

DIRECTOR OF PUBLIC HEALTH'S (DPH) ANNUAL REPORT

Welcome to the 2014 Director of Public Health's (DPH) Annual Report. This is not a traditional DPH report. But these are not traditional times. The 2012 Health and Social Care Act fundamentally changed the health system in England. It signaled the end of Primary Care Trusts and the creation of Clinical Commissioning Groups and NHS England. Public Health England is the new agency whose mission is to protect and improve the nation's health and to address inequalities. Public Health has returned to its roots within Local Government. Locally, twelve months ago we moved from Derby City Primary Care Trust into Derby City Council. We have been working hard over those months to re-establish the central role of Local Government in improving the health and wellbeing of the people we serve.

Derby City has had a Health and Wellbeing Board since December 2010, initially in shadow form. Since April 2013 it has had strategic influence over planning and commissioning decisions across health, public health and social care. The Board has strengthened legitimacy by involving democratically elected representatives and patient representation through Healthwatch.

A statutory duty of Health and Wellbeing Boards is to prepare a Joint Strategic Needs Assessment (JSNA) and a joint strategy for how these needs can be best addressed — the Health and Wellbeing Strategy. Our Strategy included recommendations for joint commissioning and integrating services across health and care. These have driven local planning and commissioning of health care, social care and public health, creating a more effective and responsive local health and care system and addressing wider issues such as housing and education.

Traditionally, the DPH Annual Report covered a lot of information that is now covered in the JSNA and the Health and Wellbeing Strategy. And so it is time for a new DPH report. I have decided to present an overview of the health and wellbeing of the people of the city in a very different way. I wanted to make the information accessible to as many people as possible and move away from lots of graphs and charts with accompanying text. So we have created a series of Infographics to communicate information on demography, key health data at different stages of the life course, health inequalities and how we spend the grant we receive from the Department of Health.

I am very grateful to Andy Muirhead for leading this work and providing all the data and to Konstantin Yun, Ahmed Khan and Derby University for their design expertise. We hope you like the new DPH annual report. We would welcome your comments and feedback. Please email Andrew.Muirhead@derby.gov.uk with any you may have.

Derek Ward - Director of Public Health

CONTENTS



A broad picture of the population of Derby is fundamental to understanding their health and wellbeing needs, as well as to unlocking their potential to realise positive outcomes as individuals, families and communities. Did you know that there are over 180 nationalities represented in the city?



What happens in your baby's first years has a big effect on how healthy he or she will be in the future. This section explores some of the key outcomes for our mothers and infants that will help us to ensure that we give them the best start in life. Did you know that 3,756 babies were born in Derby last year?



The best investment in Derby's future is in its children. This section explores their needs, including take-up of vital immunisation programmes, the lifestyle choices adopted by them and their parents, as well as their learning potential. Did you know that Derby is a British Heart Foundation 'Heart City' working together to improve our heart health from a young age?



To ensure that our children develop well through their schooling and into adulthood, we need to first understand their behaviours and external influences on them at that age. This section looks at some of these influences on their lives. Did you know that we support young people with substance misuse issues that are negatively impacting on their lives?



The health of the nation is in the main gauged by health outcomes in adulthood. This section explores the physical and mental health of Derby's working age residents, the relationship between work, health and geography. Did you know that we help support people adopt healthier lifestyle choices through our 'Live Well' Programme, helping them to stop smoking, lose weight and feel great!



Older people are our primary users of health and social care services. This section explores some of their needs that guide us in supporting them to maintain their independence. Have you heard about Derby City Council's 'Healthy Housing Hub'? We help the most vulnerable in the city by delivering preventative housing solutions to improve their health and wellbeing.



Did you know that Derby has one of the widest gaps in life expectancy, between the most and least deprived neighbourhoods, in the country? Addressing such inequalities are our main goal, and that requires us to work with communities across the city to understand their needs and support them in making more positive lifestyle choices.



The Department of Health allocated Public Health grant has enabled us to transform the lives of Derby's communities through the commissioning of an array of innovative and award-winning services. The health and wellbeing of the people of Derby is at the heart of every decision we make about how this money is spent, be this on mandatory or other programmes developed to meet the needs of the population.



For more information can be found visit: www.derby.gov.uk/health-and-social-care

DEMOGRAPHICS

Gender Ratio

Nationalities

Average Age

49.5/50.5



5 36 37.6 38 39.

Military Service

Students







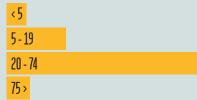
18,000



Age Distribution

Residents of Derby

Languages





English	215,000
<mark>A</mark> sian	12,000
European	7,000
African	800

Same-Sex Relationships

Single Parents







8,000



With a Motor Vehicle

Households

Without Central Heating









British Sign Language Users

Long Term Illness







20%



MATERNITY AND INFANCY

Live Births



Vaccinated for MMR



Low Birth Weight Babies



Children in Poverty



Smoking While Pregnant



Classed as Homeless



Children with People Who Listen to Them



In Care Immunisations





Continuing After 8 Weeks

Hospitalised Children



Admitted (per year)

Disabled Children and Young People



Maternity Services



DTPPH Dtap/IPV/Hib Vaccination



Children in Need



Teenage Mothers



Dental Procedures



Infant Death Rate



CHILDREN

HPV Vaccinations

Females Aged 12-13

GCSEs Exams

Achieve Five A*s - C Mark, Including English and Maths

Children in Care



Claiming Free School Meals



Half Days Missed



Physically Active



Obesity in Children



MMR Vaccinations



Disability Allowance

Positive Activities Outside of School

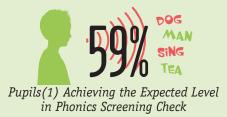


Sex and Relationship **Education**



Children and Smoking

The Phonics Screening





Level of Development

Substance Misuse

Frequent Substance Misuse, Aged 10-15

Mental Health Issue



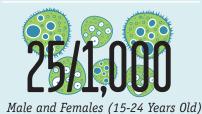
YOUNG ADULT

Teenage Conceptions



Suffering From Anorexia

Positive Chlamydia Test Results



Suffering From Binge Eating

Sexually Transmitted Diseases



Suffering From Bulimia



Unemployed Teens or Not In Education



Teens Aged Between 16-18

Police Warning or Conviction

Children and Teens Aged Between 10-17

195





Hospitalised for Self-Harm



First Time Entrants to **Youth Justice System**

1,038/100k

Hospital Admissions



Children Subject of a Child Protection Plan





Families Identified as 'Priority Families'





Reported Road Deaths and Serious Injuries



Hospital Admissions Due to Substance Abuse



WORKING AGE POPULATION

People Who Smoke



Hospitalised For Emergencies



Most Deprived GP Practices



Recorded Violent Offences



High Risk Drinkers



People Who Are Not Physically Active



People Diagnosed with HIV



700

Free Health Checks

People Who Take up the Offer of a Health Check

Reoffending Criminals



Admission due to Alcohol



People Who Eat Unhealthily



People Who Commit Suicide



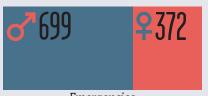
Least Deprived GP Practices

- 2 Times more likely to die prematurely from stroke
- + 4 Times less likely to have BMI of more than 30 (obese)
- + 6 Times less likely to have Coronary Heart Disease

Problem Drug Users



Admission due to Alcohol



Emergencies

OLDER POPULATION

Registered Blind

Cataract Removals

Registered Deaf







Emergency Hospital Admissions

Hospitalised Due To Hip Fractures



Each Year, (Indication of Falls) Aged 80+

Hip Fractures



Knee Replacements



Preventable Deaths





Noise Complaints



Council's Healthy Housing Hub

Receive Self-Directed Support





Life Expectancy*

Mental Health Issue

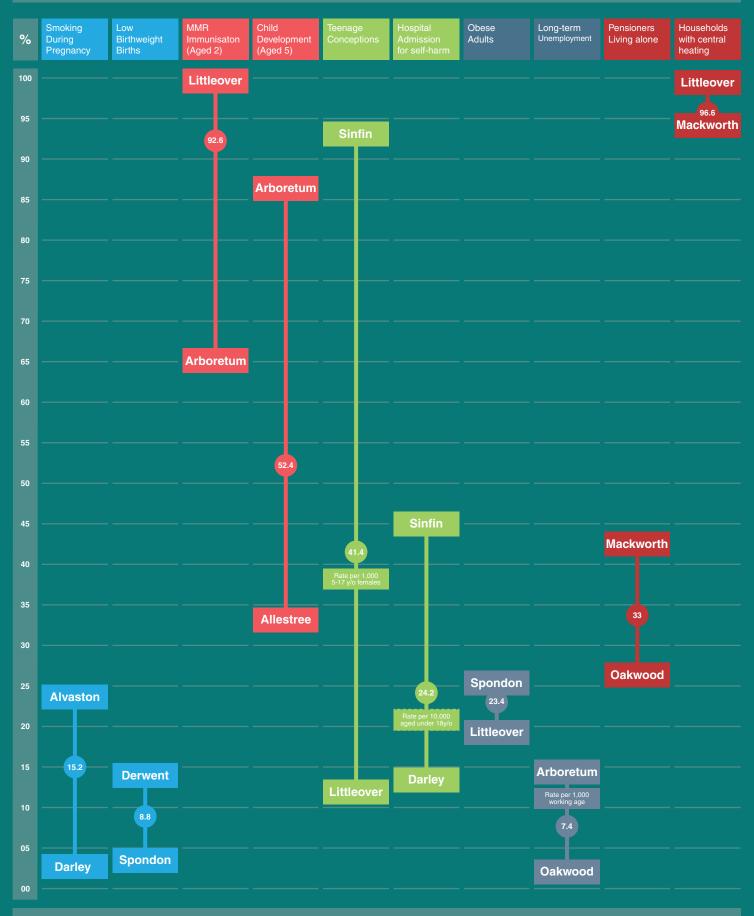
People Living with Dementia







INEQUALITIES



There are significant differences in health outcomes between the neighbourhoods and communities that make up Derby. People living in some of the most deprived areas of the city experience higher death rates, for instance, from cancer and coronary heart disease, and will generally experience a shorter life expectancy than those living in the more affluent areas. It is important for us to consider how we address these inequalities in the work that we do across all determinants of health; to work with communities of individuals who will be more susceptible to the onset of disease than others, or whom are making poorer life style choices that will negatively impact on their future health and wellbeing. This infographic highlights some of the largest inequalities in health that we face between Wards in Derby.

PUBLIC HEALTH BUDGET

In January 2013 the Department of Health allocated public health grants to Local Authorities in England to enable them to discharge their new public health responsibilities. Locally the fund is used to improve the health and wellbeing of the population by reducing health inequalities across the life course and in vulnerable groups; in the commissioning of lifestyle, drug and alcohol, sexual health and school nursing service provision, offering public health advice to the local NHS, and in carrying out health protection and health improvement functions as delegated from the Secretary of State. This infographic demonstrates how the grant that we receive in Derby is spent proportionally across our four themed areas.

CHILDREN 15%

SUBSTANCE MISUSE

ADULTS 14%

SEXUALHEALTH 25%

ADULTS

LIVEWELL **PROGRAMME** 93%



CHILDREN

SCHOOL **NURSING** 89%

VISION SCREENING

OTHER

SEXUAL HEALTH

G.U.M. **SERVICES** 63%

ORAL EMERGENCY CONTRACEPTION

OTHER 36%

SUBSTANCE MISUSE

DRUG AND ALCOHOL TREATMENT

38%

DRUG TREATMENT
MEDICATION

OTHER 30%

ALCOHOL SERVICES 24%