



CHESTERFIELD
BOROUGH COUNCIL

Developing a Health and Wellbeing Strategy

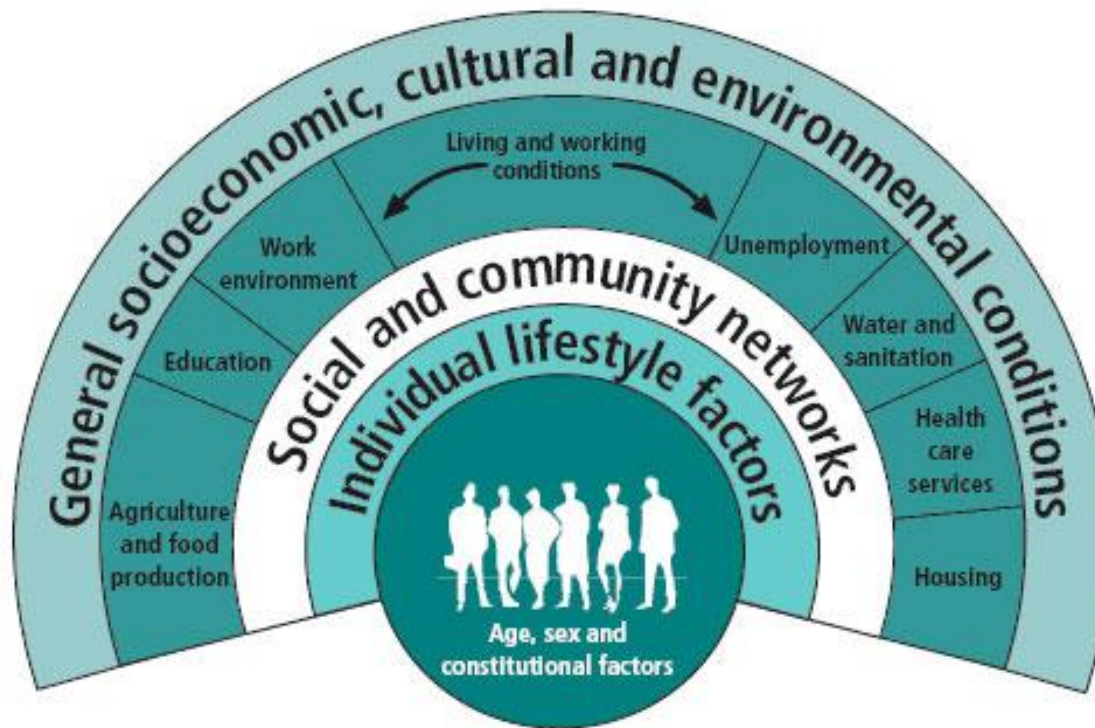
Overview and Performance Scrutiny Forum – 10.01.17

Martin Key, Health & Wellbeing Manager

What is going to be covered this evening

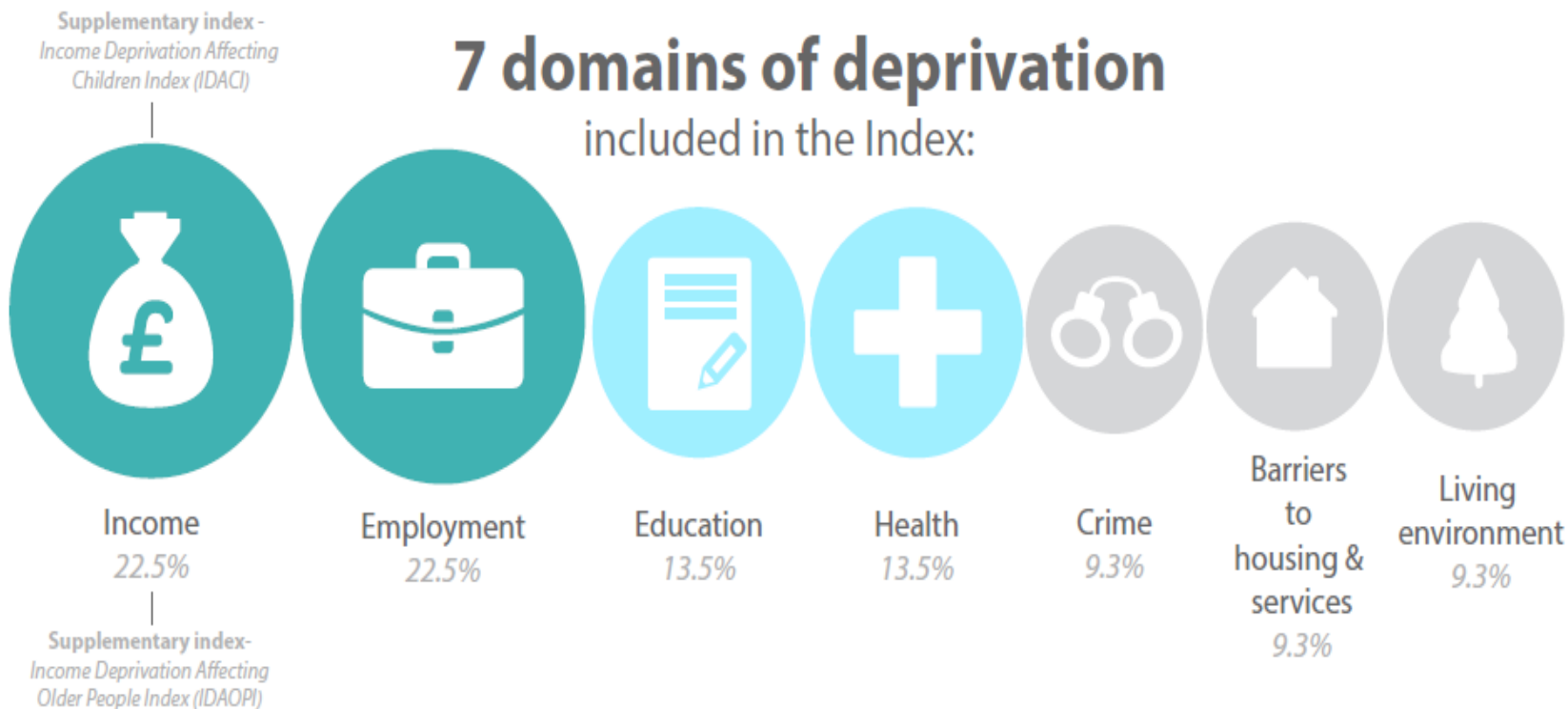
- *Health Inequalities*
- *Indices of multiple deprivation and health profile of Chesterfield*
- *Chesterfield Health and Wellbeing Partnership*
- *Health and Wellbeing Projects*
- *Partnership work, strategy and review of funding arrangements*

What influences health?



Indices of Multiple Deprivation

7 domains of deprivation included in the Index:



- There are 326 English local authority districts included in the Indices of Multiple Deprivation.
- In 2015 Chesterfield was the 85th most deprived district (91st in 2010)

- England is divided into 32,844 Lower Layer Super Output Areas (LSOA's)
- 6 of Chesterfields 68 LSOA's fall within the top 10% of most deprived areas in England across all domains (5 in 2010)
- A further 14 LSOA's fall within the top 20% of most deprived areas (12 in 2010)

Chesterfield Key Messages



- Entrenched and worsening deprivation in several Chesterfield neighbourhoods
- All six of the Chesterfield LSOAs in the 10% most deprived in 2015 have deteriorated since 2010
- Deprivation inequality has risen - those within the 10% least deprived have improved and the 10% most deprived deteriorating.

Chesterfield Key Messages

- Health and disability is a major concern for Chesterfield borough. The Borough is ranked the 25th most deprived in England for this domain and half of the LSOAs fall within the 20% most deprived within England.

Health Profile

- About 21% (3,700) of children live in low income families.
- Life expectancy is 10.0 years lower for men and 8.4 years lower for women in the most deprived areas compared to the least deprived areas.
- In Year 6, 19.8% (192) of children are classified as obese.

Health Profile

The following are significantly worse than the England average

- The rate of alcohol-related harm hospital stays
- The rate of self-harm hospital stays
- The rate of smoking related deaths
- Estimated levels of adult excess weight
- The rate of hip fractures
- The rate of early deaths from cardiovascular diseases

How to drive improvements?

- Strategic Partnerships
- Medium to long term term
- Population level change
- Develop community based action
- Targeted approach
- Sustainable
- Embedded in all council actions



Strategy Development

- Must fit within existing health and wellbeing policies and those of partners
- Council plan priority **to improve the quality of life for local people**
- To improve the health and well-being of people in Chesterfield Borough
- To reduce inequality and support the more vulnerable members of our communities

Chesterfield Health and Wellbeing Partnership Priorities

Five priorities, which align with the Derbyshire Health and Wellbeing Board priorities and other local partner priorities, have been outlined:

- Social Capital
- Financial Inclusion
- Mental Health and Wellbeing
- Healthy Lifestyles
- People

Existing Health and Wellbeing Groups

- Derbyshire Health & Wellbeing Board
- Chesterfield Health & Wellbeing Partnership
- Planning & Health Group
- Strategic Health Group (NEDDC & BDC)
- STP Place Group
- Locality Childrens Partnership
- Community Safety Partnership

Marmot Review 2010

- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill health prevention



Key areas of activity

- Partnerships – DCC public health, CCG (STP) and Place (includes DCC social care)
- Shared objectives
- Co-commissioning of services (VCS funding)
- Obesity – initial focus on schools partnering
- Inactivity – build on Press Red work, Sports England
- Falls prevention
- Alcohol – use licensing powers, focus on key groups, work with CSP, police and PCC
- Health In All Policies



Next Steps

- Continue to strengthen partnerships
- Health In All Policies – is an approach to public policies that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.
- Core Health & Wellbeing internal Strategy group to develop key work areas

