural, and this means there are additional challenges in planning and implementing transport policy. It also means that the health impacts of transport can be very different in different areas of the county.

There are numerous examples of interventions to reduce reliance on cars, and encourage Derbyshire people to walk and cycle more:

- ongoing development of the cycling and walking infrastructure across the county
- support for employers to develop workplace sustainable travel plans, and local implementation of the Cycle to Work Scheme
- the County Rider programme provides free cycle training to people aged 18 or over who live, work or study in Derbyshire
- support for Derbyshire schools to produce sustainable school travel plans. Many schools have achieved recognition via the ModeShift STARS (Sustainable Travel Accreditation and Recognition Scheme) programme
- completion of health impact assessments for large housing development projects (see the Avenue case study in Chapter 3), to maximise opportunities for promoting active travel through these developments

What more can be done?

Prioritising active travel and public transport over other forms of transport would deliver significant health benefits. The Derbyshire Cycle Plan aims to increase participation in cycling, increase the connectivity of cycling infrastructure, raise awareness and provide advocacy to support cycling. Partners can work together to increase the integration of foot and cycle networks with public transport networks, ensure decisions around transport policy and practice take more account of local geography and the different issues faced by urban and rural communities (for example allowing cycles on buses in rural communities) and encouraging local communities to actively contribute to initiatives to shift the balance from cars having priority on our roads. For example, 20mph limits in residential areas or allowing street closures for set periods of time on a regular basis provides an opportunity for increased participation in safe walking and cycling, and also encourages children to be able to play actively and safely outdoors near their homes.

Further information

Short journeys, Big savings provides information on the health and financial benefits of encouraging people to become less reliant on cars for short journeys
www.sustrans.org.uk/sites/default/files/images/files/publications/Short%20journeys%20big%20savings%2023%20AUG.pdf

The Derbyshire Cycling Plan
www.derbyshiresport.co.uk/uploads/the-derbyshire-cycling-plan-2016---2030.pdf

ModeShiftStars www.modeshiftstars.org/

CASE STUDY: LADYCROSS INFANT SCHOOL

Ladycross Infant School in Sandiacre is the first school in Derbyshire to have achieved the gold Modeshift STARS award. This national scheme recognises schools that demonstrate excellence in supporting active and sustainable modes of transport to school.

The school received the award for the following achievements to get their children more active, traveling less by car and enjoying their exercise:

- participating in the Big Pedal 2015 – the UK's largest school cycling and scooting challenge – winning first place for the East Midlands for getting 91% of pupils biking or scooting to school during a three-week period
- reducing journeys to school by car from 34% to 15%
- encouraging pupils to be safe on the road by wearing brightly coloured clothes and installing flashing lights on bikes and scooters
- training their staff to deliver the Balanceability programme – where children as young as two are taught to balance on a bike without stabilisers
- installing cycle and scooter storage racks, as well as having a number of scooters for parents and pupils to borrow so they can scoot to school
- working with the police to security mark the children's bikes and scooters which helps to trace them if they are stolen.





SUSTAINABLE PLACES - IMPROVING AIR QUALITY

Air pollution is the biggest environmental health risk in the UK, contributing to an estimated 40,000 deaths each year.

Outdoor air pollution is not a new problem, but unlike the smog experienced in the 1950s, modern day outdoor air pollution is largely invisible and is predominantly caused by the emissions from vehicles on the roads.

Modern cars produce a variety of compounds. Very little carbon monoxide and hydrocarbons are produced, and the sulphur and lead in diesel and petrol must meet tight regulations. However nitrogen dioxide and small particulate matter is not controlled in the same manner. A combination of an increased number of diesel vehicles, technological difficulties in reducing exhaust pollutants and an increase in car usage, has resulted in an increase in concentrations of small particulate matter and nitrogen dioxide in recent years. Whilst their contribution to air pollution is less than road vehicles, modern gas boilers, gas cooking and log burners also contribute to the levels of nitrogen dioxide and small particulate matter in the air.

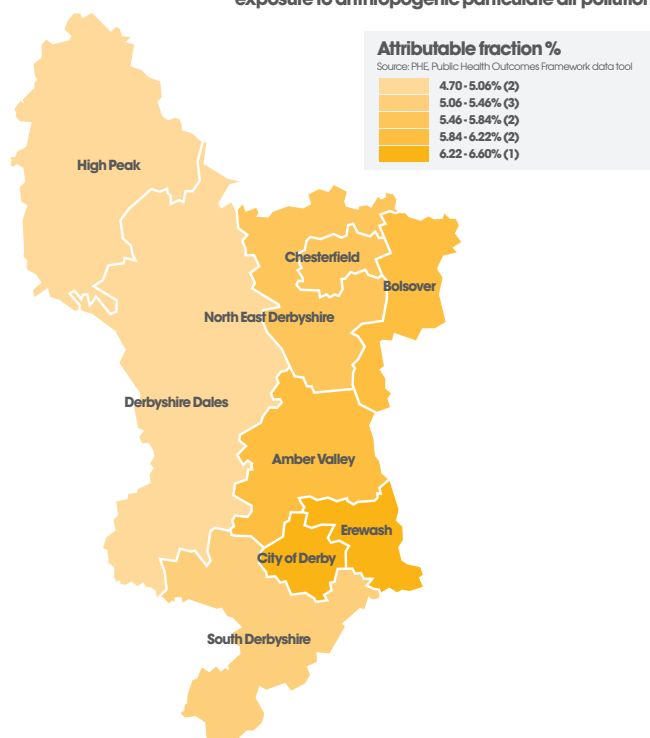
Air pollution is associated with a number of adverse health effects across the lifecourse, contributing towards respiratory infections and asthma in young children, worsening respiratory diseases such as asthma and chronic bronchitis in adults, contributing

to cases of lung and other cancers, and exacerbating conditions such as stroke, heart disease, diabetes and obesity. Whilst the impact of air pollution affects the whole population, the burden of ill health arising from poor air quality disproportionately affects children, older adults, those with underlying health conditions and the most disadvantaged within our communities.

Current position

The costs in the UK from exposure to air pollution are estimated to be more than £20 billion every year, on a par with the costs of smoking and obesity. Long term exposure to air pollution is known to be a contributory factor to deaths across a range of conditions, including cancer, respiratory disease, strokes and heart attacks. It is estimated that the number of deaths attributable each year to particulate matter air pollution in Derbyshire is 402, or approximately 1 in 20 deaths. The number of deaths attributable to nitrogen dioxide pollution has not yet been calculated, but is likely to be equivalent to that attributed to particulate matter.

Attributable fraction of deaths estimated as due to long-term exposure to anthropogenic particulate air pollution



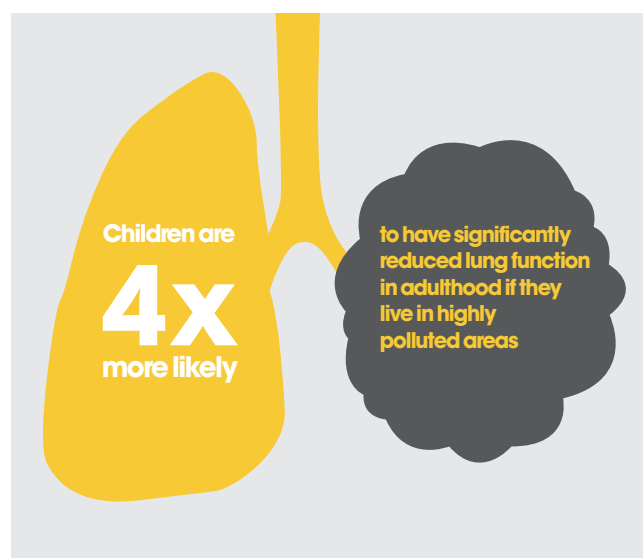
Environmental health teams in Borough and District Councils are responsible for local monitoring of air quality. This includes monitoring the levels of nitrogen dioxides at 150 locations across Derbyshire and monitoring particulate matter at three locations. In areas where the annual average concentration of nitrogen dioxide has been identified as exceeding European Union air quality objectives an Air Quality Management Area (AQMA) is established. This requires the development of an action plan to address air quality in these communities. At present there are five AQMAs in Derbyshire, all in localities in close proximity to the M1.

With an expected doubling in traffic levels over the next 30 years, the impact of outdoor air pollution on health will increase further unless we take steps on a local and national level to reduce pollutants. Evidence has shown that even a small decrease in the level of air pollutants can have a positive impact on the health of the local population. Improving air quality locally will therefore help ensure long lasting benefits for children and help older people and those with long term conditions to stay independent and well, benefiting individuals and easing the pressure on local health and care services.

What more can be done?

Actions required to reduce pollution includes ensuring effective monitoring of air pollution at a local level, ensuring regulation of polluting businesses, addressing community concerns and facilitating a reduction in air pollution through effective transport planning and infrastructure development.

Responsibility for improving air quality rests with a range of organisations, and future work in Derbyshire will focus on greater collaboration to take action to improve air quality. In March 2016 Derbyshire's Health and Wellbeing Board committed to strengthen local action to improve air quality. Subsequently, in June 2016, Derbyshire County Council hosted the first Derbyshire County and Derby City Air Quality workshop that brought together partners across the respective local authorities, health organisations, and regional and national experts. The event raised awareness of the health risks associated with poor air quality, mapped current work to address air pollution and examined evidence to support wider change. Partners have committed to the formation of a Derbyshire-wide working group to address air quality that will identify actions based on local air quality and the available evidence to implement initiatives to support local improvement.



Source: Every breath we take

Further information

Every Breath We Take is a report published by the Royal College of Physicians that highlights the lifelong impact of air pollution, www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution

PLACE - BASED SERVICES

The current health and social care system is facing pressures it has never before experienced. We are living longer, but spending more years in ill-health, enduring complex and multiple health problems in later life. The resultant need for health and care services in both hospital and community settings has increased rapidly.

The current system is driven more by organisational autonomy, competition and regulation, rather than patient experience, quality of care and population health outcomes. In addition, perverse financial incentives drive a system which gains from maintaining a community of ill, dependent people and where the success of one organisation can mean failure for another. Individuals feel the impact of an increasingly complex and disjointed system where a lack of integration and duplication means they see multiple professionals in multiple services and describe the same problem many times over, but often never get an opportunity to really focus on what is important to them within their own lives.

Facing unprecedented financial constraints, the health and care system in its current form is therefore not sustainable in the long term. However, the current pressures also provide an opportunity for organisations to work together to deliver more integrated services, whilst aiming to reduce overall need by improving the health and wellbeing of the whole population.

Current position

The population of England has grown from around 40 million at the creation of the NHS in 1948, to 53 million today and is predicted to reach 61 million by 2032. In that time life expectancy has increased by twelve years to almost 80 years in men and 83 years in women. There are now 20,000 over 85's living in Derbyshire, a doubling of the number from 25 years ago. At the same time there has been an increase in illnesses related to unhealthy lifestyles. For example, more than two out of every three adults in Derbyshire are overweight or obese putting them at a significantly higher risk of health problems such as diabetes, heart disease and cancer.

These changes in population structure have driven an increased demand for statutory health and social care services, as well as support from family and friends, and the voluntary and private sectors. It is almost impossible to quantify the impact of the changes but emergency hospital admissions in Derbyshire have increased by almost a third in the last decade alone.

Eighty per cent of health outcomes are determined by factors outside of the reach of the NHS such as lifestyle choices, the physical environment and social networks, with only 20% related to care received from health services. A place-based system where services are provided in thriving local communities, recognises the value of individuals, carers, families and social networks, and that builds on local assets is better positioned to make an impact on the 80% and realise the benefits to the health of the population than the current system structures.

Place-based systems of care are a relatively new concept, and are being promoted as a solution to the problems facing the health and social care system.

What more can be done?

With limited financial resources, statutory organisations are rightly concerned about investing in interventions that lack a clear evidence-base of cost-effectiveness.



However, difficulties in producing evidence for more preventative, complex and community-based interventions have led to the position where a paucity of evidence has allowed decision-makers to shy away from systematic, long-term investment in such approaches. However, a lack of evidence of effectiveness is not the same as evidence of a lack of effectiveness. If prevention and asset-based community development does not receive appropriate investment, the health and social care system will never be able to prove that it works and the argument becomes circular. Investment in upstream interventions is now imperative, accompanied by rigorous evaluation to monitor new approaches, and backed by the openness and courage to accept when things are not working as intended and to make changes.

Bringing about cultural change is hard, especially as professionals from different agencies have different sets of incentives, different ways of viewing problems and different ways of working towards solutions. However, the focus of the whole system and all working within it needs to shift to “what matters to communities and individuals” and “how can we help you to help yourself”. System leaders need to design incentives that support rather than hinder this approach.

The public sector operates under heavy and inflexible regulation which makes local innovation difficult. New national initiatives, such as the establishment of Vanguard sites, and the requirement for local organisations to work together to produce a Sustainability and Transformation Plan, provide local leaders with opportunities to explore ways to allow meaningful, locally-led change.

CASE STUDY: EREWASH VANGUARD

The trialling of new models of health and social care were announced by NHS England in 2014. Erewash was chosen as a pilot site for Multispecialty Community Providers (MCPs), which brings primary and community health services closer together and tests ways to bring specialist care out of hospital to better meet the needs of the local population.

Wellbeing Erewash – Your Life Your Way is the name of the new approach to how health and social care services are being provided across Erewash. The vision for Wellbeing Erewash is to develop thriving communities across the area, where people feel confident and supported to choose a healthier lifestyle, stay well and know how to get help and support when needed. As part of the new model, local residents will be supported to take more responsibility for their own care, with community-based services helping people support themselves. As well as delivering better care, with better health outcomes for local residents, the new model is also expected to deliver better value by bringing services together, and changing what is delivered.

Further information

Get well soon: Reimagining place-based health, available at www.nlgn.org.uk/public/2016/get-well-soon-reimagining-place-based-health/

For more information about Sustainability and Transformation Plans and Vanguard sites
www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/
www.england.nhs.uk/ourwork/futurenhs/new-care-models/

AN UPDATE ON A HAPPIER HEALTHIER DERBYSHIRE

The style of last year's report was a departure from a traditional annual report, and was designed to be read and used by local people. The report highlighted the importance of positive mental health and wellbeing, and introduced a simple framework called the 5 ways to Wellbeing that people of all ages can build into their lives to improve their mental health and wellbeing. The 5 Ways are connect, be active, take notice, keep learning and give.

The principles that underpin the 5 Ways are relevant to all age groups. Five versions of the report were produced, with content tailored to under 5s, children of primary school age, young people at secondary school, adults and older adults. Each version of the report showcased opportunities in Derbyshire for implementing the 5 Ways.

Local residents were asked to submit photos of how they were putting the 5 Ways into practice with their family and friends. Some of the entries are shown here, and reflect how easy it is to incorporate the 5 Ways into everyday life.

This year's report highlights the importance of communities in shaping our physical and mental health. Derbyshire County Council will continue to work with partners, communities and individuals to encourage more of us to use the 5 Ways to Wellbeing to improve our mental health and wellbeing.

Further information

All versions of A Happier Healthier Derbyshire are available at www.derbyshire.gov.uk/social_health/public-health/about_public_health/default.asp





CASE STUDY: STONELOW JUNIOR SCHOOL

Stonelow Junior School, Derbyshire County Council Library Service and Stonelow Court worked together to connect and learn more about each other. Each week Year 5 children spoke to people at Stonelow Court about a different topic. They were able to share stories about when they were younger and discussed how things were different. Some of the pupils said "I really enjoy going to Stonelow Court. All the residents are really nice to us, and they tell very exciting stories!" After the project, the children were invited to celebrate the 100th birthday of a resident and some of the children and their families arranged to see the residents at weekends.

RECOMMENDATIONS

Throughout this report we have shown how creating and maintaining healthy, sustainable and resilient communities requires a co-ordinated place-based approach, considering the unique characteristics of our communities in terms of the people, the physical assets (such as buildings, green space, air quality and transport) and the services provided. Furthermore, we support the development of place-based approaches as an effective way of engaging with local people on issues which affect their wellbeing. While recognising that achieving change requires long term commitment, delivery of the recommendations below will contribute positively to the role place can play in the health and wellbeing of our communities.

MAXIMISE THE LOCAL HEALTH IMPACT OF STRATEGIC LEADERSHIP AND STRATEGIC PARTNERSHIPS IN LOCAL PLACES:

1

- All partners to recognise and harness the value of local partnerships in improving health and wellbeing, reducing inequalities and contributing to the wider determinants of health
- Statutory organisations and county level partnerships to ensure that local partnerships are consulted on significant strategic, planning and policy developments to enable new initiatives to build on existing local assets
- Partnerships to identify opportunities to strengthen joint working to maximise impact and avoid duplication

STRENGTHEN ENGAGEMENT OF LOCAL PEOPLE IN DEVELOPING HEALTH AND WELLBEING INITIATIVES THROUGH COMMISSIONERS AND SERVICE PROVIDERS ADOPTING THE 2016 NICE GUIDANCE ON COMMUNITY ENGAGEMENT: IMPROVING HEALTH AND WELLBEING AND REDUCING HEALTH INEQUALITIES (SEE WWW.NICE.ORG.UK/GUIDANCE/NG44)

2

- Organisations to identify time and resource to undertake a baseline self-assessment against the NICE guidelines; identify and implement actions to improve compliance
- Organisations to document and share examples of good practice in order to support others to achieve more effective engagement

MAKE DERBYSHIRE A SOCIAL VALUE ECONOMY TO ENSURE COMMISSIONING OF SERVICES SECURES BENEFITS FOR THE LOCAL AREA AND DERBYSHIRE PEOPLE. ALL MAJOR PUBLIC SECTOR ORGANISATIONS SHOULD:

3

- Assess their compliance with the requirements of the Social Value Act 2012
- Commit to strategic organisational prioritisation of social value at board level, including having a nominated board lead for social value

- Commissioning organisations to develop a social value framework and procurement guidance to support commissioners
- Provider organisations to consider social value when responding to tenders and when procuring services e.g. catering/ equipment supplies
- Through the Health and Wellbeing Board share best practice examples where real benefit for local people and places has been achieved through commissioning goods and services

INCREASE THE PROPORTION OF THE DERBYSHIRE POPULATION WHO ACTIVELY PARTICIPATE IN VOLUNTEERING:

4

- All major public sector employers to consider developing a Staff Volunteering Policy to build volunteer capacity within local communities
- Providers to work together to strengthen the links between social prescribing and other community based health, wellbeing and participation activity, for example through Wellbeing Workers, vSPA, Local Area Co-ordination

IMPLEMENT A 'HEALTHY SETTINGS' APPROACH IN SCHOOLS AND WORKPLACES

5

- Organisations to sign up to the 'Healthy Workplaces Derbyshire' programme
- Schools and communities to work together to achieve Healthy Schools Community Status

MAXIMISE THE IMPACT OF PLACE BASED APPROACHES TO HEALTH AND CARE SERVICES

6

- Health and Wellbeing Board to develop system level outcomes that facilitate collaborative working between agencies
- Health and Wellbeing Board should maintain oversight of the development of an asset based approach to delivering the Sustainability and Transformation Plan (STP) considering all aspects of place: geographical footprint, communities, people and services

- Commissioners and providers to ensure that existing and new interventions are rigorously evaluated and add to the future evidence base for place-based approaches

PROTECT AND ENHANCE THE NATURAL ENVIRONMENT, RECOGNISING ITS CONTRIBUTION TO HEALTH AND WELLBEING

7

- Planning authorities to ensure that the inclusion of green space is incorporated into major building developments at the planning stage
- Local Nature Partnerships to include health and wellbeing outcomes in their strategic priorities and aim to reduce inequalities by improving access for socially excluded groups and those who rarely or never visit natural outdoor spaces
- Early Years Education Providers and Schools to provide more outdoor and natural play initiatives, for example by active delivery of the learning outside the classroom agenda

8. ALL DERBYSHIRE PEOPLE TO HAVE A SAFE, SECURE, WARM AND AFFORDABLE HOME

8

- Establish a county-wide Strategic Housing Board to develop a Housing and Health Strategy informed by the strategic priorities identified in the Housing and Health Needs Assessment
- Ensure resources, local intelligence and evidence are used to support authorities to build healthy, sustainable and resilient communities
- Identify champions for housing and health at local and county level; involve local people in shaping housing plans and to benefit health and wellbeing
- Housing Authorities to tap into people's skills and experience at a local level to ensure that development of future housing reflects local need
- Increase the proportion of new homes built to Accessible Housing Standards

ENSURE THAT HEALTH PROTECTION AND HEALTH IMPROVEMENT ARE CORE APPROACHES EMBEDDED WITHIN LOCAL AREA PLANNING, TRANSPORT AND INFRASTRUCTURE DEVELOPMENTS

9

- Embed sustainability and protection of the environment across the planning system by implementing recommendations within the Planning and Health Strategic Statement
- Develop a Derbyshire Air Quality plan including recommendations to increase public awareness of air quality and actions they can take
- Partner organisations to develop sustainable travel policies for employees that reduce unnecessary travel and promote and incentivise use of public transport and active travel

- All organisations with fleet vehicles to adopt sustainable fleet management policies to ensure optimal efficiency, minimise unnecessary travel, and reduce idling
- Reduce the impact of poor air quality on the most vulnerable groups by further developing area based plans around schools and hospitals to improve traffic control, promote alternative and active transport and reduce idling
- Derbyshire County Council to explore development of place-based, demand-responsive transport solutions

ACTIONS FOR COMMUNITIES

- Identify and make the most of community assets at local level: spaces, equipment and people
- Promote volunteering and participation in community based projects: it is not always about funding, it's about time, skills energy and ideas
- Advocate and lobby for improvements in your local area
- Continue to promote the 5 Ways to Wellbeing as part of a co-ordinated approach to positive mental health

ACTIONS FOR INDIVIDUALS

Continuing the theme from last year's DPH report becoming involved in your local area provides lots of opportunities to build the 5 Ways to Wellbeing into your life. The 5 Ways are Connect, Be Active, Take Notice, Keep Learning and Give

- Shape the future of your community by taking an interest in and responding to issues that affect your local area 'Take notice'
- Get involved – start by finding out about and taking part in one thing going on in your local area 'Connect'
- Explore opportunities for volunteering either where you live or work – giving something to your local community or workplace 'give'
- Improve local air quality by leaving the car at home more often 'be active'
- Enjoy the great outdoors! Explore the green spaces near where you live 'keep learning'

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Jane Careless	Senior Public Health Manager
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Julie Hirst	Public Health Principal
Siobhan Horsley	Specialty Registrar in Public Health
Claire Jones	Public Health Manager
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Maureen Whittaker	Consultant in Public Health



DERBYSHIRE – A HEALTHY PLACE

Written and produced by
Public Health,
Derbyshire County Council,
County Hall,
Matlock
DE4 3AG

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