Derbyshire Joint Strategic Needs Assessment Summary Report

Population Health Needs and Health Inequalities

DERBYSHIRE County Council

Contents

This report provides a overview of Derbyshire County in regard to key health and determinant indicators. It is structured using the ONS Health Index Domains; Healthy People, Healthy Lives and Healthy Places.

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Healthy People

Preventable Mortality
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Mortality - Cancer
Mortality - Infant
Mortality Quilt
Mortality - All causes
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Healthy Lives

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Crime
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Air Pollution

Links to further info

The majority of data used in this document was sourced from: Office for Health Improvement and Disparities. Public health profiles. 2024 https://fingertips.phe.org.uk © Crown copyright 2024

Please note that the time periods used to present the latest data and the trend data for some indicators may differ. The Office for National Statistics (ONS) is currently reconciling and rebasing the mid-year population estimates (MYE) after Census 2021. Consequently, for some indicators the latest data employs the population data from Census 2021, whereas the trend data utilises unrevised population estimates and should not be used for comparisons with the latest data.

ONS Health Index

The Office for National Statistics (ONS) Health Index is an experimental statistical measure providing a broad definition of health. It summarises a range of indicators into a single statistic that can be used to monitor health over time and across geographical areas. While this report does not contain this single measure it does use the domains of ONS Health Index to structure it's indicators.

The Health index has three domains:

The **Healthy People** domain includes Health Outcomes indicators, including mortality, and the impact of physical and mental health conditions.
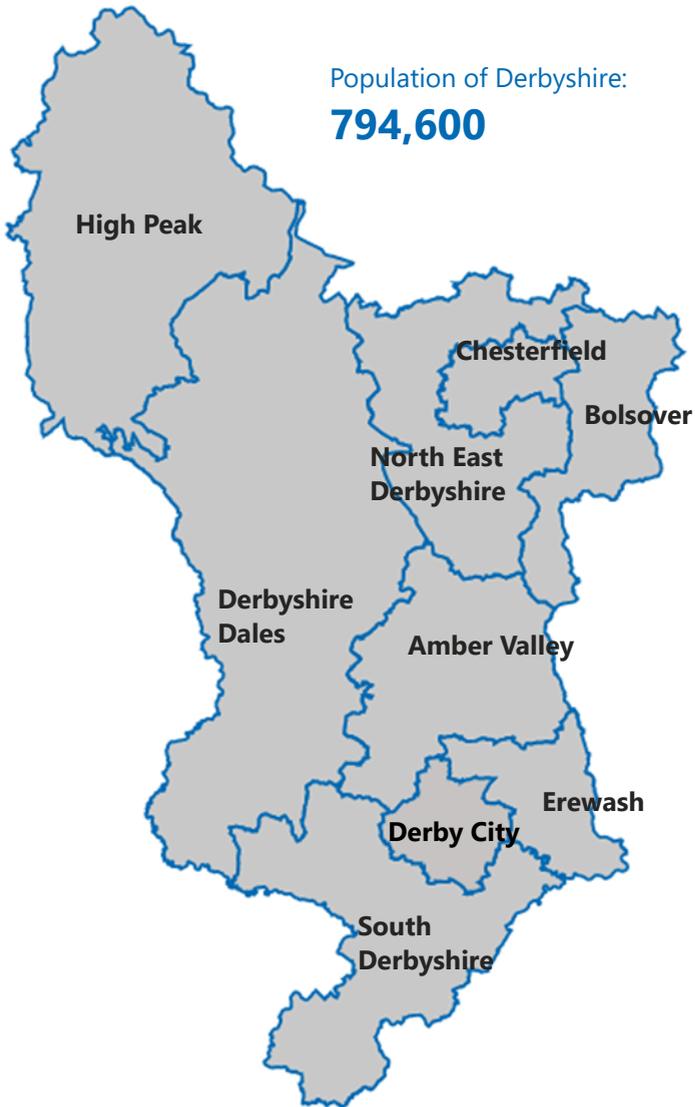
The **Healthy Lives** domain includes indicators on risk factors for health that relate directly to individuals.

The **Healthy Places** domain includes indicators on social risk factors for health that affect the population at a collective and environmental level.

Healthy People	Healthy Lives	Healthy Places
Life Expectancy	Physiological risk factors	Living conditions
Mortality	Children & young people	Economic & Working Conditions
Difficulties in daily life	Behavioural risk factors	Access to green space
Personal well-being	protective measures	Access to services
Physical health conditions	Physical health conditions	Crime

Population

Demographics

Population of Derbyshire:

794,600

High Peak

Chesterfield

Bolsover

North East Derbyshire

Derbyshire Dales
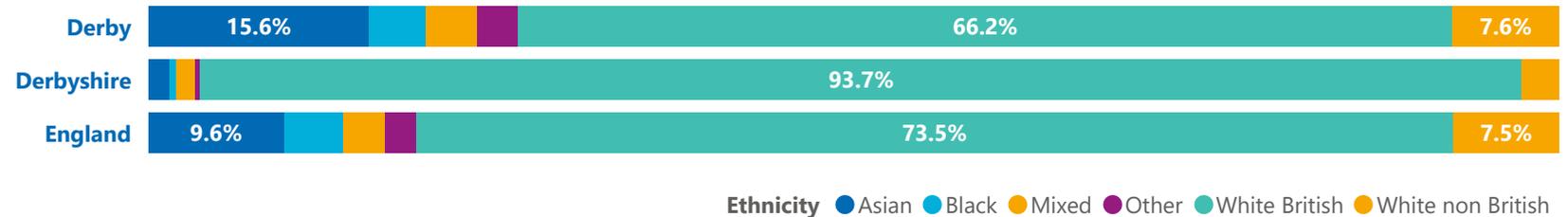
Amber Valley

Erewash

Derby City

South Derbyshire

As an Integrated Care System (ICS), Joined Up Care Derbyshire (JUCD) comprises of 2 upper tier local authority areas Derby City and Derbyshire County. Within Derbyshire there are 8 Lower Tier Local Authorities (Amber Valley, Bolsover, Chesterfield Derbyshire Dales, Erewash, High Peak, North East Derbyshire and South Derbyshire). These areas are varied in the population, health outcomes, health and wellbeing and their care needs.

Latest 2021 census data estimates Derbyshire County has an estimated population of 794,600.
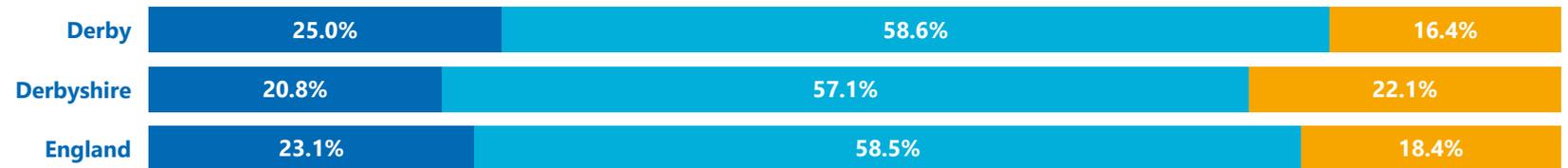
The geography across Derbyshire is varied, there are 312 usual residents per square kilometre (Ranging from 90 in rural Derbyshire Dales to 1,569 in Chesterfield (Census 2021).

Derbyshire is predominantly White British (93.7%), whereas Derby City is more ethnically diverse (66.2% White British).

Population by ethnicity

Derby	15.6%	66.2%	7.6%
Derbyshire		93.7%	
England	9.6%	73.5%	7.5%

Ethnicity ● Asian ● Black ● Mixed ● Other ● White British ● White non British

Population by age group

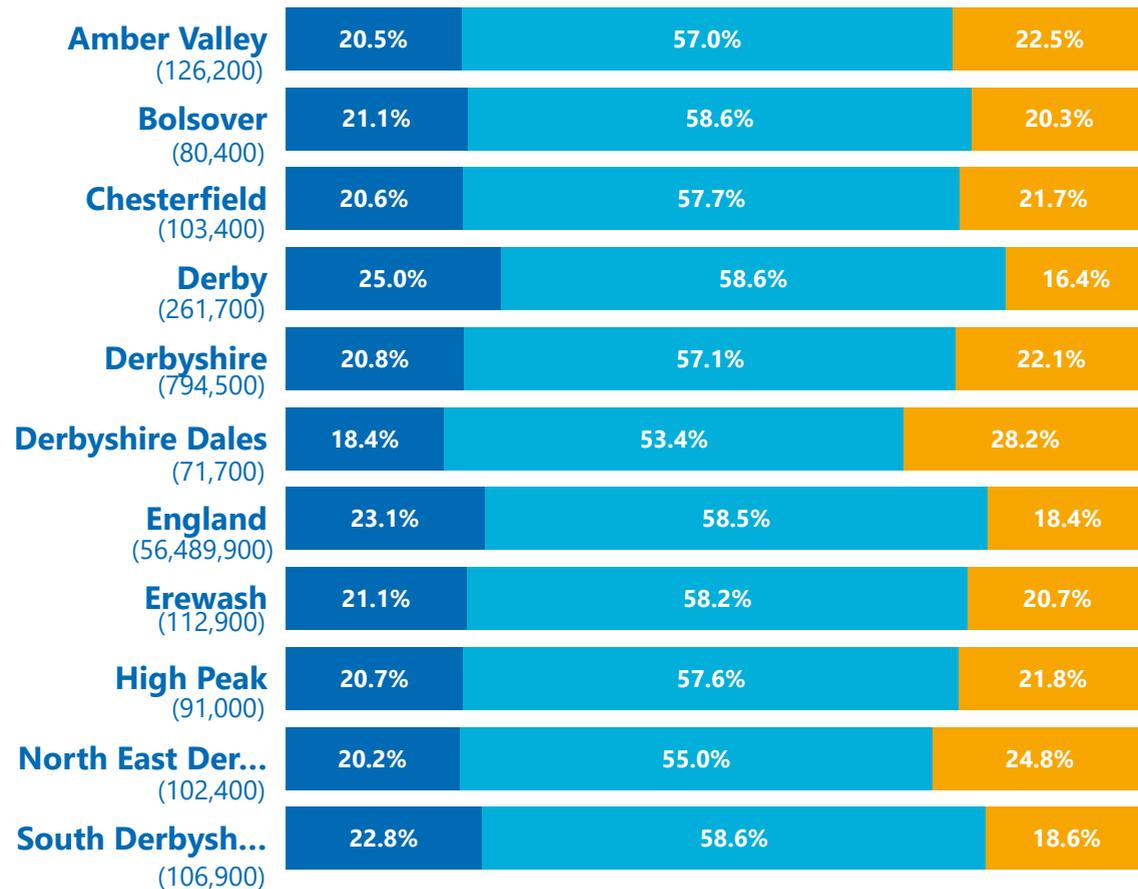|		
Derby	25.0%	58.6%	16.4%
Derbyshire	20.8%	57.1%	22.1%
England	23.1%	58.5%	18.4%

Age Group ● 0-20yrs ● 21-64yrs ● 65yr+

Source: Census 2021
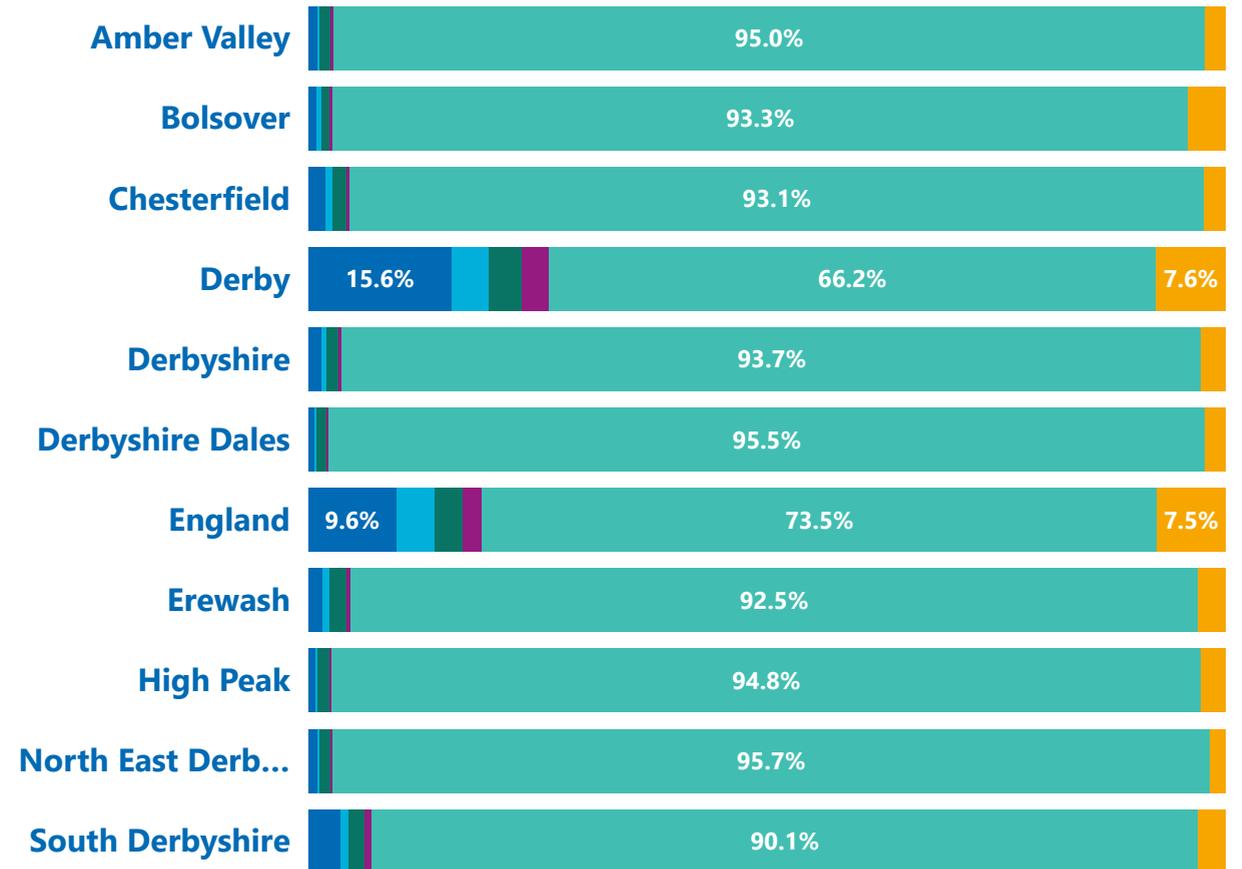
Population

Demographics

Derbyshire has a higher proportion of older people and a smaller proportion of younger people than England. The latest 2021 census reports that 22.1% of the Derbyshire population are aged over 65yrs compared to 18.4% in England. 20.8% of Derbyshire population are aged under 20 years, compared to 25.0% in Derby and 23.1% in England. Derbyshire is predominantly white (93.7%).

Population by age group

Area	0-20yrs	21-64yrs	65yr+
Amber Valley (126,200)	20.5%	57.0%	22.5%
Bolsover (80,400)	21.1%	58.6%	20.3%
Chesterfield (103,400)	20.6%	57.7%	21.7%
Derby (261,700)	25.0%	58.6%	16.4%
Derbyshire (794,500)	20.8%	57.1%	22.1%
Derbyshire Dales (71,700)	18.4%	53.4%	28.2%
England (56,489,900)	23.1%	58.5%	18.4%
Erewash (112,900)	21.1%	58.2%	20.7%
High Peak (91,000)	20.7%	57.6%	21.8%
North East Der... (102,400)	20.2%	55.0%	24.8%
South Derbysh... (106,900)	22.8%	58.6%	18.6%

Age Group ● 0-20yrs ● 21-64yrs ● 65yr+

Population by ethnicity

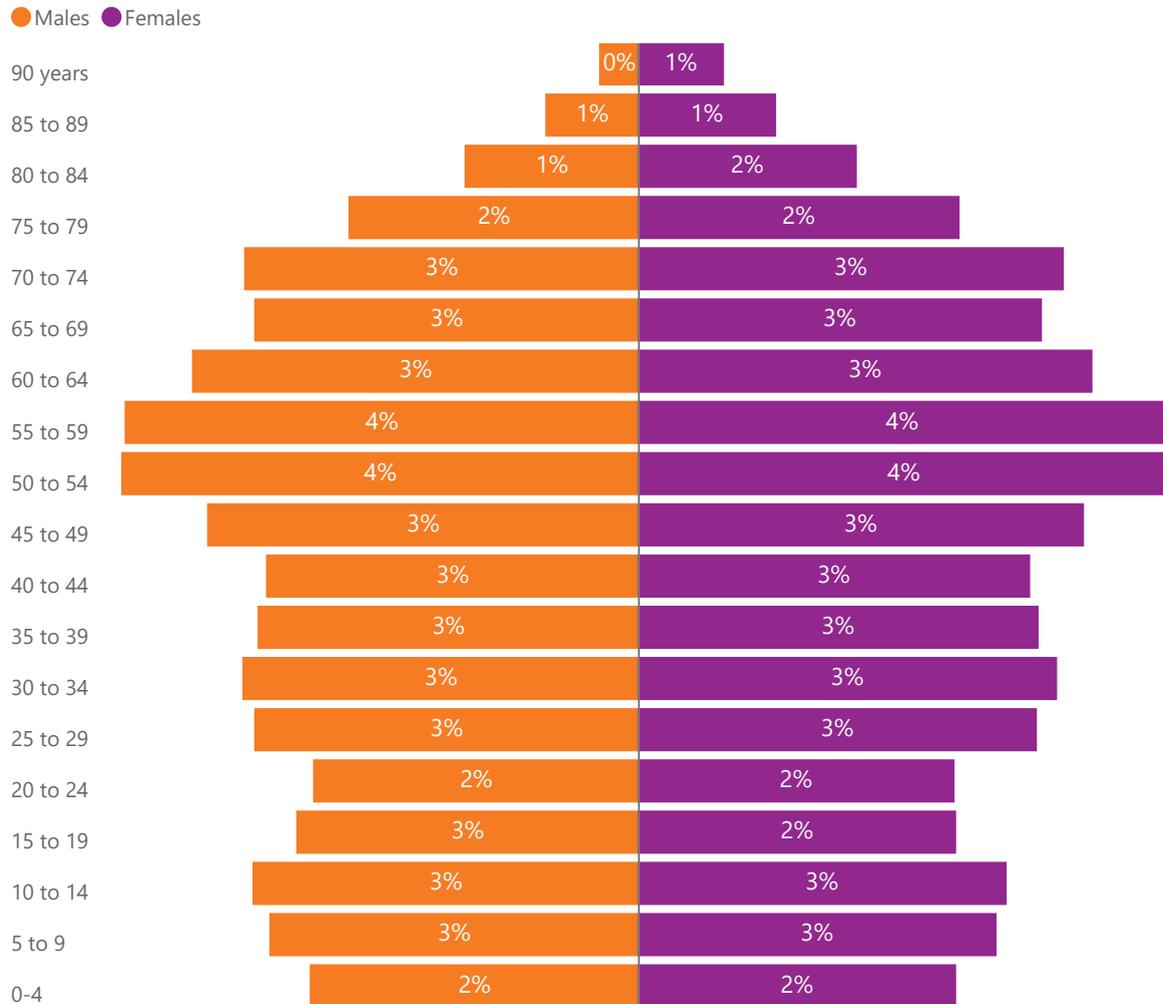| Area	Asian	Black	Mixed	Other	White British	White non British
Amber Valley					95.0%	
Bolsover					93.3%	
Chesterfield					93.1%	
Derby	15.6%				66.2%	7.6%
Derbyshire					93.7%	
Derbyshire Dales					95.5%	
England	9.6%				73.5%	7.5%
Erewash					92.5%	
High Peak					94.8%	
North East Derb...					95.7%	
South Derbyshire					90.1%	

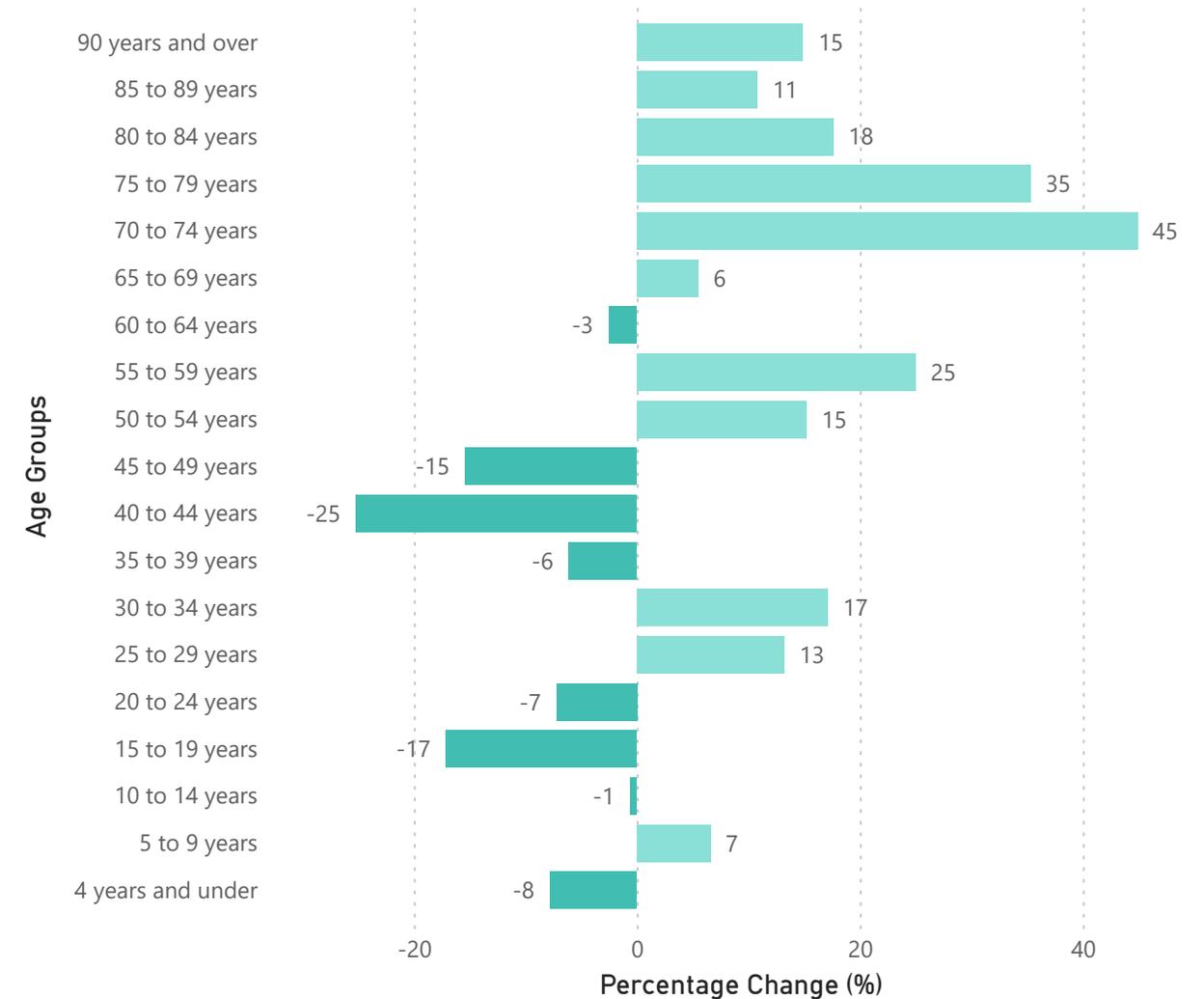**Ethnicity** ● Asian ● Black ● Mixed ● Other ● White British ● White non British

Population

The latest 2021 census reports that 22.1% of the Derbyshire population are aged over 65 years compared to 18.4% in England. 20.8% of Derbyshire population are aged under 20 years, compared to 25.0% in Derby and 23.1% in England. Since the 2011 census in Derbyshire there has been an increase of 22.9% in people aged 65 years and over, a decrease of 1.4% in people aged 15 to 64 years, and a decrease of 0.7% in children aged under 15 years.

Population Pyramid of Derbyshire (Census 2021)

● Males ● Females

Age	Males	Females
90 years	0%	1%
85 to 89	1%	1%
80 to 84	1%	2%
75 to 79	2%	2%
70 to 74	3%	3%
65 to 69	3%	3%
60 to 64	3%	3%
55 to 59	4%	4%
50 to 54	4%	4%
45 to 49	3%	3%
40 to 44	3%	3%
35 to 39	3%	3%
30 to 34	3%	3%
25 to 29	3%	3%
20 to 24	2%	2%
15 to 19	3%	2%
10 to 14	3%	3%
5 to 9	3%	3%
0-4	2%	2%

Population change (%) by age group in Derbyshire, 2011 to 2021

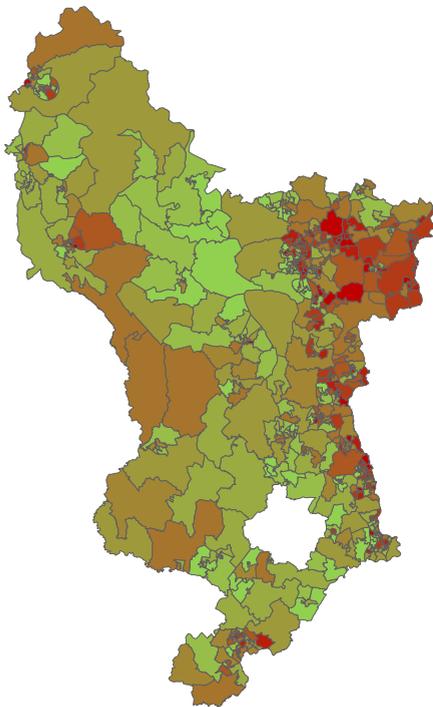| Age Groups	Percentage Change (%)
90 years and over	15
85 to 89 years	11
80 to 84 years	18
75 to 79 years	35
70 to 74 years	45
65 to 69 years	6
60 to 64 years	-3
55 to 59 years	25
50 to 54 years	15
45 to 49 years	-15
40 to 44 years	-25
35 to 39 years	-6
30 to 34 years	17
25 to 29 years	13
20 to 24 years	-7
15 to 19 years	-17
10 to 14 years	-1
5 to 9 years	7
4 years and under	-8

Deprivation - Derbyshire

Demographics

There is a strong relationship between deprivation and Health outcomes. People living in the most deprived areas experience increased health inequalities; die younger, and live more years with long term conditions and disabilities. They are more likely to use health services at an earlier age, increasing the demand for health and social care for a longer period. These health inequalities are likely to be driven by factors outside of the NHS and Social Care.
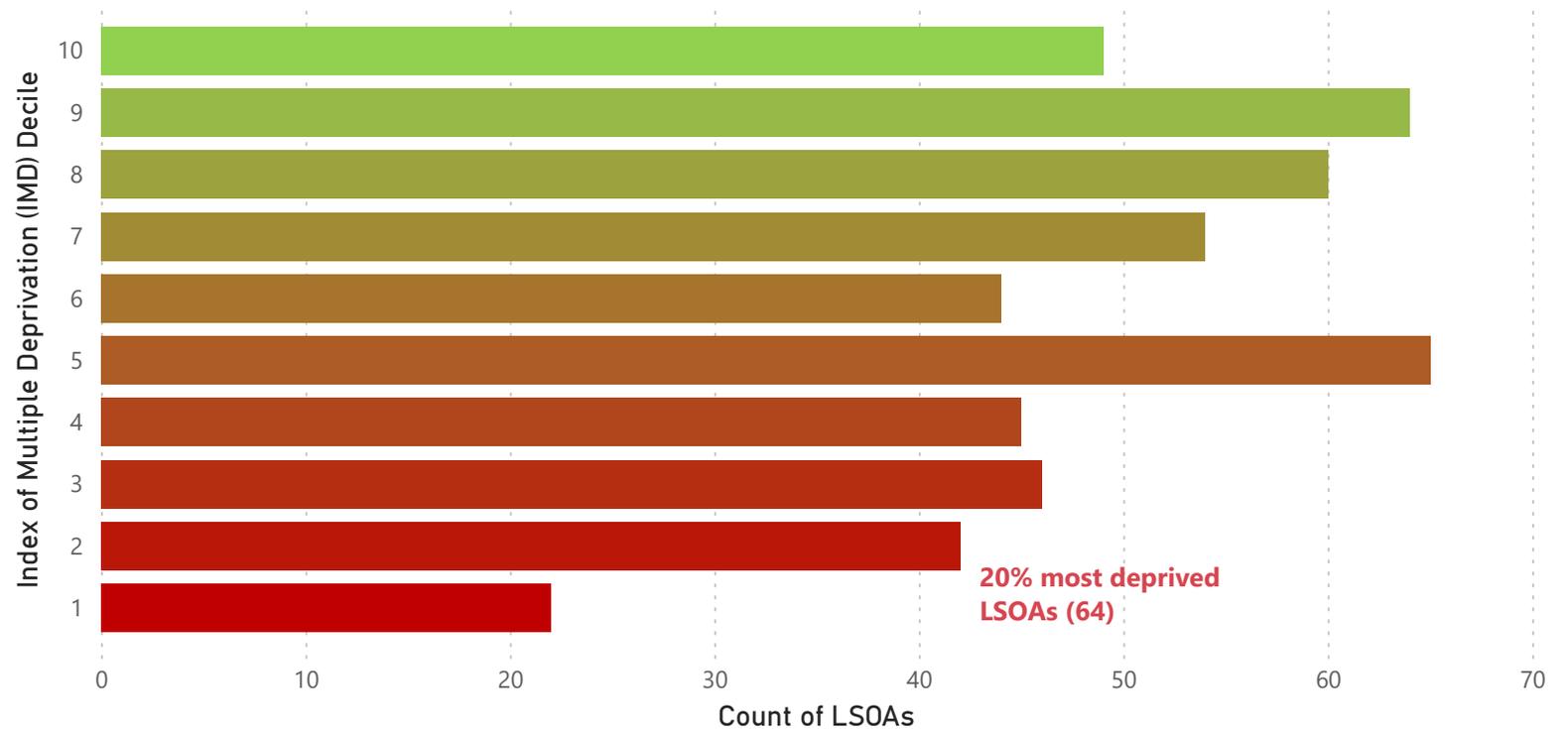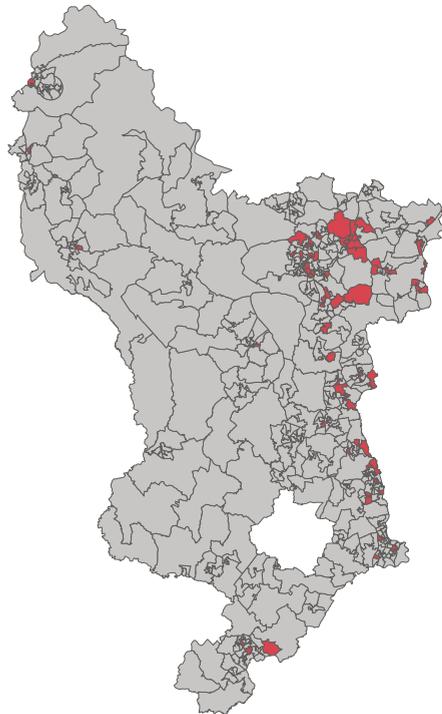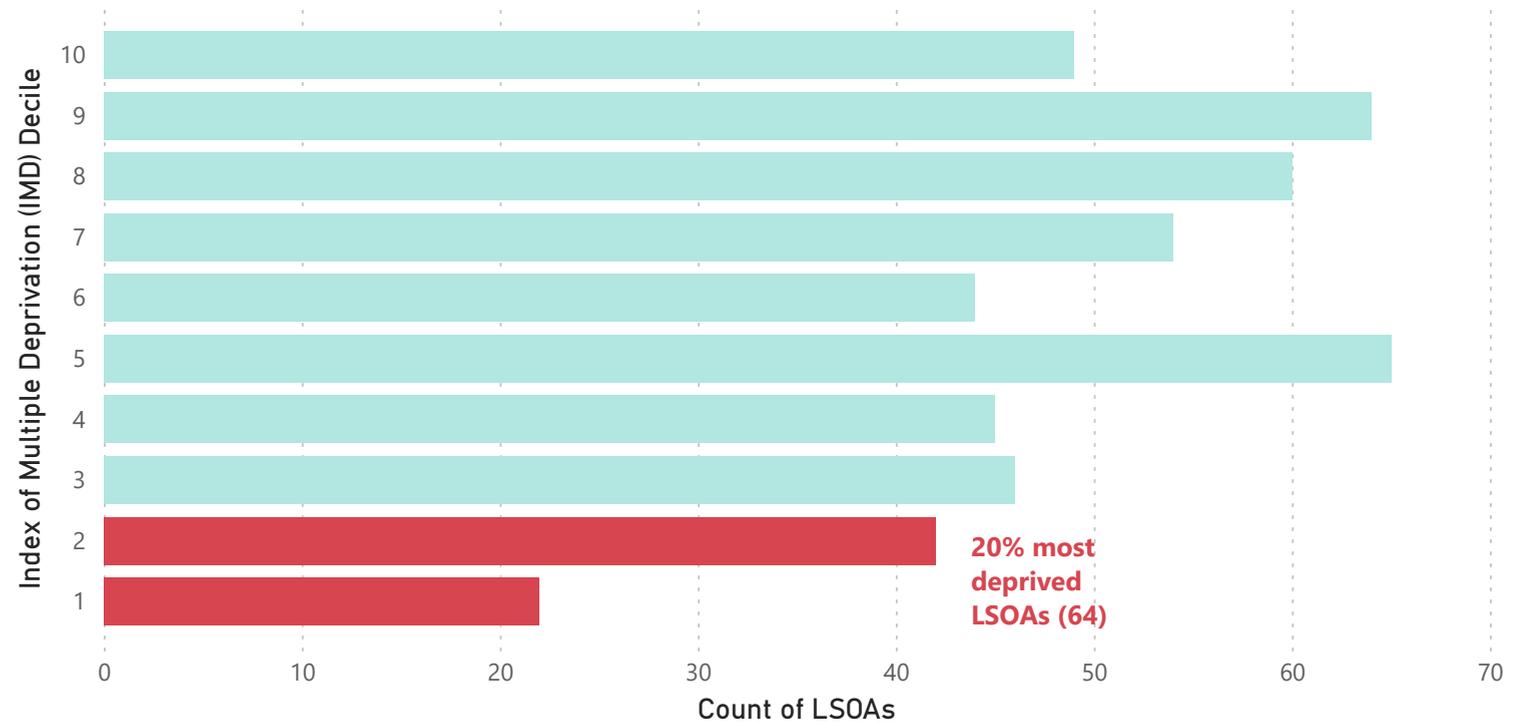
The 2019 Index of Multiple Deprivation (IMD2019) is an overall measure of deprivation based on a range of indicators. The measure is calculated for every Lower Super Output Area (LSOA) in England, each LSOA is given a score and then ranked according to their level of deprivation. LSOAs can then be divided into ten groups of equal frequency (deciles), ranging from the 10% most deprived (decile 1) to the 10% least deprived (decile 10).
There are 491 LSOAs in Derbyshire, 64 (13%) fall within the 20% most deprived LSOAs nationally. It is estimated 102,000 people live in these areas.

Derbyshire LSOAs - IMD

Count of LSOAs by IMD Decile (where 1 is most deprived 10% of LSOAs)

20% most deprived LSOAs (64)

Count of LSOAs

Index of Multiple Deprivation (IMD) Decile

Deprivation - Derbyshire(v2)

Demographics

There is a strong relationship between deprivation and Health outcomes. People living in the more deprived areas experience increased health inequalities: dying younger, living more years with long term conditions and disabilities. They are more likely to use health services at an earlier age, increasing the demand for health and social care for a longer period. These health inequalities are likely to be driven by factors outside of the NHS and Social Care.

The 2019 Index of Multiple Deprivation (IMD2019) is an overall measure of deprivation based on a range of indicators. The measure is calculated for every Lower Super Output Area (LSOA) in England, each LSOA is given a score and then ranked according to their level of deprivation. LSOAs can then be divided into ten groups of equal frequency (deciles), ranging from the 10% most deprived (decile 1) to the 10% least deprived (decile 10).

There are 491 LSOAs in Derbyshire, 64 (13%) fall within the 20% most deprived LSOAs nationally. It is estimated 102,000 people live in these areas.

Derbyshire LSOAs - IMD (20%most deprived)

Count of LSOAs by IMD Decile (where 1 is most deprived 10% of LSOAs)

20% most deprived LSOAs (64)

Count of LSOAs

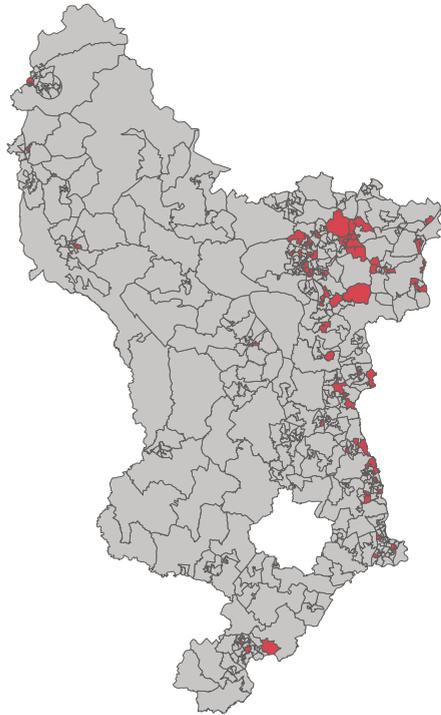Index of Multiple Deprivation (IMD) Decile

Deprivation - IDACI

Demographics

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).
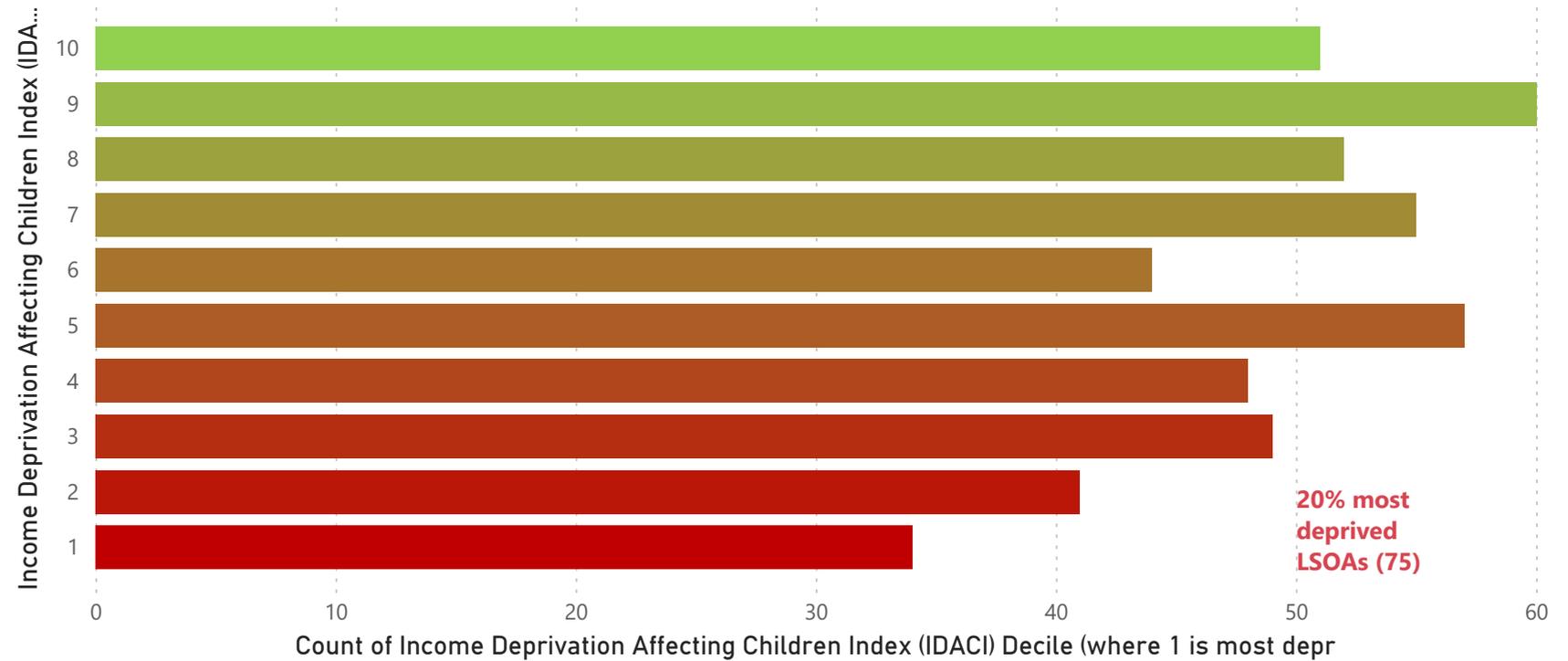
LSOAs can then be divided into ten groups of equal frequency (deciles), ranging from the 10% most deprived (decile 1) to the 10% least deprived (decile 10).

There are 491 LSOAs in Derbyshire, 75 (15%) fall within the 20% most deprived LSOAs nationally.

Derbyshire LSOAs - IMD (20%most deprived)

Count of LSOAs by IMD Decile (where 1 is most deprived 10% of LSOAs)

20% most deprived LSOAs (75)

Count of Income Deprivation Affecting Children Index (IDACI) Decile (where 1 is most depr
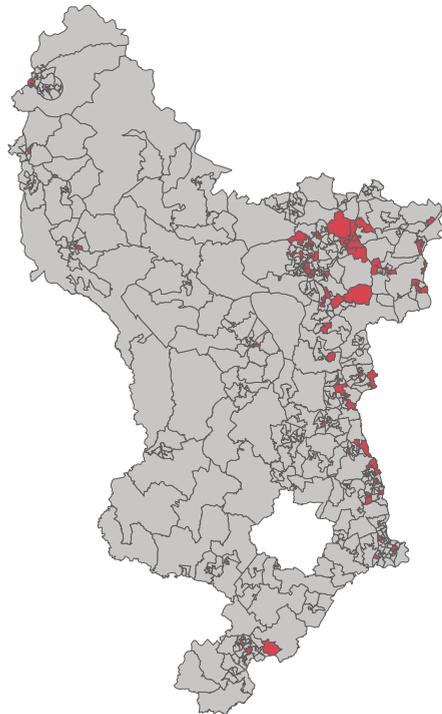
Deprivation - IDAOPI

Demographics

The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).
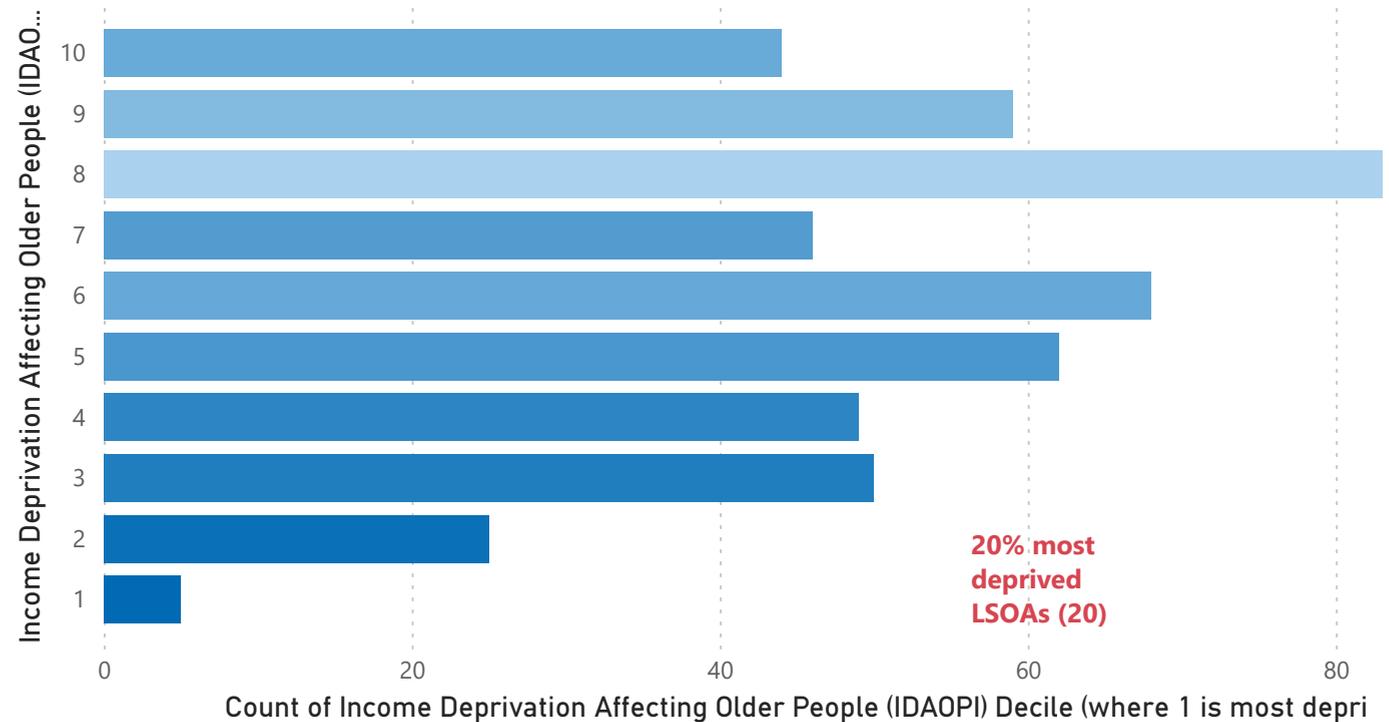
LSOAs can then be divided into ten groups of equal frequency (deciles), ranging from the 10% most deprived (decile 1) to the 10% least deprived (decile 10).

There are 491 LSOAs in Derbyshire, 20 (13%) fall within the 20% most deprived LSOAs nationally.

Derbyshire LSOAs - IMD (20%most deprived)

Count of LSOAs by IMD Decile (where 1 is most deprived 10% of LSOAs)

Income Deprivation Affecting Older People (IDAO...

20% most deprived LSOAs (20)

Count of Income Deprivation Affecting Older People (IDAOPI) Decile (where 1 is most depri

Source: ONS English Indices of deprivation 2019

Child poverty

Child poverty

Children are the most likely of all age groups to live in poverty. Experience of poverty during childhood is linked closely to many negative long-term outcomes, including: poorer educational attainment, unemployment, homelessness, unhealthy behaviours (e.g., smoking and substance misuse) and poor mental and physical health (1). There is also evidence that childhood poverty leads to premature mortality and poor health outcomes for adults, therefore reducing the number of children who experience poverty has the potential to improve adult health outcomes and increase healthy life expectancy (1).

Relative low-income measures the number and proportion of individuals who have income below 60% of the UK average (median) income in any given year, before housing costs. Meanwhile, absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11.
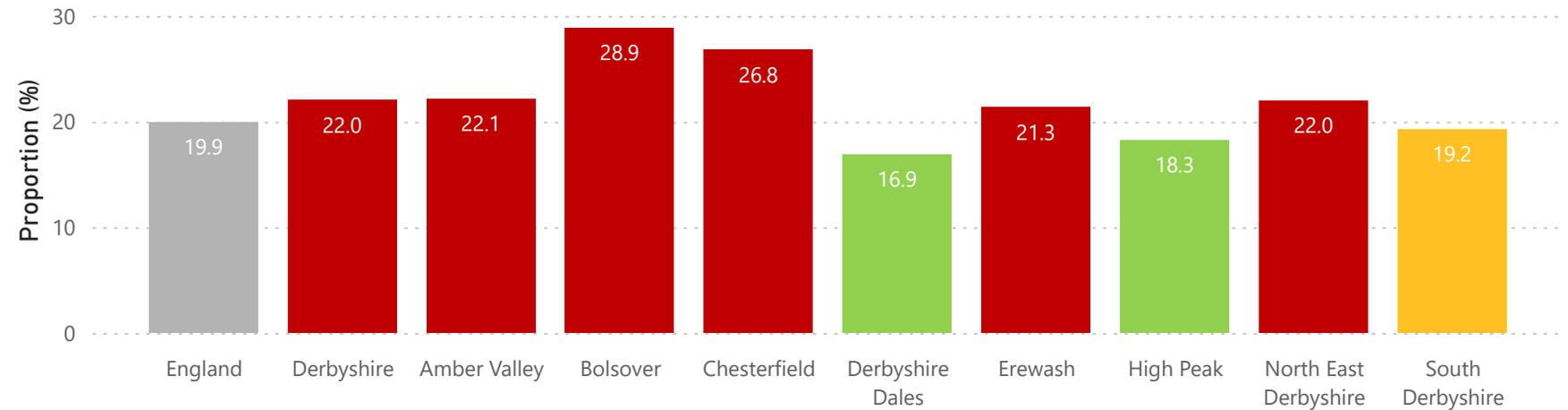
What is happening locally?

During 2021/22, 22.0% of children aged under 16 years were living in relative low-income families, significantly worse than 19.9% in England. Of these proportions, 17.9% in Derbyshire and 15.1% in England were classed as living in absolute low-income families.

Within Derbyshire, Derbyshire Dales and High Peak were the only districts/boroughs with significantly better levels of children in low income families.
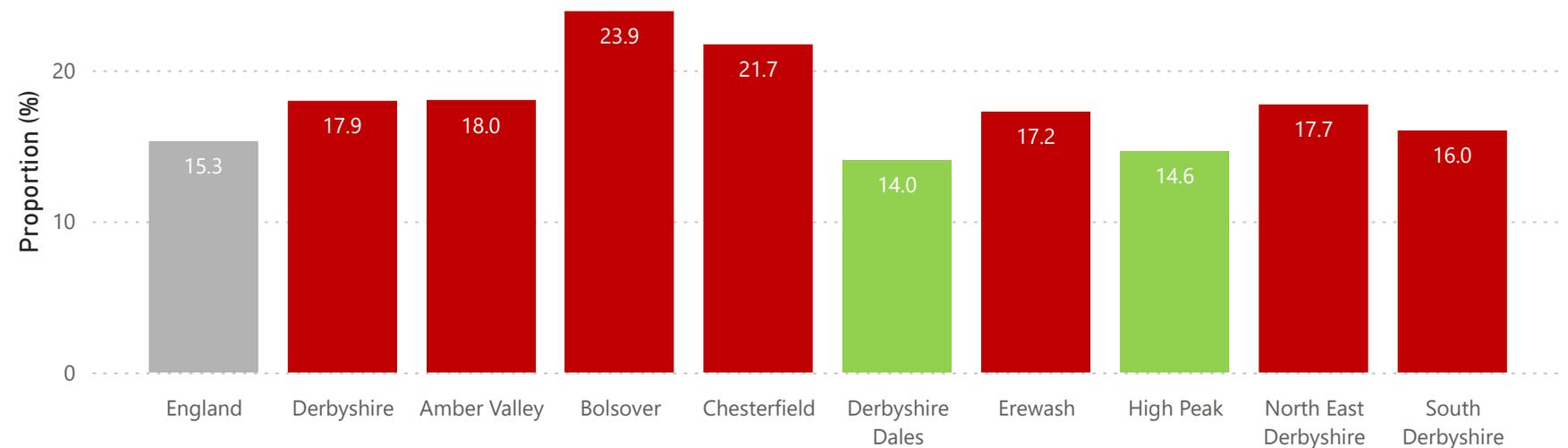
References
1. Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. 2010.

Children in relative low income families (under 16s), 2021/22 (Persons)

Area	Proportion (%)
England	19.9
Derbyshire	22.0
Amber Valley	22.1
Bolsover	28.9
Chesterfield	26.8
Derbyshire Dales	16.9
Erewash	21.3
High Peak	18.3
North East Derbyshire	22.0
South Derbyshire	19.2

Children in absolute low income families (under 16s), 2021/22 (Persons)

Area	Proportion (%)
England	15.3
Derbyshire	17.9
Amber Valley	18.0
Bolsover	23.9
Chesterfield	21.7
Derbyshire Dales	14.0
Erewash	17.2
High Peak	14.6
North East Derbyshire	17.7
South Derbyshire	16.0

Life expectancy

Life expectancy
Life expectancy at birth is the average number of a years a baby born in each time period can expect to live.
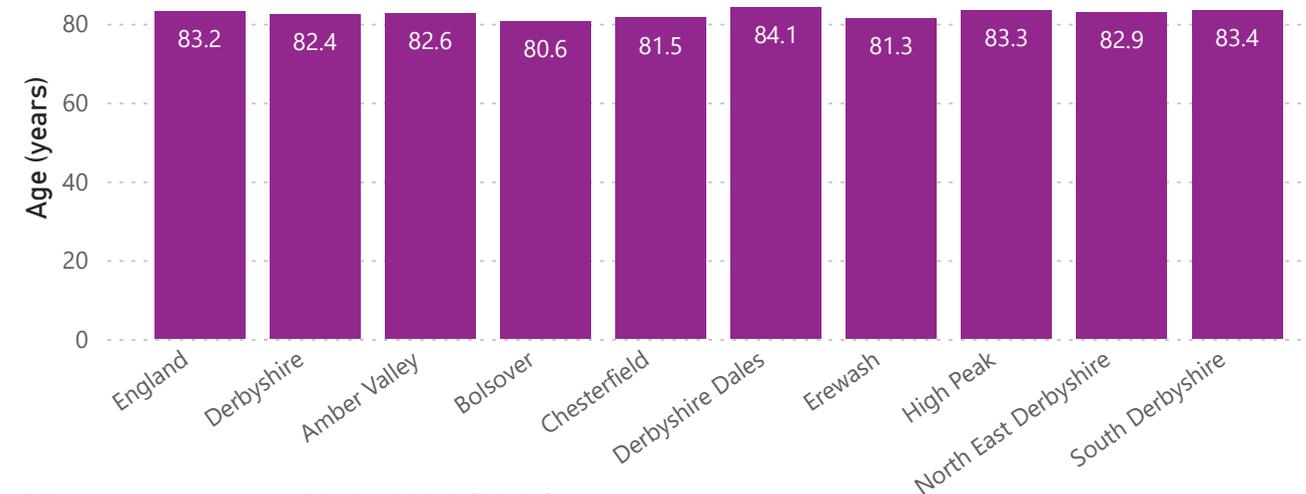
What is happening locally?

Females
In Derbyshire, a female born today can expect to live on average 82.4 years in Derbyshire and 83.2 years in England. Within Derbyshire there is geographical variation, ranging from 80.6 years in Bolsover to 84.1 years in Derbyshire Dales.

Males
A male born today in Derbyshire can expect to live to 79.1 years in Derbyshire and 79.3 years in England. Within Derbyshire there is geographical variation, ranging from 77.9 years in Bolsover to 80.9 years in Derbyshire Dales.
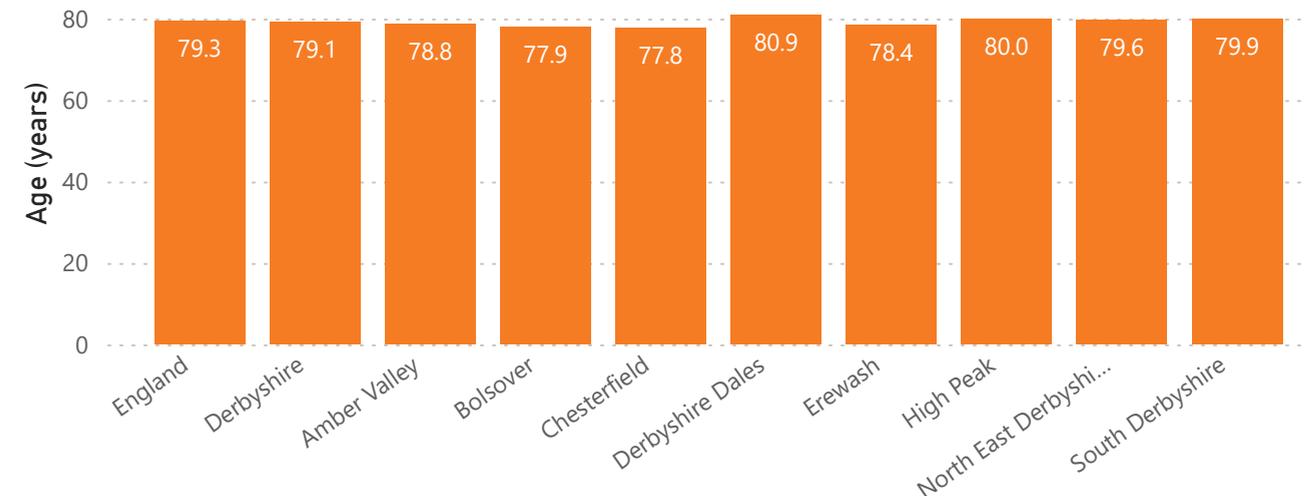
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Life expectancy at birth, 2022 (Female)

Area	Age (years)
England	83.2
Derbyshire	82.4
Amber Valley	82.6
Bolsover	80.6
Chesterfield	81.5
Derbyshire Dales	84.1
Erewash	81.3
High Peak	83.3
North East Derbyshire	82.9
South Derbyshire	83.4

Female life expectancy is **82.4 years** in Derbyshire

Life expectancy at birth, 2022 (Male)

Area	Age (years)
England	79.3
Derbyshire	79.1
Amber Valley	78.8
Bolsover	77.9
Chesterfield	77.8
Derbyshire Dales	80.9
Erewash	78.4
High Peak	80.0
North East Derbyshi...	79.6
South Derbyshire	79.9

Male life expectancy is **79.1 years** in Derbyshire

Source: OHID, Fingertips

Life expectancy

Life expectancy

Life expectancy at birth is the average number of years a baby born in each time period can expect to live.

What is happening locally?

Life expectancy has been steadily increasing over recent decades to reach 82.8 years for females and 78.9 years for males in 2020-22 on average in England. Recently however, life expectancy has been in decline both nationally and within Derby and Derbyshire. This is a decline that began prior to the COVID-19 pandemic. Life expectancy in Derbyshire remains lower than that for England.
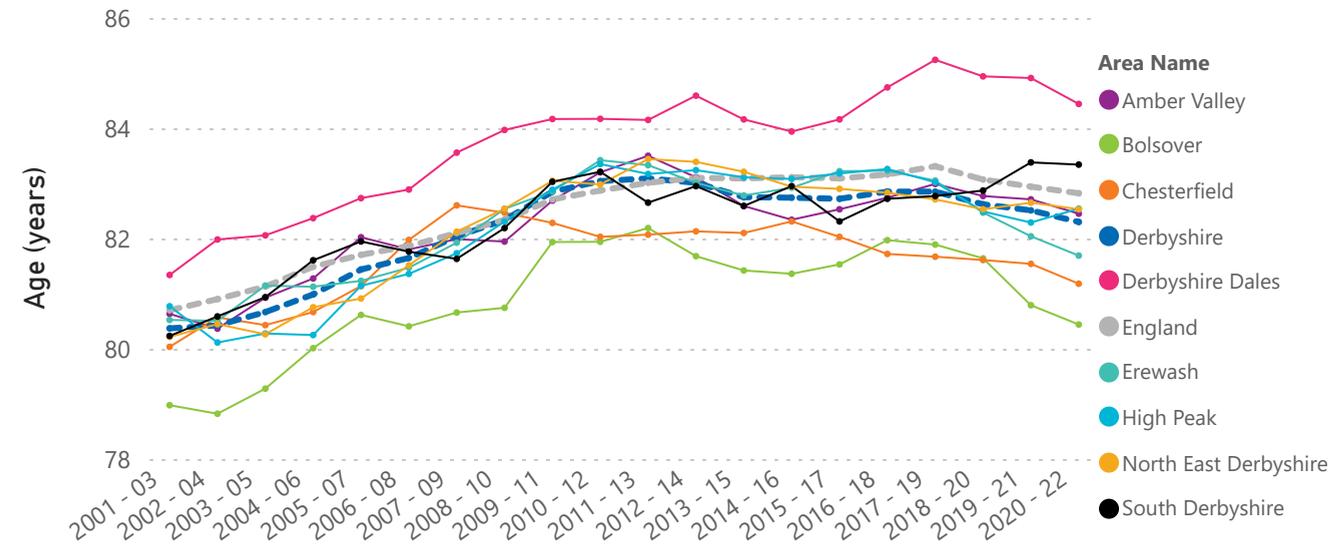
Females

In Derbyshire, a female born today can expect to live on average 82.3 years in Derbyshire and 82.8 years in England.
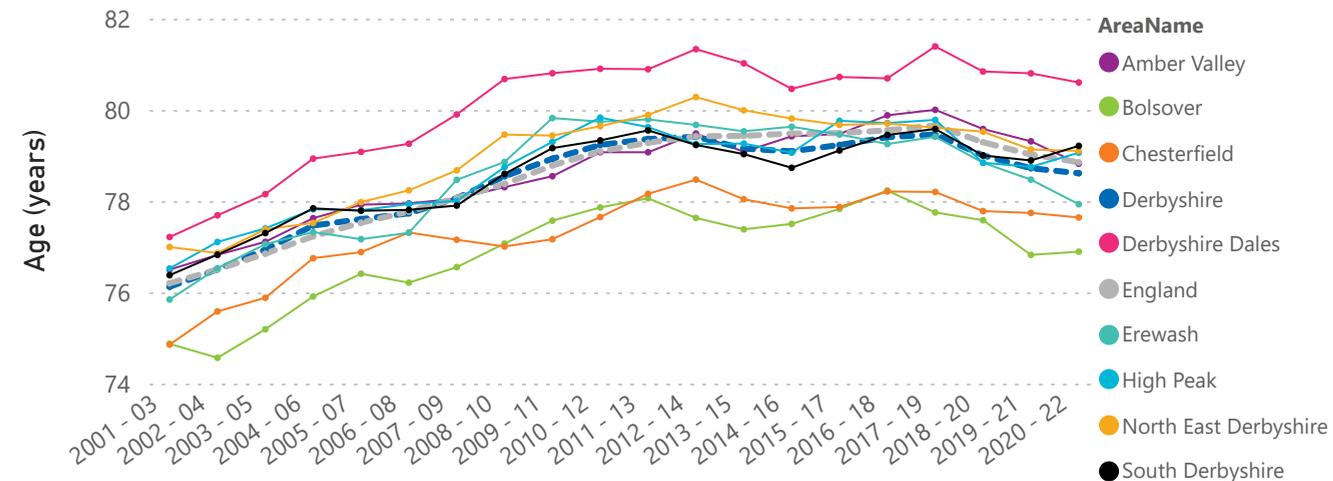
Males

A male born today in Derbyshire can expect to live to 78.6 years in Derbyshire and 78.9 years in England.

Life expectancy at birth – Females

Female life expectancy is **82.3 years** in Derbyshire

Life expectancy at birth – Males

Male life expectancy is **78.6 years** in Derbyshire

Source: OHID, Fingertips

Life expectancy by deprivation

Life expectancy inequalities gap (Derbyshire)
Across Derbyshire deprivation-based inequalities exist, those living in more deprived areas experience lower life expectancy compared to the least deprived areas.
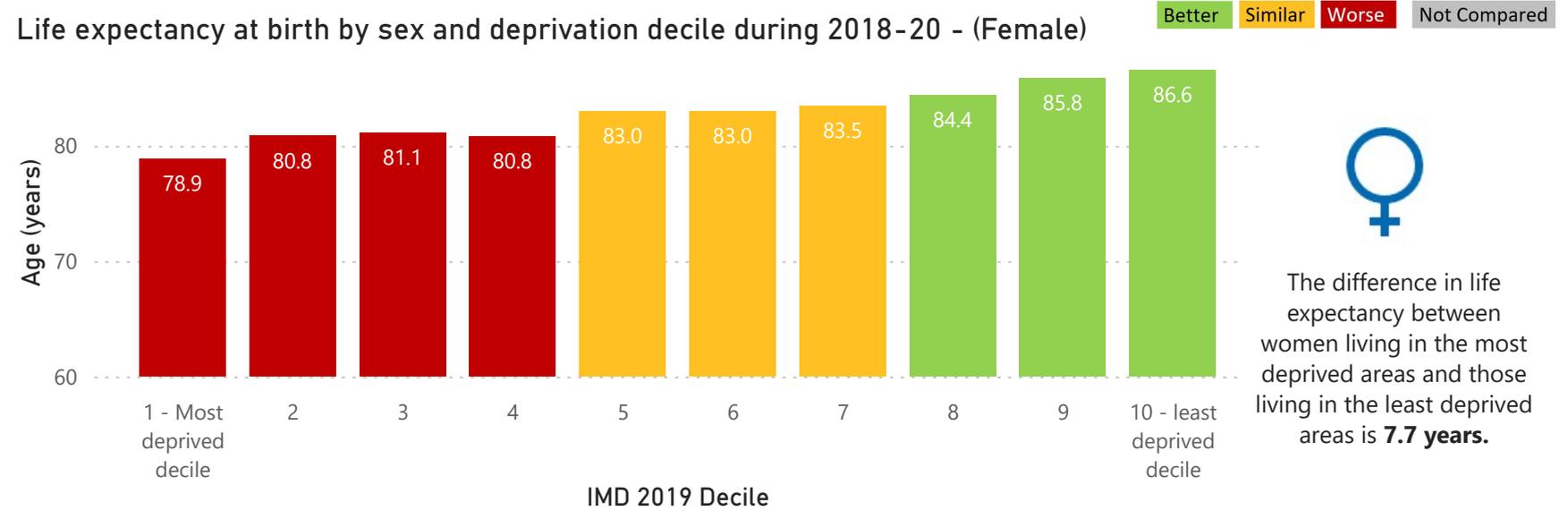
What is happening locally?

Females
Females in the most deprived areas of Derbyshire on average can expect to live to 78.9 years, 7.7 years less than those living in the least deprived areas who can on average expect to live to 86.6 years.
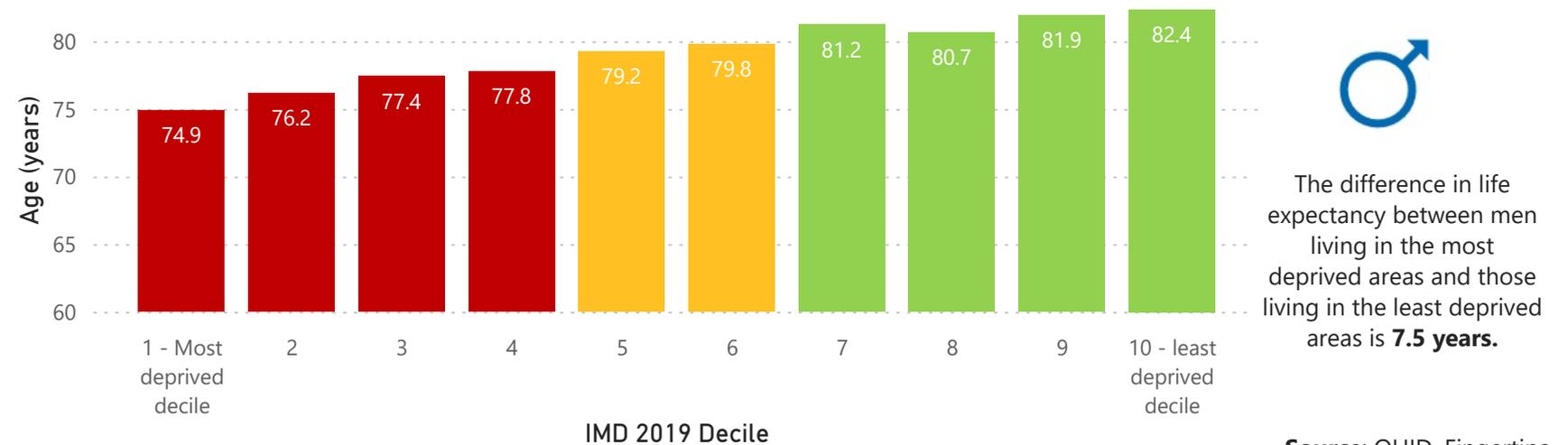
Males
Males in the most deprived areas of Derbyshire on average can expect to live to 74.9 years, 7.5 years less than those in the least deprived areas, who can expect to live to 82.4 years.

Life expectancy at birth by sex and deprivation decile during 2018-20 - (Female)

Legend: Better | Similar | Worse | Not Compared

Female chart values by IMD 2019 Decile:
- 1 - Most deprived decile: 78.9
- 2: 80.8
- 3: 81.1
- 4: 80.8
- 5: 83.0
- 6: 83.0
- 7: 83.5
- 8: 84.4
- 9: 85.8
- 10 - least deprived decile: 86.6

The difference in life expectancy between women living in the most deprived areas and those living in the least deprived areas is **7.7 years.**

Life expectancy at birth by sex and deprivation decile during 2018-20 - (Male)

Male chart values by IMD 2019 Decile:
- 1 - Most deprived decile: 74.9
- 2: 76.2
- 3: 77.4
- 4: 77.8
- 5: 79.2
- 6: 79.8
- 7: 81.2
- 8: 80.7
- 9: 81.9
- 10 - least deprived decile: 82.4

The difference in life expectancy between men living in the most deprived areas and those living in the least deprived areas is **7.5 years.**

Source: OHID, Fingertips

Healthy life expectancy

Healthy life expectancy

Healthy life expectancy (HLE) shows the years a person can expect to live in good health (rather than with a disability or in poor health).

While life expectancy has increased over the past 10 years, concerns have been expressed that increases in HLE have not kept pace with those seen in life expectancy, leading to an expansion of time living with morbidity.

What is happening locally?

In Derbyshire, HLE has started to increase following a decline which had been observed since 2014-16. During 2018-20, HLE at birth in Derbyshire was comparable to that seen in England for both females and males.
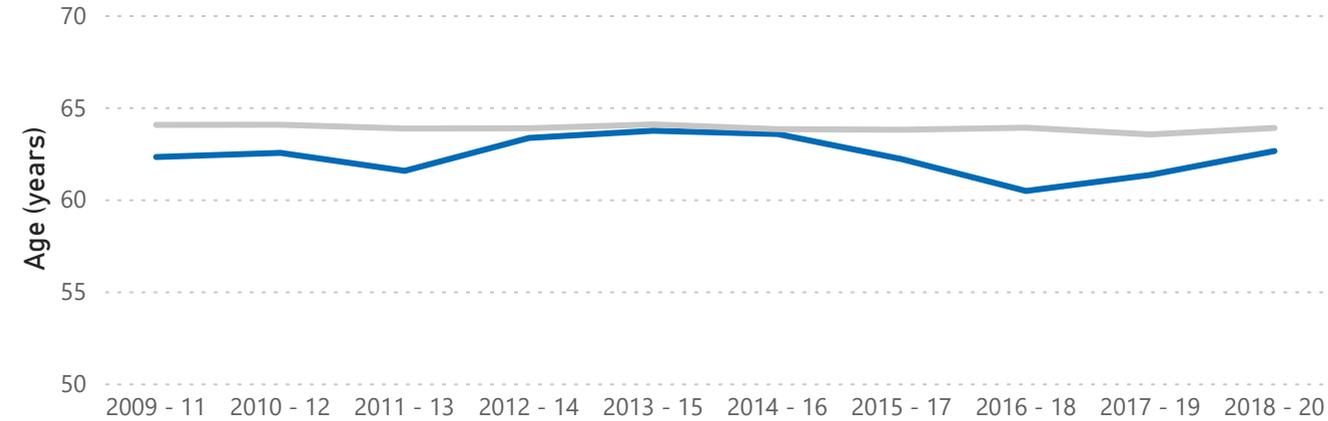
Females

During 2018-20, HLE at birth was higher in females than males, in all areas. Females born between 2018-20 could expect to live for 62.6 years in Derbyshire, compared to 63.9 years in England.

Males

Males born during the same time-period could expect to live for 61.5 years in good health in Derbyshire, compared to 63.1 years nationally.
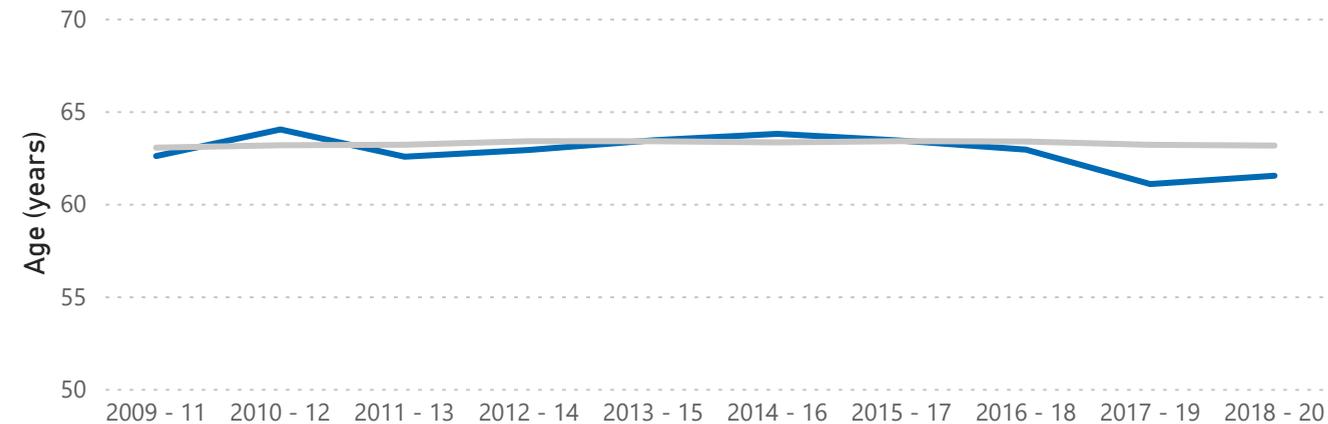
Healthy life expectancy at birth – Females

Area Name ● Derbyshire ● England

Healthy life expectancy in females is **62.6 years** in Derbyshire

Healthy life expectancy at birth – Males

Area Name ● Derbyshire ● England

Healthy life expectancy in males is **61.5 years** in Derbyshire

Source: OHID, Fingertips

Life Expectancy & Healthy Life Expectancy

Gap in life expectancy

The gap life expectancy refers to the difference in the number of years that people can expect to live in good health versus the total number of years they can expect to live.

The gap between life expectancy and healthy life expectancy can provide insights into the burden of disease and disability in a population, and is often used as an indicator of overall health and well-being.
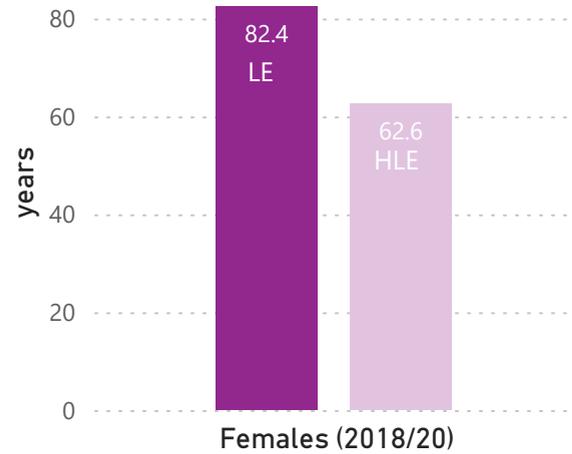
What is happening locally?

Females

In 2018/20 the gap between Female Healthy life expectancy and life expectancy is **20.1 years** in Derbyshire.
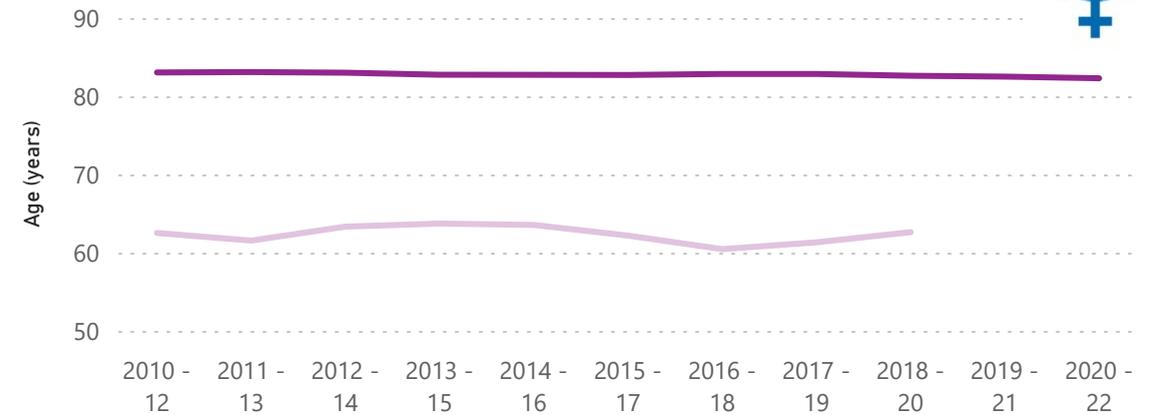
Males

In 2018/20 the gap between Male Healthy life expectancy and life expectancy is **17.6 years** in Derbyshire.

Healthy life expectancy beyond 2018/20 is not yet available.

Females (2018/20): 82.4 LE, 62.6 HLE

Life expectancy and Health Life Expectancy at birth – Female
- Life expectancy at birth (Female)
- Healthy life expectancy at birth (Female)

Males (2018/20): 79.1 LE, 61.5 HLE
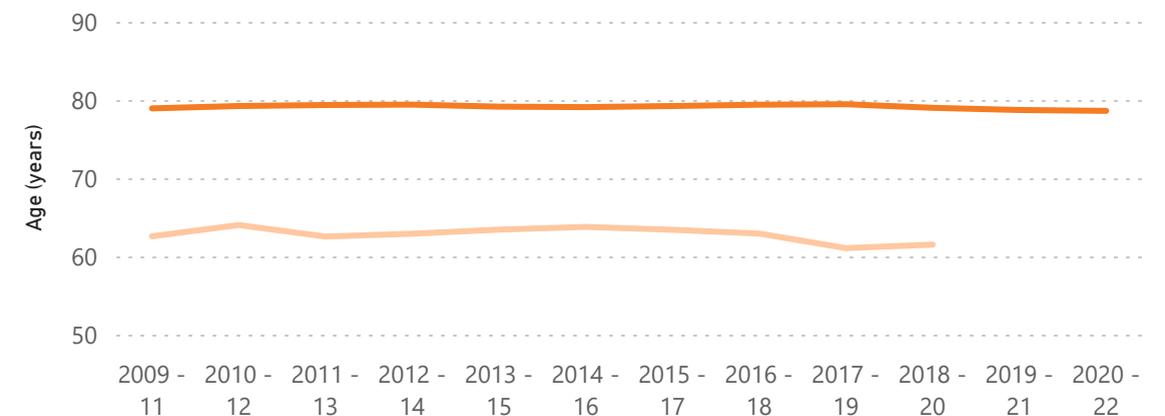

Life expectancy and Health Life Expectancy at birth - Males
- Life expectancy at birth (Male)
- Healthy life expectancy at birth (Male)

Healthy life expectancy by deprivation

Inequalities in healthy life expectancy in England

Healthy life expectancies combine data on both morbidity and mortality and therefore have value for monitoring inequalities in population health.

There is no data available to investigate the effect of deprivation on HLE locally, however, in England, there are striking differences in HLE based on deprivation, with the greatest burden in the most deprived groups.

Females from the most deprived areas can expect to live on average 18.8 years fewer in good health than those from the least deprived areas (51.9 years versus 70.7 years).

Meanwhile, males from the most deprived areas can expect to live 18.2 years fewer in good health than those from the least deprived areas (52.3 years versus 70.5 years).

Healthy life expectancy at birth by sex and deprivation decile during 2018-20 - England

Sex ●Female ●Male
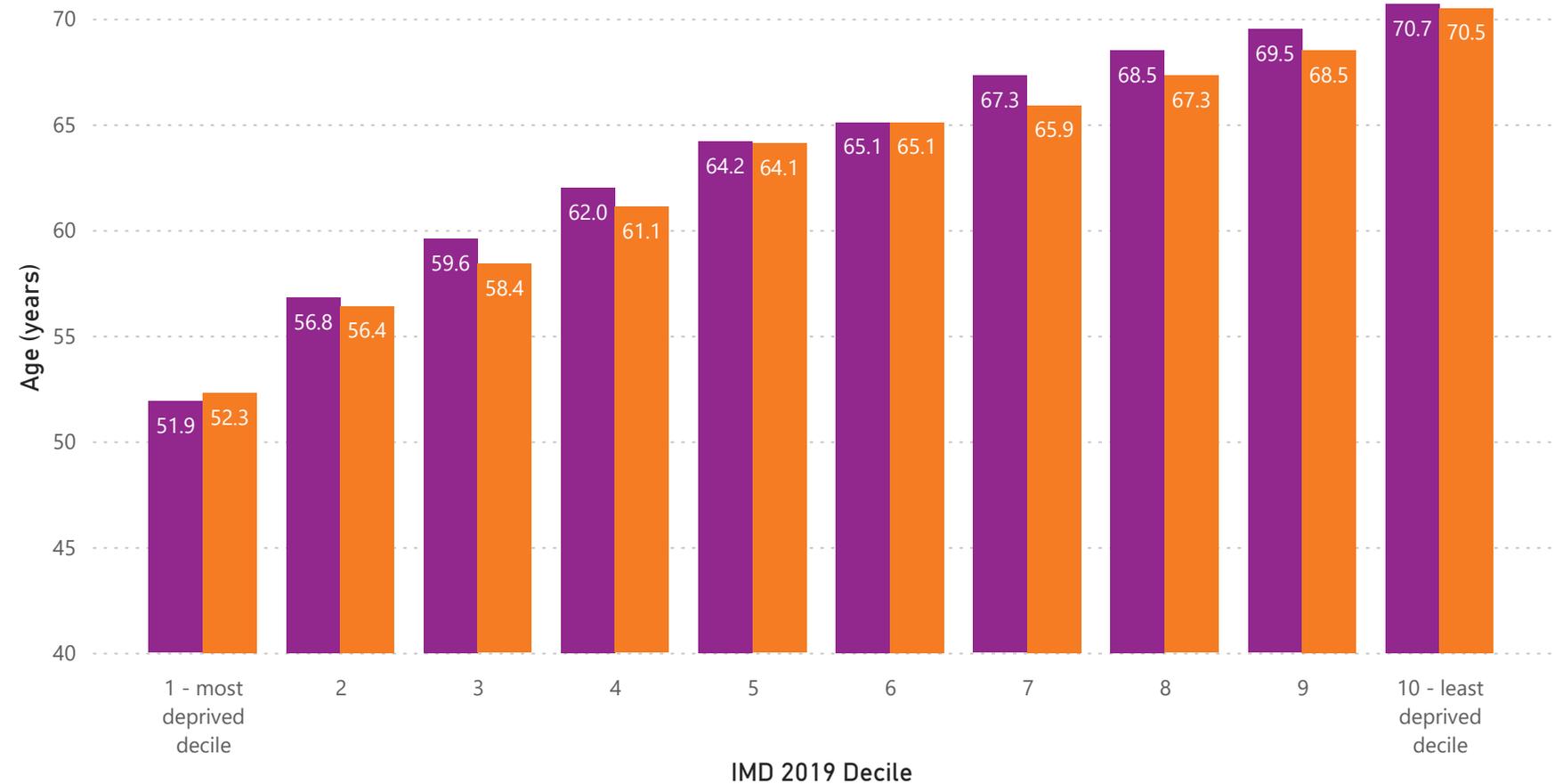
Source: OHID, Fingertips

Healthy People

The **Healthy People** domain includes Health Outcomes indicators , including mortality, and the impact of physical and mental health conditions. It is divided into sub domains; difficulties in daily life, mental health, mortality, personal well-being , physical health conditions.

Healthy People

Difficulties in daily life
- Disability
- Frailty

Physical health conditions
- Cancer
- Cardiovascular conditions
- Dementia
- Diabetes
- Musculoskeletal conditions
- Respiratory conditions

Personal well-being
- Activities in life are worthwhile
- Feelings of anxiety
- Happiness
- Life Satisfaction

Mortality
- Avoidable mortality
- Infant mortality
- Life expectancy

Mental Health
- Children's social, emotional, and mental health
- Mental health conditions
- Self-harm
- Suicides
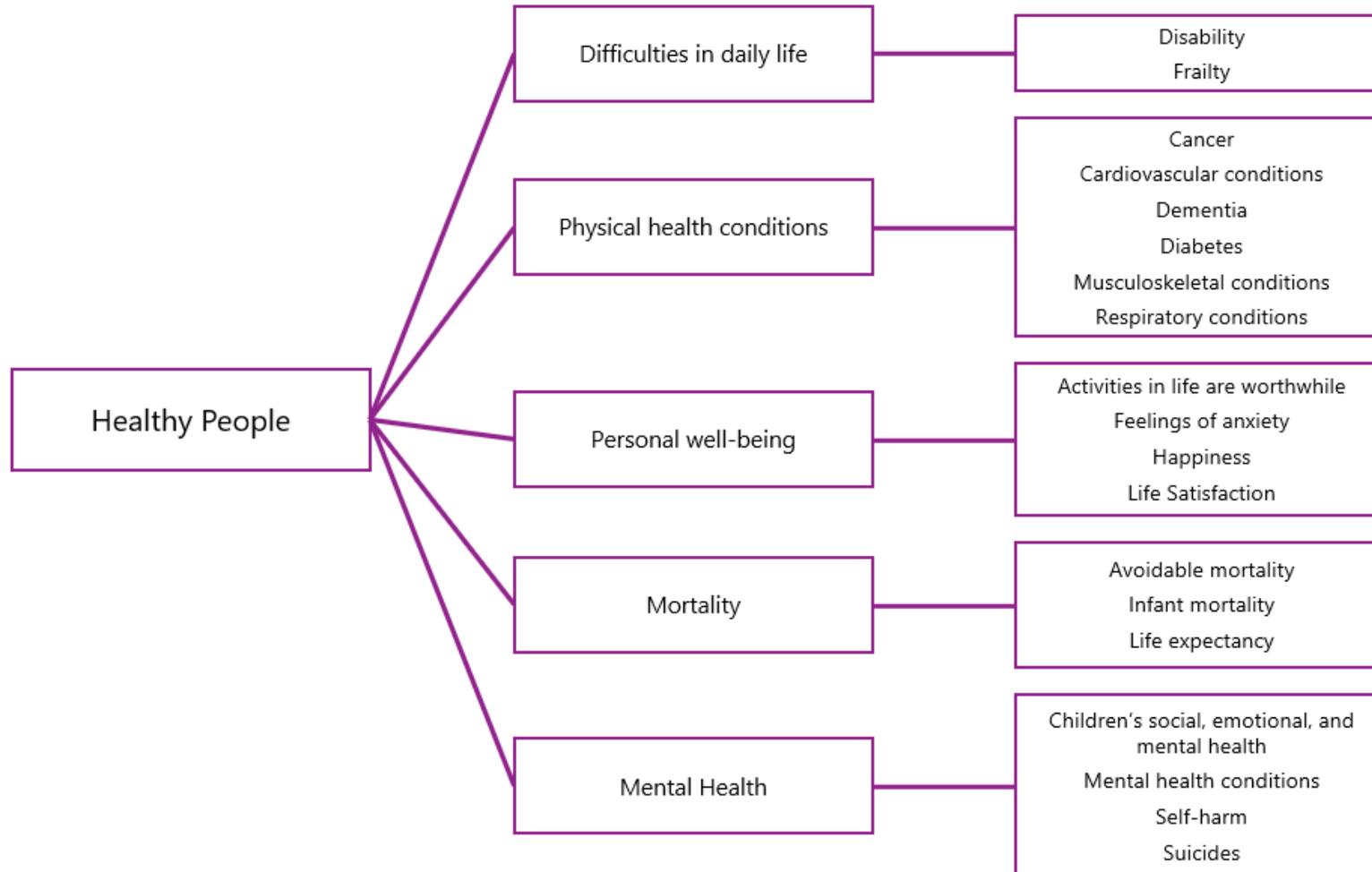
Preventable mortality – Derbyshire What is happening locally?

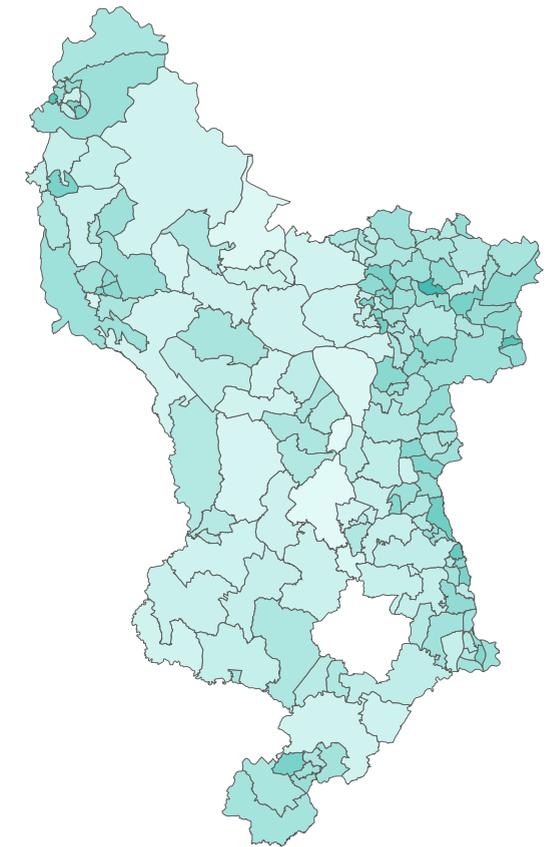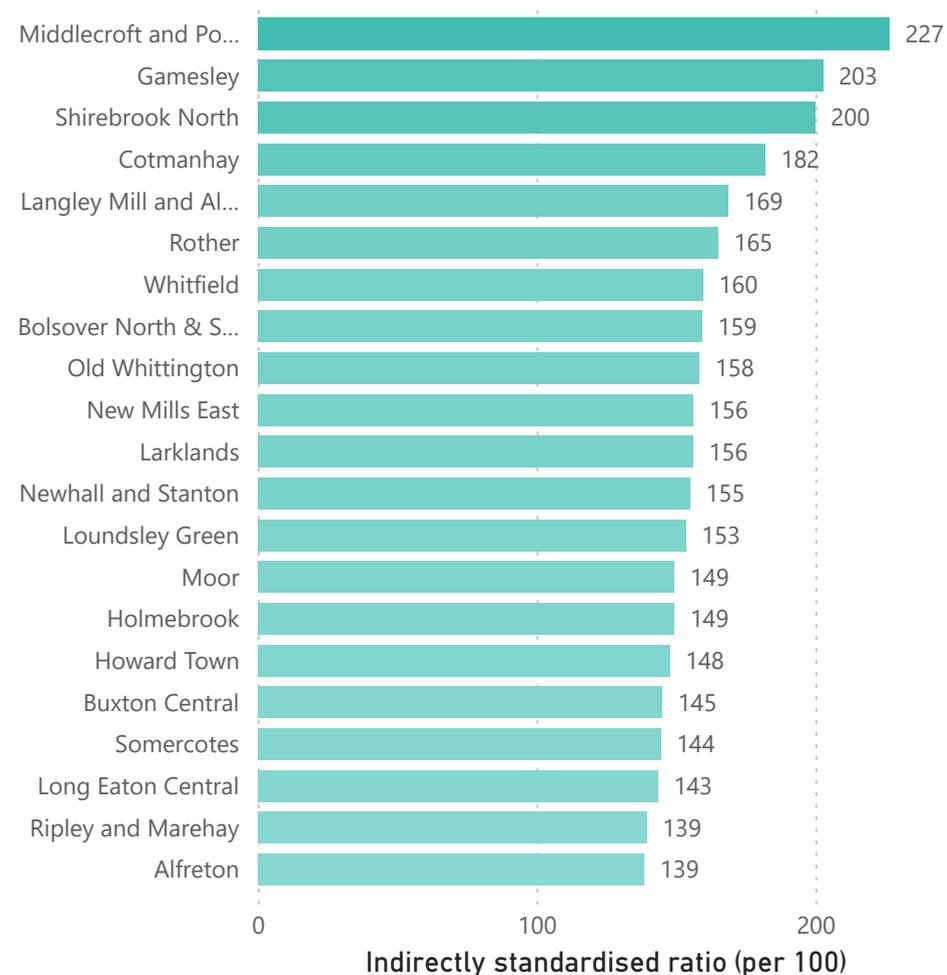Between 2016-20, the standardised mortality ratio of deaths from causes considered preventable in those aged under 75 years was 97.1 per 100. This means that there were less deaths from causes considered preventable during this time-period.

Derbyshire ranks as 4th best for preventable mortality when compared to its 15 CIPFA nearest neighbours.

Preventable mortality is closely linked to deprivation, with the highest levels of preventable mortality in Derbyshire observed in Chesterfield and Bolsover; the two most deprived areas in the County.

The adjacent chart shows to 21 MSOAs with the highest rates of deaths from causes considered preventable

Standardised mortality ratio for deaths from causes considered preventable (population aged under 75 years) by Ward, 2016-20

Ward	Indirectly standardised ratio (per 100)
Middlecroft and Po…	227
Gamesley	203
Shirebrook North	200
Cotmanhay	182
Langley Mill and Al…	169
Rother	165
Whitfield	160
Bolsover North & S…	159
Old Whittington	158
New Mills East	156
Larklands	156
Newhall and Stanton	155
Loundsley Green	153
Moor	149
Holmebrook	149
Howard Town	148
Buxton Central	145
Somercotes	144
Long Eaton Central	143
Ripley and Marehay	139
Alfreton	139

Indirectly standardised ratio (per 100)

Source: OHID, Fingertips

Leading causes of mortality - cardiovascular disease

Mortality – CVD

Cardiovascular disease (CVD) is one of the major causes of death in under 75 year olds in England. CVD is also one of the conditions most strongly associated with health inequalities; people who live in England's most deprived areas, are almost 4 times more likely to die prematurely than someone living in the least deprived.
Furthermore, CVD is more common where a person is male, older, has a severe mental illness or from a South Asian or African Caribbean ethnic group.
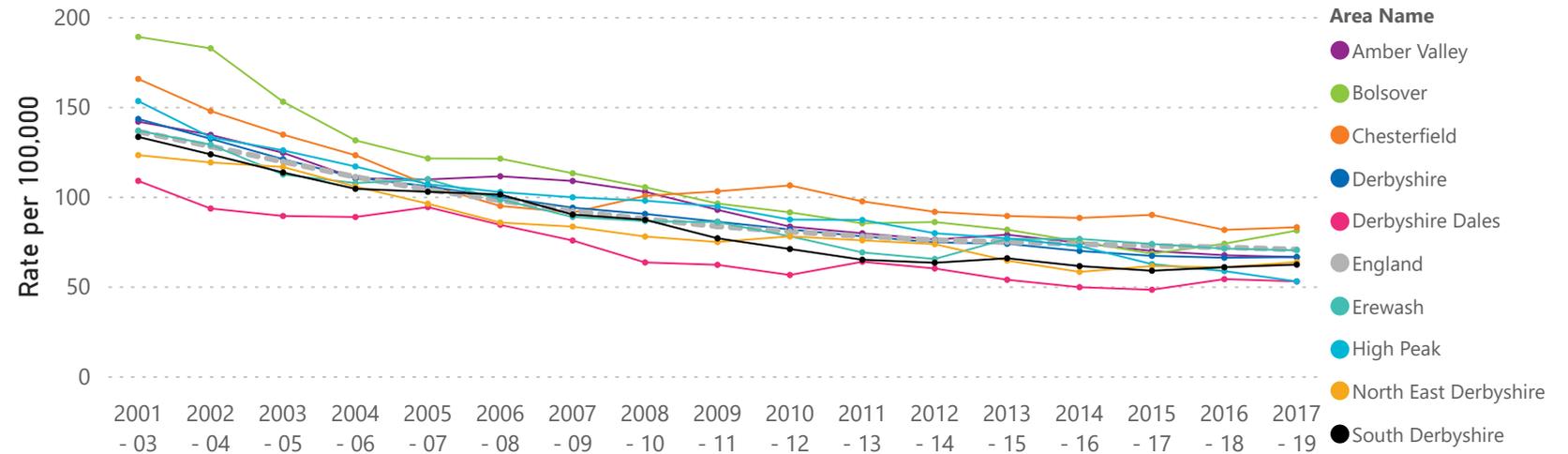
What is happening locally?

Under 75 mortality rates form cardiovascular disease in Derbyshire remain similar to those seen in England. In 2022, the mortality rate from CVD was 74.0 per 100,000 in Derbyshire (compared to 77.8 per 100,000 in England). Across all areas the rate in males was higher than the rate for females.
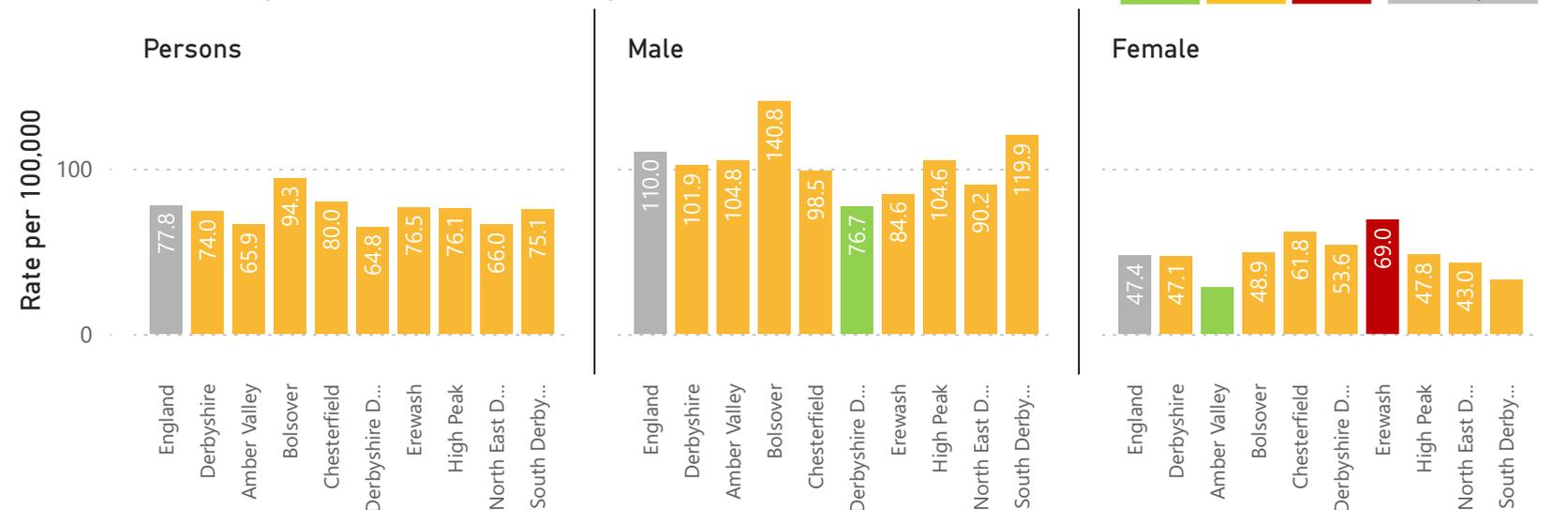
Please note that the time periods used to present the latest data and the trend data for some indicators may differ. The Office for National Statistics (ONS) is currently reconciling and rebasing the mid-year population estimates (MYE) after Census 2021. Consequently, the latest data employs the population data from Census 2021, whereas the trend data utilises unrevised population estimates and should not be used for comparisons with the latest 2021 data.

Source: OHID, Fingertips

Under 75 mortality rate from cardiovascular diseases (persons)

Area Name:
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire
- Derbyshire Dales
- England
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Under 75 mortality rate from all circulatory diseases, 2022

Legend: Better | Similar | Worse | Not Compared

Persons

Area	Rate
England	77.8
Derbyshire	74.0
Amber Valley	65.9
Bolsover	94.3
Chesterfield	80.0
Derbyshire D...	64.8
Erewash	76.5
High Peak	76.1
North East D...	66.0
South Derby...	75.1

Male

Area	Rate
England	110.0
Derbyshire	101.9
Amber Valley	104.8
Bolsover	140.8
Chesterfield	98.5
Derbyshire D...	76.7
Erewash	84.6
High Peak	104.6
North East D...	90.2
South Derby...	119.9

Female

Area	Rate
England	47.4
Derbyshire	47.1
Amber Valley	(not shown)
Bolsover	48.9
Chesterfield	61.8
Derbyshire D...	53.6
Erewash	69.0
High Peak	47.8
North East D...	43.0
South Derby...	(not shown)

Leading causes of mortality - respiratory disease

Mortality - respiratory disease

Respiratory disease affects 1 in 5 people and is currently the third biggest cause of death in England (after cancer and cardiovascular disease (1). Respiratory disease is strongly associated with deprivation, with incidence and mortality rates from respiratory disease highest in the most socially deprived groups. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards (2).
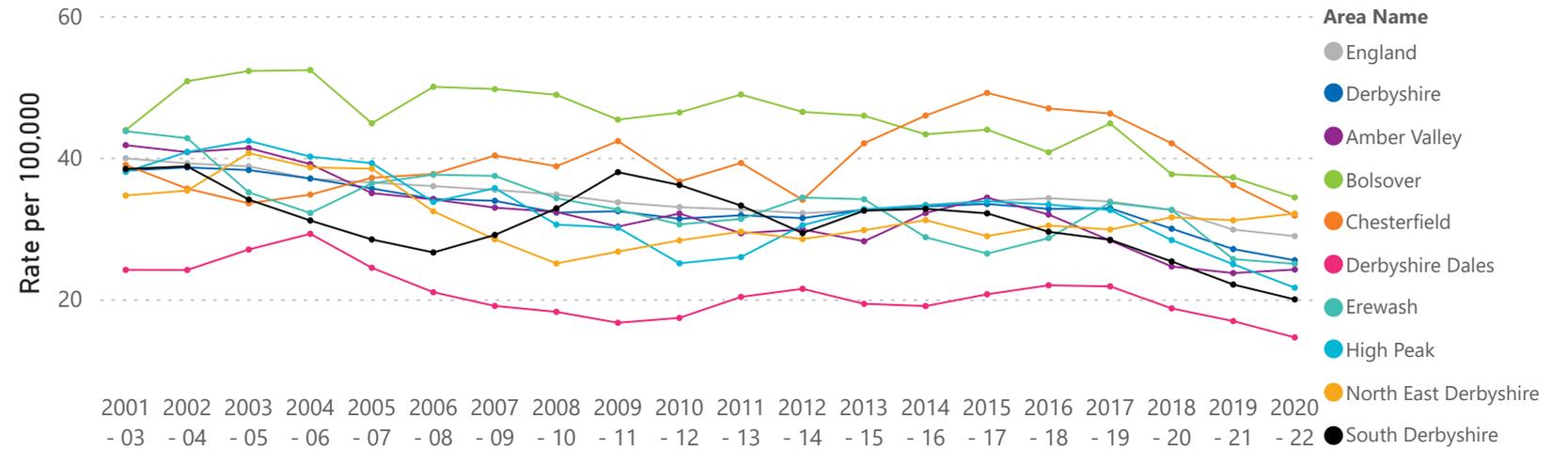
What is happening locally?

In Derbyshire, the rate of under 75 mortality from respiratory disease has remained relatively stable over recent years, at a rate comparable to the national average. In 2022 the Derbyshire rates (28.1 per 100,000) was similar to the England rate (30.7). In 2022, Derbyshire Dales (12.3) and High Peak (16.6) had significantly lower rates than England.

Please note that the time periods used to present the latest data and the trend data for some indicators may differ. The Office for National Statistics (ONS) is currently reconciling and rebasing the mid-year population estimates (MYE) after Census 2021. Consequently, the latest data employs the population data from Census 2021, whereas the trend data utilises unrevised population estimates and should not be used for comparisons with the latest 2021 data.
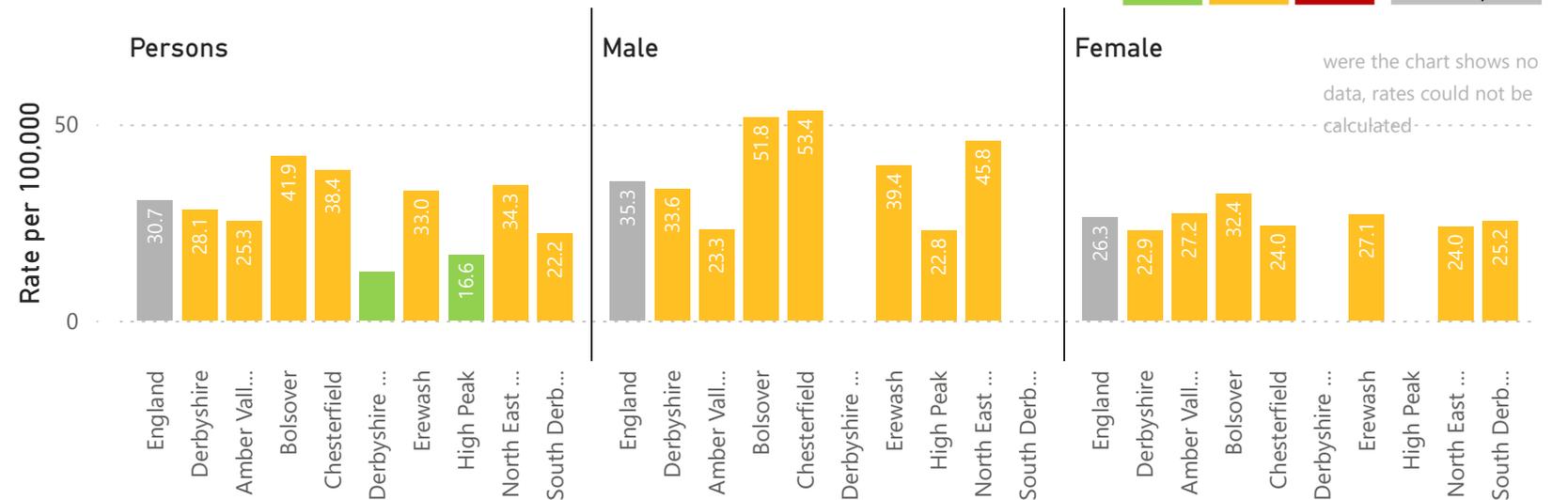
References
1. NICE. NICE impact respiratory conditions. London; 2020.

Under 75 mortality rate from respiratory disease (persons)

Area Name: England, Derbyshire, Amber Valley, Bolsover, Chesterfield, Derbyshire Dales, Erewash, High Peak, North East Derbyshire, South Derbyshire

Under 75 mortality rate from respiratory disease, 2022

Better | Similar | Worse | Not Compared

were the chart shows no data, rates could not be calculated

Persons

Area	Rate
England	30.7
Derbyshire	28.1
Amber Vall...	25.3
Bolsover	41.9
Chesterfield	38.4
Derbyshire ...	
Erewash	33.0
High Peak	16.6
North East ...	34.3
South Derb...	22.2

Male

Area	Rate
England	35.3
Derbyshire	33.6
Amber Vall...	23.3
Bolsover	51.8
Chesterfield	53.4
Erewash	39.4
High Peak	22.8
North East ...	45.8

Female

Area	Rate
England	26.3
Derbyshire	22.9
Amber Vall...	27.2
Bolsover	32.4
Chesterfield	24.0
Erewash	27.1
North East ...	24.0
South Derb...	25.2

Source: OHID, Fingertips

Leading causes of mortality - cancer
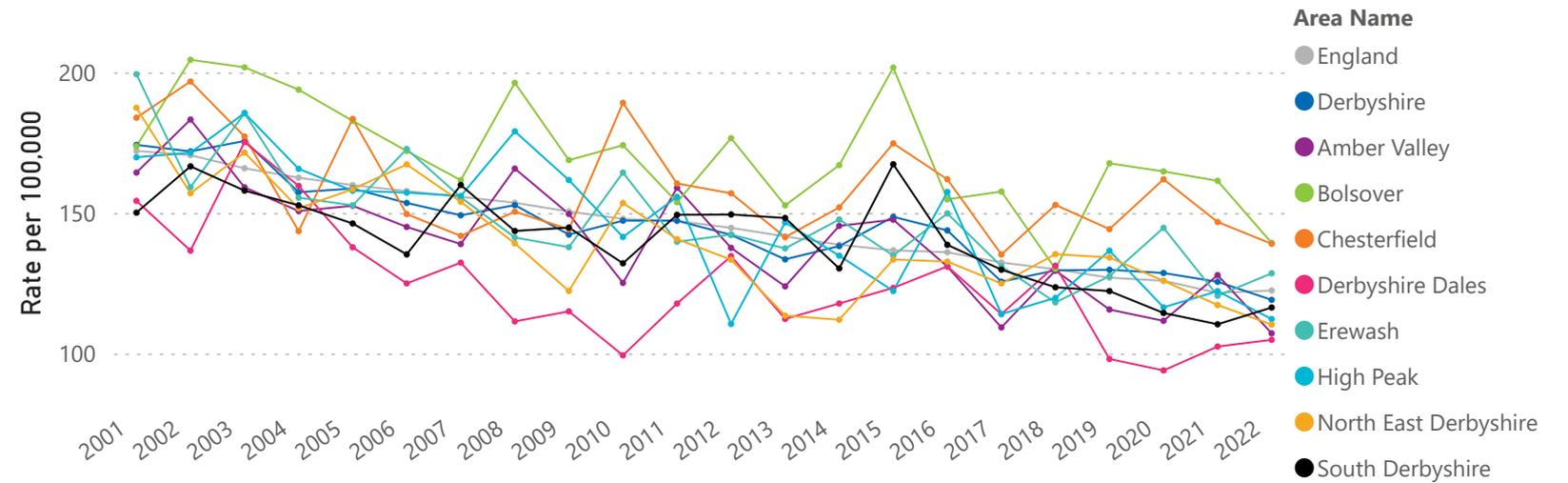
Mortality – Cancer
Cancer is the leading cause of death in England in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment.
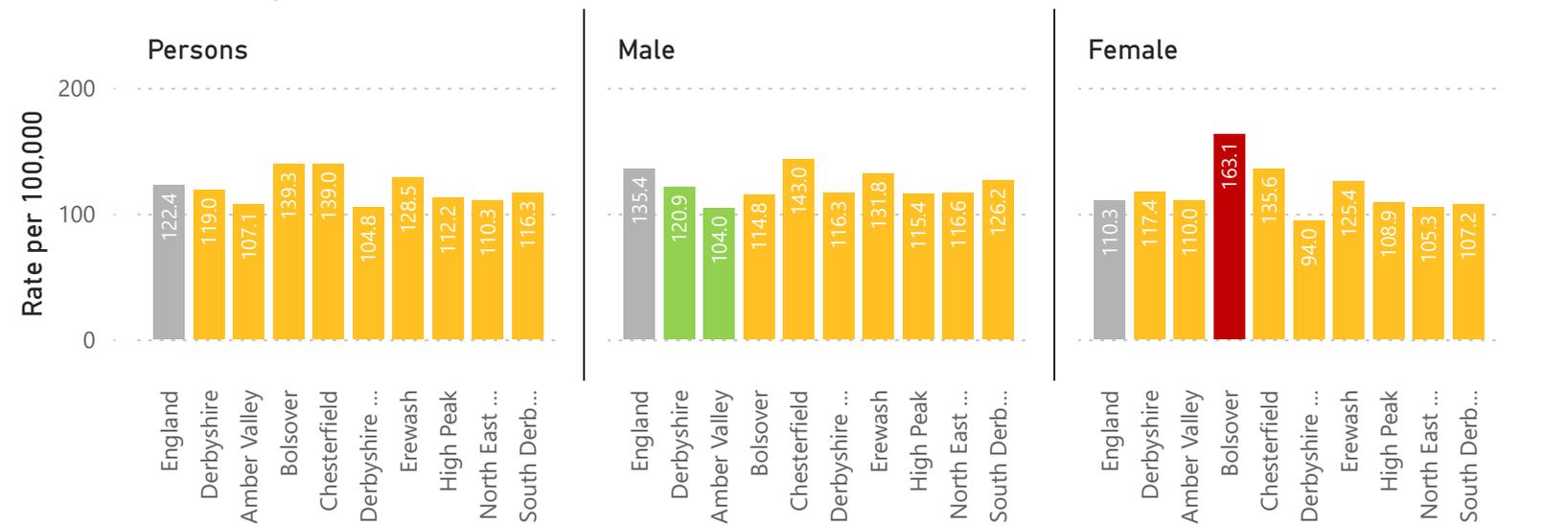
What is happening locally?
In Derbyshire, the rate of under 75 mortality from cancer has been declining in recent years, broadly mirroring the national trend. In 2022, the rate of 119.0 in Derbyshire was similar to the rate of 122.4 per 100,000 in England.

In 2022, males in Derbyshire (120.9 per 100,000) had a higher rate of under 75 mortality from cancer than females (117.4 per 100,000 in Derbyshire). However, although the males had a higher mortality than females, the rate of mortality for males in Derbyshire was significantly better than the rate of mortality for males in England.

Source: OHID, Fingertips

Under 75 mortality rate from cancer (persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Better | Similar | Worse | Not Compared

Under 75 mortality rate from cancer, 2022

Persons

England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire...	Erewash	High Peak	North East...	South Derb...
122.4	119.0	107.1	139.3	139.0	104.8	128.5	112.2	110.3	116.3

Male

England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire...	Erewash	High Peak	North East...	South Derb...
135.4	120.9	104.0	114.8	143.0	116.3	131.8	115.4	116.6	126.2

Female

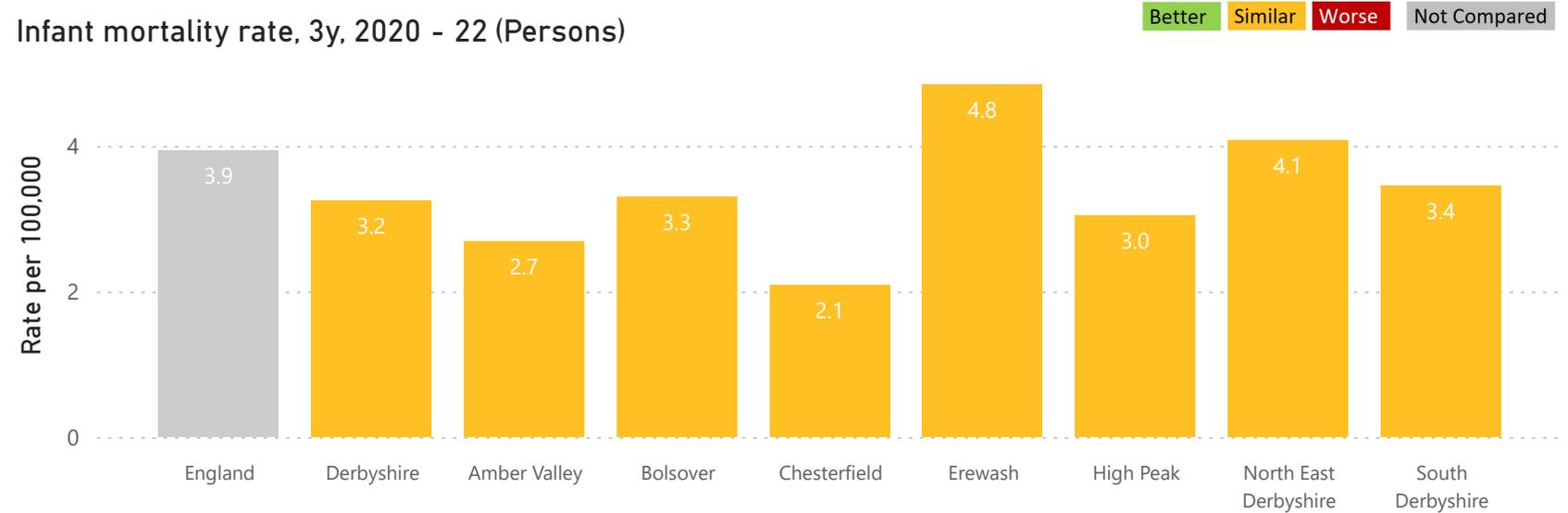| England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire...	Erewash	High Peak	North East...	South Derb...
110.3	117.4	110.0	163.1	135.6	94.0	125.4	108.9	105.3	107.2

Mortality - Infant

Mortality – Infant

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.
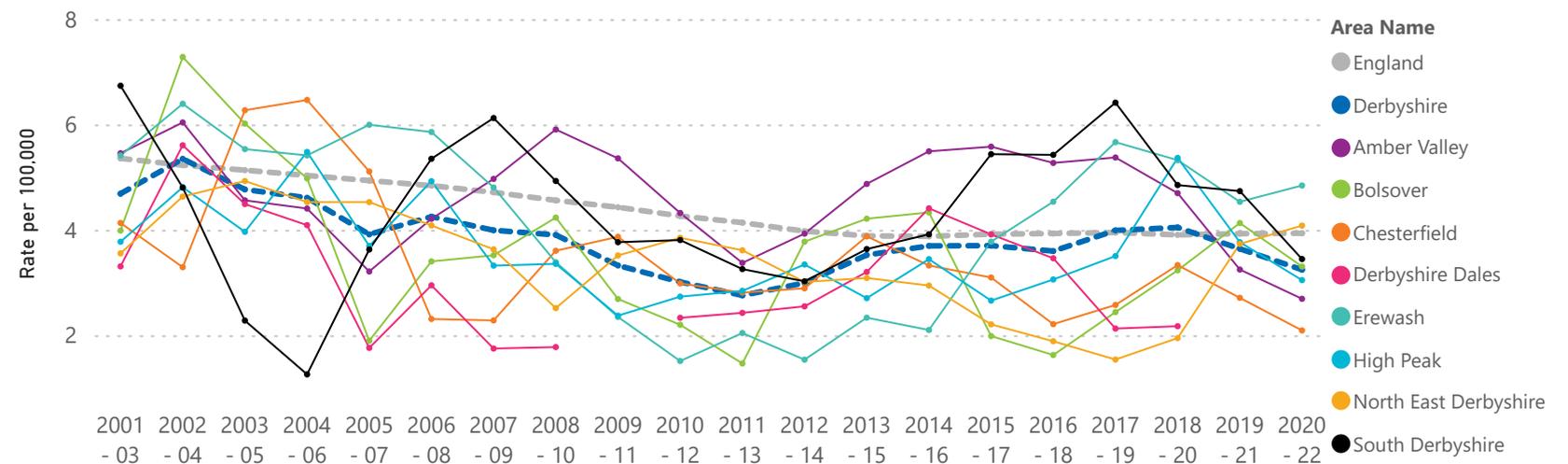
What is happening locally?

The infant mortality rate refers to the amount of deaths that occur within the first year of life per 1,000 live births. In the period of 2020-22, the infant mortality rate in Derbyshire was recorded to be 3.2 deaths per 1,000 live births, this was similar to the England rate (3.9).

The infant mortality rate in Derbyshire had a low of 2.8 deaths per 1,000 live births in 2011-2013. It appeared to have increased to 4.1 deaths per 1,000 live births in 2018-2020. However, the latest data indicates that there has been a slight decrease in the Derbyshire rate.

Better | Similar | Worse | Not Compared

Infant mortality rate, 3y, 2020 - 22 (Persons)

Area	Rate per 100,000
England	3.9
Derbyshire	3.2
Amber Valley	2.7
Bolsover	3.3
Chesterfield	2.1
Erewash	4.8
High Peak	3.0
North East Derbyshire	4.1
South Derbyshire	3.4

Infant Mortality rate

Area Name: England, Derbyshire, Amber Valley, Bolsover, Chesterfield, Derbyshire Dales, Erewash, High Peak, North East Derbyshire, South Derbyshire

Source: OHID, Fingertips

Mortality

Healthy People > Mortality

Mortality Indicator	England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire
Deaths from causes considered preventable, under 75 years, standardised mortality ratio, 2016 - 20 (Persons)	100.0	97.1	90.3	114.9	117.5	69.5	104.6	98.8	90.6	91.6
Infant mortality rate, 2020 - 22 (Persons)	3.9	3.2	2.7	3.3	2.1		4.8	3.0	4.1	3.4
Under 75 mortality rate from all causes, 2019 - 21 (Female)	272.7	278.7	273.2	352.9	326.2	193.1	286.4	286.4	272.1	243.4
Under 75 mortality rate from all causes, 2019 - 21 (Male)	428.8	425.4	395.5	527.8	490.4	339.0	427.6	409.6	425.6	398.4
Under 75 mortality rate from all causes, 2019 - 21 (Persons)	348.6	350.5	333.5	439.3	406.3	264.8	355.2	347.4	346.4	318.7
Under 75 mortality rate from cancer considered preventable, 2020 - 22 (Female)	38.3	41.0	38.5	58.0	55.2	26.6	40.6	36.8	35.9	39.8
Under 75 mortality rate from cancer considered preventable, 2020 - 22 (Male)	63.5	60.9	63.1	69.4	69.3	46.2	70.3	58.3	55.5	52.3
Under 75 mortality rate from cancer considered preventable, 2020 - 22 (Persons)	50.5	50.7	50.5	63.7	62.0	36.1	55.1	47.4	45.2	45.8
Under 75 mortality rate from causes considered preventable, 2019 - 21 (Female)	114.5	118.4	113.2	151.0	143.0	75.5	125.0	130.4	109.4	102.9
Under 75 mortality rate from causes considered preventable, 2019 - 21 (Male)	219.4	219.1	204.9	291.2	246.2	168.5	229.3	214.4	208.8	199.9
Under 75 mortality rate from causes considered preventable, 2019 - 21 (Persons)	165.6	167.8	158.3	220.2	193.6	121.2	176.0	172.0	157.7	149.9
Under 75 mortality rate from circulatory diseases considered preventable, 2020 - 22 (Female)	17.0	17.3	13.8	20.5	22.0	10.3	21.1	19.8	17.8	13.6
Under 75 mortality rate from circulatory diseases considered preventable, 2020 - 22 (Male)	44.0	42.9	40.8	48.7	46.1	37.9	42.4	44.4	39.5	44.5
Under 75 mortality rate from circulatory diseases considered preventable, 2020 - 22 (Persons)	30.1	29.8	27.1	34.4	33.7	23.8	31.4	32.0	28.3	28.6
Under 75 mortality rate from respiratory disease considered preventable, 2020 - 22 (Female)	15.2	15.1	13.2	22.5	15.2		16.9	16.0	18.9	13.8
Under 75 mortality rate from respiratory disease considered preventable, 2020 - 22 (Male)	19.0	17.3	16.1	21.6	22.6	9.9	19.2	15.0	21.3	11.9
Under 75 mortality rate from respiratory disease considered preventable, 2020 - 22 (Persons)	17.0	16.2	14.6	22.0	18.8	7.7	18.0	15.5	20.1	12.9
Under 75 mortality rate from respiratory disease, 2021 (Female)	22.5	22.2	18.8	40.1	17.8			24.5	36.4	
Under 75 mortality rate from respiratory disease, 2021 (Male)	30.8	26.3	25.6	38.4	39.2	22.1	18.8		28.4	20.8
Under 75 mortality rate from respiratory disease, 2021 (Persons)	26.5	24.2	22.2	39.2	28.2	17.2	16.3	21.6	32.4	19.2

Better Similar Worse Not Compared

Source: OHID, Fingertips

Mortality - all causes

Mortality – all causes

Premature mortality is a good high-level indicator of the overall health of a population. To ensure that there continues to be a reduction in the rate of premature mortality, and that inequalities between areas are reduced, there needs to be concerted action in both prevention and treatment.
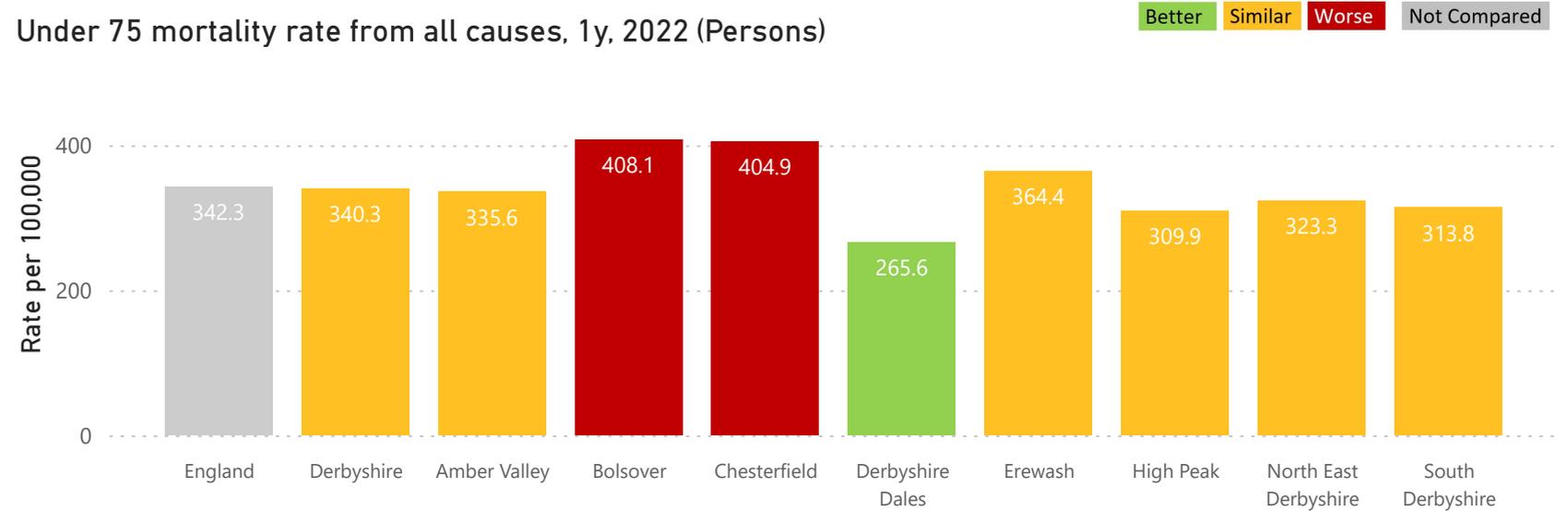
What is happening locally?

The under 75 rate of mortality from all causes had begun to increase prior to the COVID-19 pandemic. Increases were first identified in 2017-19. The data for 2022 shows a slight decrease compared to the previous year. The rate in Derbyshire in 2022 (340.3 per 100,000 population) was similar to England (342.3 per 100,000 population).

Bolsover and Chesterfield had rates significantly higher than the England rate (408.1and 404.9 respectively).
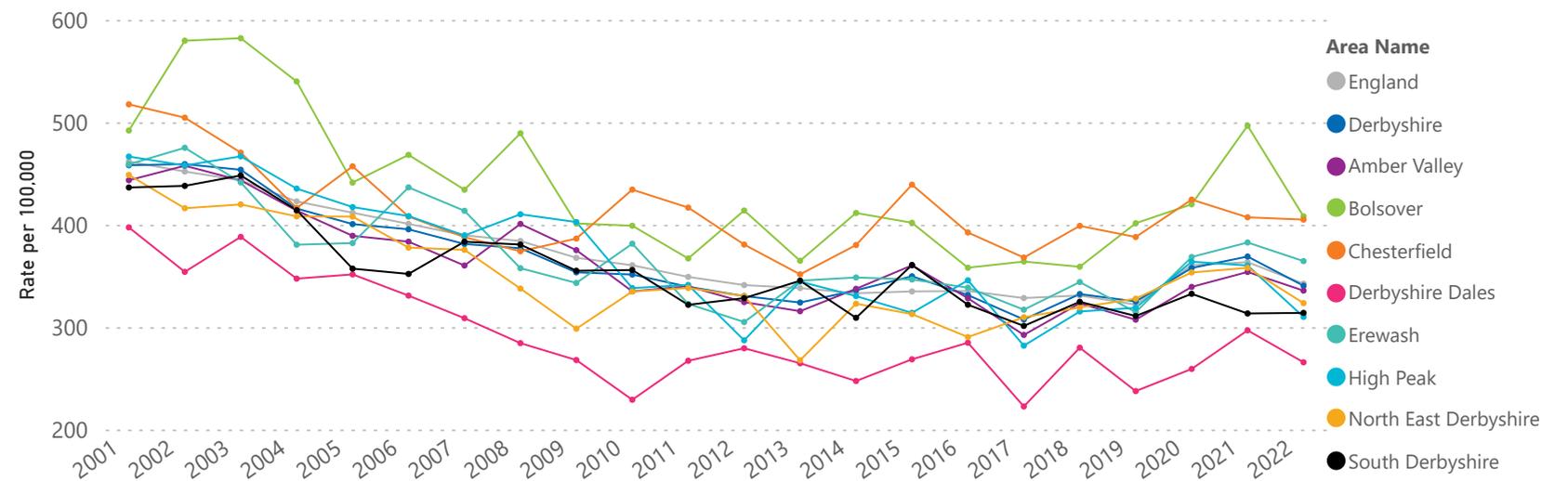
In England, the rate of premature mortality from all causes increases with increasing levels of deprivation, in both males and females.

Please note that the time periods used to present the latest data and the trend data for some indicators may differ. The Office for National Statistics (ONS) is currently reconciling and rebasing the mid-year population estimates (MYE) after Census 2021. Consequently, the latest data employs the population data from Census 2021, whereas the trend data utilises unrevised population estimates and should not be used for comparisons with the latest 2021 data.

Under 75 mortality rate from all causes, 1y, 2022 (Persons)

Better | Similar | Worse | Not Compared

Under 75 mortality rate from all causes (persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Source: OHID, Fingertips

Excess winter deaths

Excess Winter Deaths

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population(1).

The winter mortality index (WMI) is a measure expressed as a ratio of the difference in all cause mortality during winter months (December to March) compared to the average in the non winter months (the preceding August to November and following April to July).

Winter Mortality Index

Derbyshire had similar winter mortality between August 2021- July 2022 compared to England (5% compared to 8.1%).
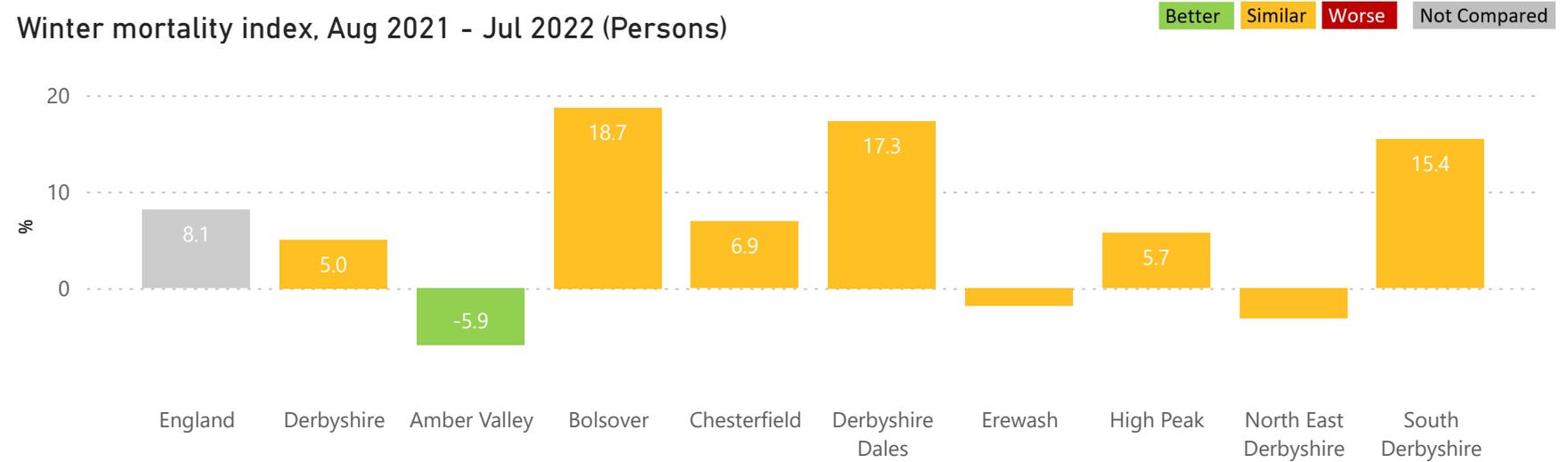
In the same period, within Derbyshire, Amber Valley had a significantly better rate compared to the national average.
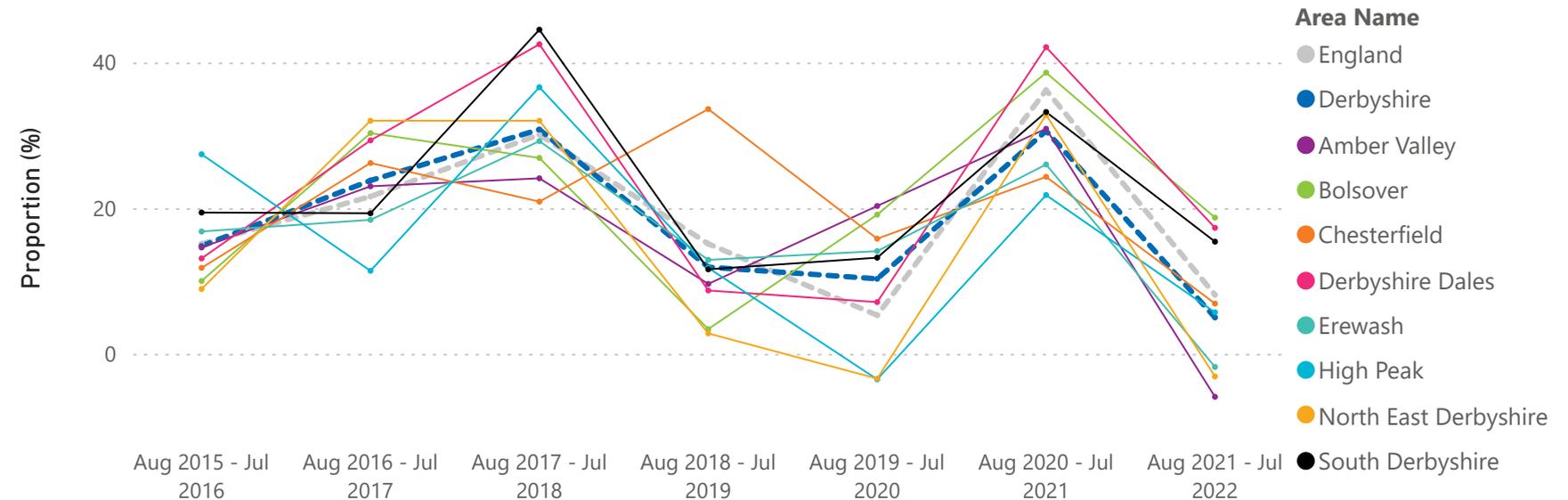
References
1) ONS Statistical Bulletin:Excess Winter Mortality in England and Wales, 2013/14(Provisional) and 2012/13 (Final)

Source: OHID, Fingertips

Winter mortality index, Aug 2021 - Jul 2022 (Persons)

Legend: Better | Similar | Worse | Not Compared

Bar chart values:
- England: 8.1 (Not Compared)
- Derbyshire: 5.0 (Similar)
- Amber Valley: -5.9 (Better)
- Bolsover: 18.7 (Similar)
- Chesterfield: 6.9 (Similar)
- Derbyshire Dales: 17.3 (Similar)
- Erewash: (Similar, negative)
- High Peak: 5.7 (Similar)
- North East Derbyshire: (Similar, negative)
- South Derbyshire: 15.4 (Similar)

Winter mortality index (Persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

X-axis: Aug 2015 - Jul 2016, Aug 2016 - Jul 2017, Aug 2017 - Jul 2018, Aug 2018 - Jul 2019, Aug 2019 - Jul 2020, Aug 2020 - Jul 2021, Aug 2021 - Jul 2022
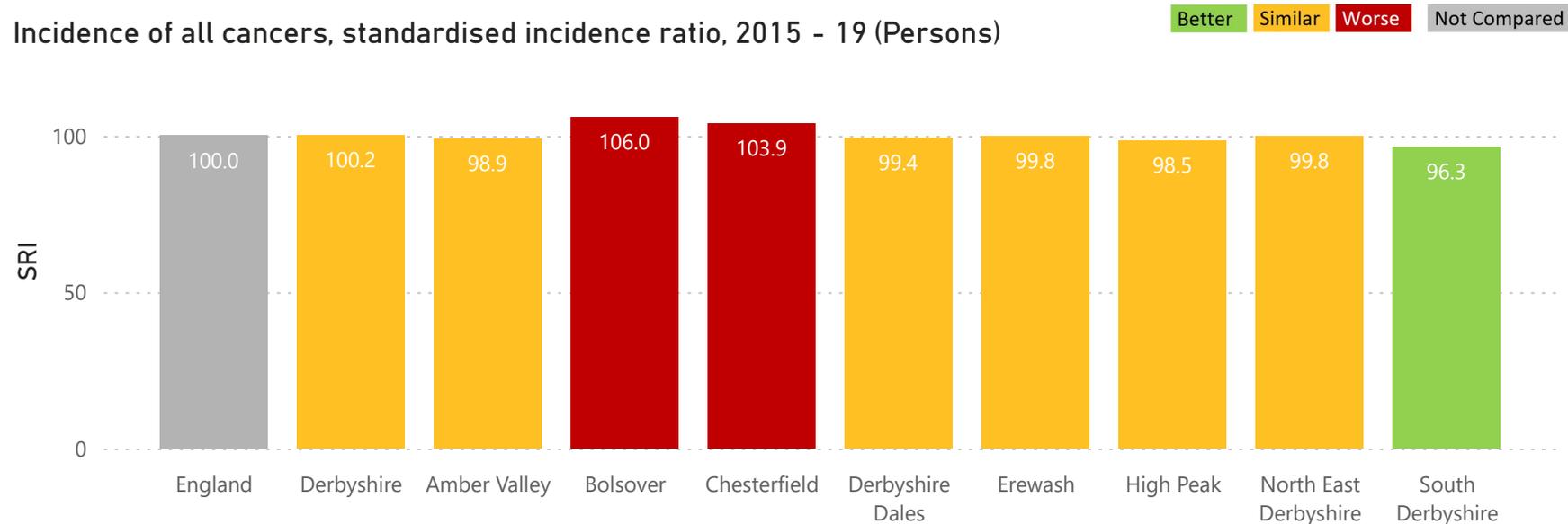
Cancer

Cancer Incidence

Around one person in two in the UK will develop a cancer at sometime in their life. The most common cancers are of the breast, lung, bowel, colorectal and prostate, together accounting for over half of all new cancers each year.

Cancer is a clinical priority in all four countries of the UK. It is recognised that the principal active management of cancers occurs in the secondary care setting. General practice often has a key role in the referral and subsequent support of cancer patients and in ensuring that care is appropriately co-ordinated.

What is happening locally?

The standardised incidence ratio for incidence of all cancers in 2015-19 was similar for England (100) and Derbyshire (100.2). Within Derbyshire, Bolsover and Chesterfield were worse than England (106 and 104 respectively), and South Derbyshire had the lowest incidence (96.3).

Source: OHID, Fingertips

Incidence of all cancers, standardised incidence ratio, 2015 – 19 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	SRI
England	100.0
Derbyshire	100.2
Amber Valley	98.9
Bolsover	106.0
Chesterfield	103.9
Derbyshire Dales	99.4
Erewash	99.8
High Peak	98.5
North East Derbyshire	99.8
South Derbyshire	96.3

CHD prevalence

Cardiovascular conditions - prevalence

Cardiovascular disease (CVD) is a leading cause of mortality and morbidity in the UK and accounts for almost two thirds of all deaths in the UK. CVD refers to diseases that affect the heart and blood vessels, or both; it is usually caused by atherosclerosis (an increased risk of blood clots). There are four main types of CVD- coronary heart disease, stroke, transient ischaemic attack (TIA) and peripheral arterial disease.
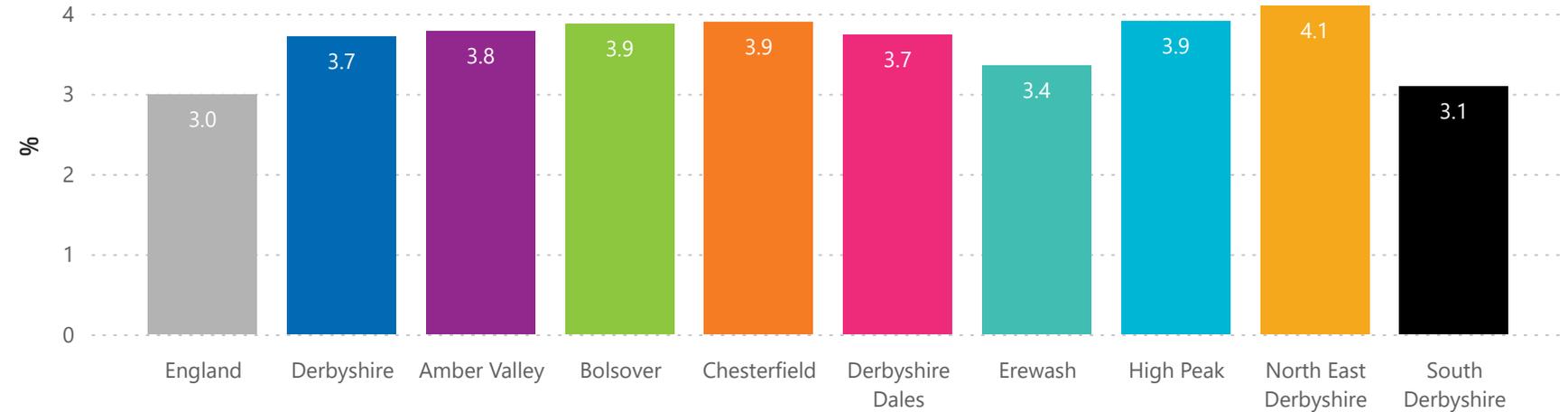
Coronary heart disease (CHD) is the single most common cause of premature death in the UK. The research evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve the quality of life for patients.

What is happening locally?

In 2022/23 30,588 people in Derbyshire where on the CHD register, this represents 3.7% of patients registered to a Derbyshire practice and is higher than the England rate of 3.0%.
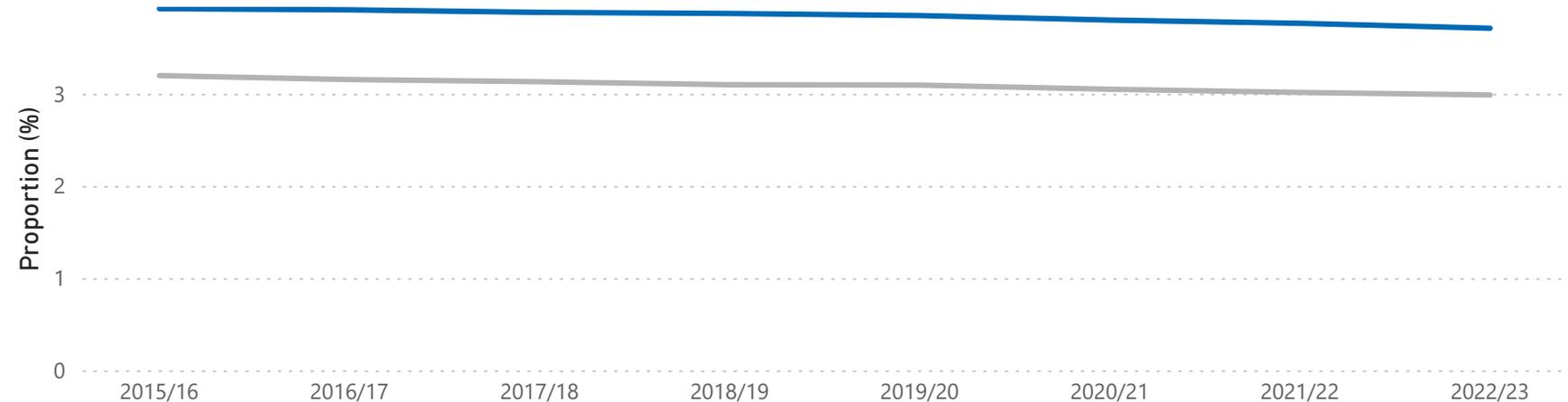
At a district and borough area level values range from 3.1% in South Derbyshire and 4.1% in North East Derbyshire

CHD: QOF prevalence (all ages), 1y, 2022/23 (Persons)

Area	%
England	3.0
Derbyshire	3.7
Amber Valley	3.8
Bolsover	3.9
Chesterfield	3.9
Derbyshire Dales	3.7
Erewash	3.4
High Peak	3.9
North East Derbyshire	4.1
South Derbyshire	3.1

CHD: QOF prevalence (all ages), 1y (Persons)

Area Name ● England ● Derbyshire

Stroke

Stroke

Stroke is the third most common cause of death in the developed world. One quarter of stroke deaths occur under the age of 65 years. There is evidence that appropriate diagnosis and management can improve outcomes.

What is happening locally?

In 2022/23 20,105 Derbyshire patients with stroke or transient ischaemic attack (ITA) where record on practice disease registers. This represents 2.4% of patients registered to a Derbyshire practice and is higher than the England rate of 1.8%.

At a district and borough area level values range from 2.0% in South Derbyshire and 2.8% in North East Derbyshire

Stroke: QOF prevalence (all ages), 2022/23 (Persons)

Area	Value
England	1.8
Derbyshire	2.4
Amber Valley	2.5
Bolsover	2.3
Chesterfield	2.4
Derbyshire Dales	2.6
Erewash	2.3
High Peak	2.6
North East Derbyshire	2.8
South Derbyshire	2.0

Stroke: QOF prevalence (all ages), 1y (Persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Respiratory conditions - COPD

Respiratory Conditions - COPD

Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Oxygen therapy has been shown to prolong life in the later stages of the disease and has also been shown to have a beneficial impact on exercise capacity and mental state. Some patients respond to inhaled steroids. Many patients respond symptomatically to inhaled beta agonists and anti-cholinergics. Pulmonary rehabilitation has been shown to produce an improvement in quality of life.

What is happening locally?

In 2022/23 19,506 Derbyshire patients were recorded with COPD. This represents 2.4% of Derbyshire patients, which is higher than the England average of 1.8%.

There was variation across Derbyshire, ranging from 1.8% in Derbyshire Dales and 2.8% in Bolsover

Lower 95% | Similar | Higher 95% | Not compared

COPD: QOF prevalence (all ages), 2022/23 (Persons)

Area	Proportion (%)
England	1.8
Derbyshire	2.4
Amber Valley	2.3
Bolsover	2.8
Chesterfield	2.6
Derbyshire Dales	1.8
Erewash	2.3
High Peak	2.4
North East Derbyshire	2.6
South Derbyshire	2.0

COPD: QOF prevalence (all ages), 1y (Persons)

Area Name:
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Respiratory conditions - Asthma

Respiratory Conditions - Asthma

Asthma is a common condition which responds well to appropriate management and which is principally managed in primary care. This indicator set was originally informed by the British Thoracic Society (BTS)/SIGN guidelines which were published in early 2003. In keeping with the other indicators, not all areas of management are included in the indicator set in an attempt to keep the data collection within manageable proportions.

What is happening locally?

In 2022/23 60,149 Derbyshire patients aged 6 years and over were recorded with with asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months. This represents 7.7% of Derbyshire patients, which is higher than the England average of 6.5%.

There was variation across Derbyshire, Derbyshire Dales had the lowest prevalence (7.3%) and High Peak had the highest prevalence (8.1%).

Asthma: QOF prevalence (6+ yrs), 2022/23 (Persons)

Legend: Lower 95% | Similar | Higher 95% | Not compared

Area	Value
England	6.5
Derbyshire	7.7
Amber Valley	7.6
Bolsover	7.3
Chesterfield	8.0
Derbyshire Dales	7.6
Erewash	7.7
High Peak	8.1
North East Derbyshire	7.7
South Derbyshire	7.7
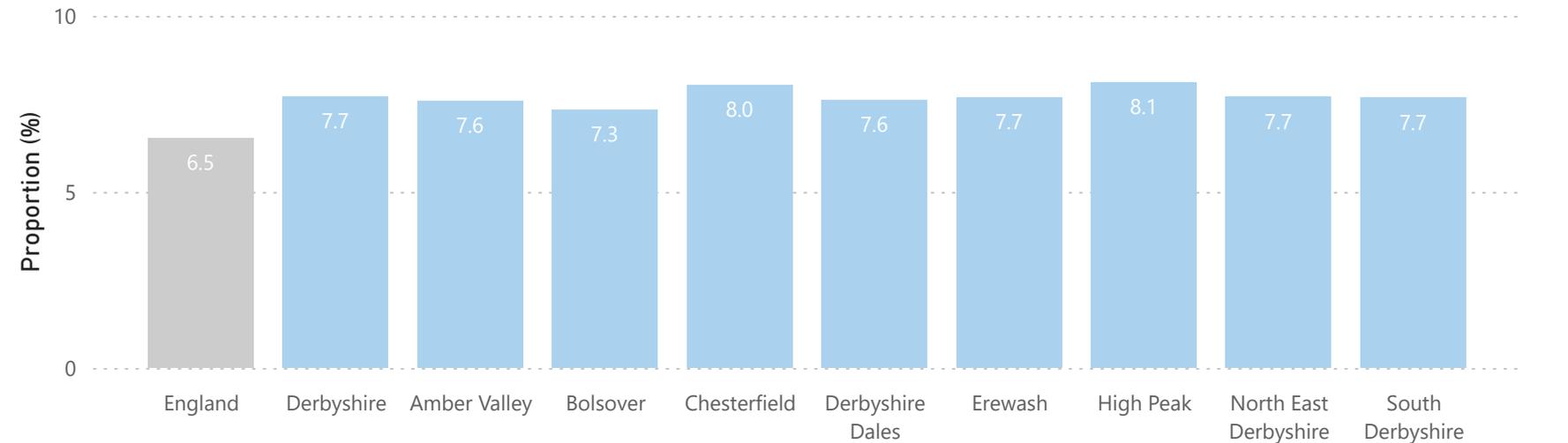
Asthma: QOF prevalence (6+ yrs), 1y (Persons)
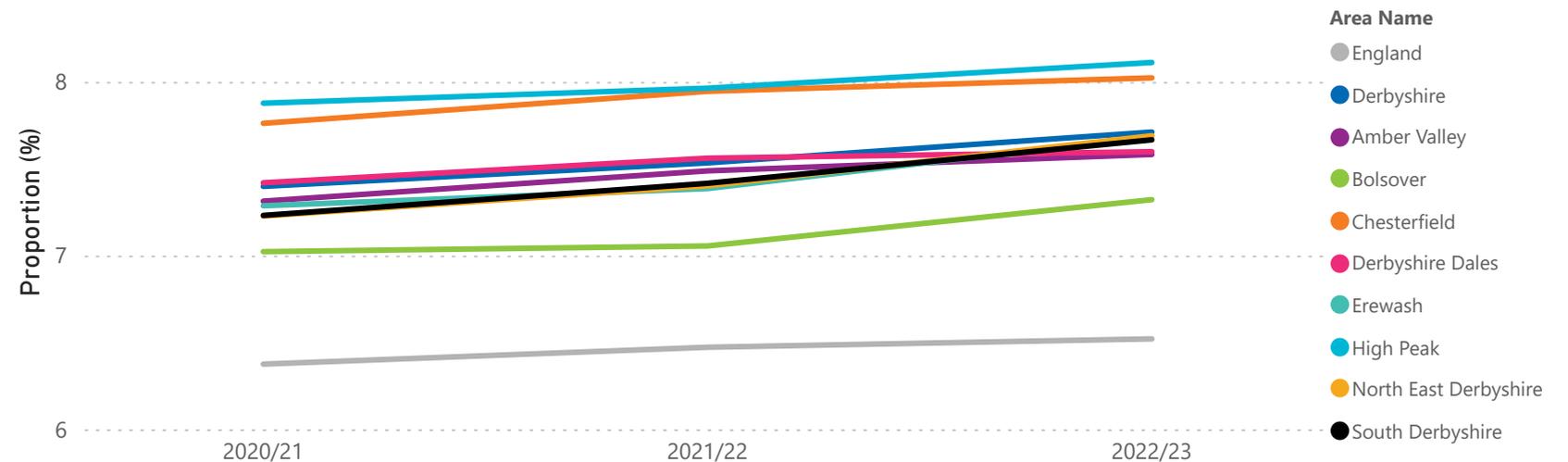
Area Name:
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Musculoskeletal disorders

Musculoskeletal disorders

Musculoskeletal conditions (MSK) are problems of the bones, joints, muscles and spine, and are a common cause of long-term pain and physical disability. Between 1990 and 2019, in England, low back and neck pain was ranked as the top reason for years lived with disability, while other MSK conditions was ranked as number 10. The pain and disability associated with MSK disorders limits independence and the ability to participate in family, social and working life, thus having negative impacts on mental and social wellbeing but also on the wider economy.

What is happening locally?

In England, there was a decrease in the proportion of the population aged 16+ years reporting a long-term MSK problem from 18.8% to 17.6% between 2018 and 2022, this increased slightly in 2023 (18.4%).

During 2023, Derbyshire had a significantly higher proportion of the population reporting long term MSK problems (22.0% in Derbyshire compared to 18.4% in England).

Percentage reporting a long-term Musculoskeletal (MSK) problem, 2023 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	Proportion (%)
England	18.4
Derbyshire	22.0
Amber Valley	21.4
Bolsover	22.5
Chesterfield	23.2
Derbyshire Dales	21.1
Erewash	20.0
High Peak	21.9
North East Derbyshire	26.4
South Derbyshire	19.7
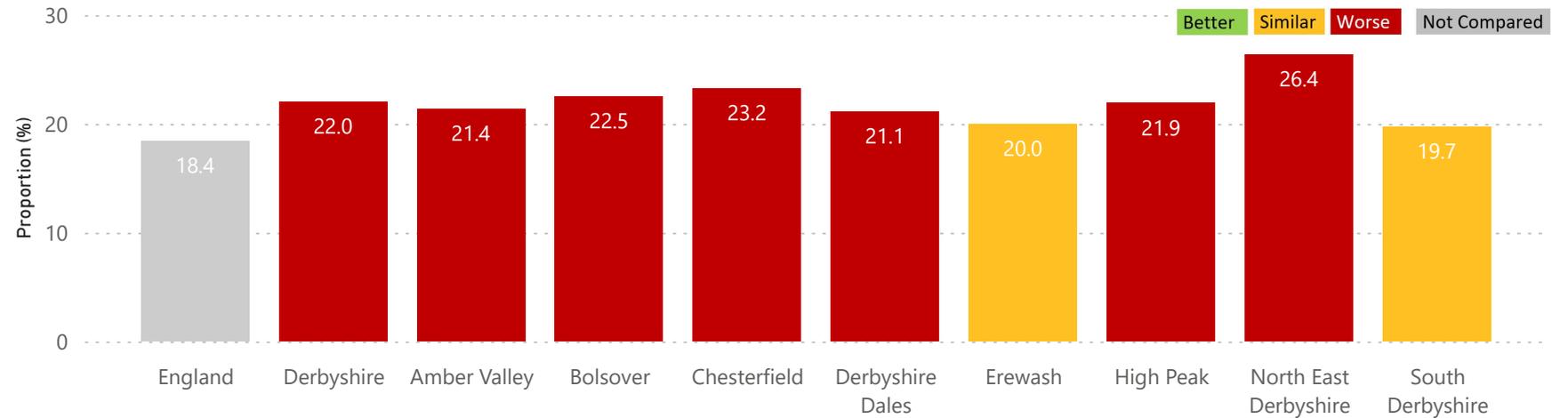
Proportion of population aged 16+ years reporting a long-term musculoskeletal problem

Area Name: England, Derbyshire, Amber Valley, Bolsover, Chesterfield, Derbyshire Dales, Erewash, High Peak, North East Derbyshire, South Derbyshire
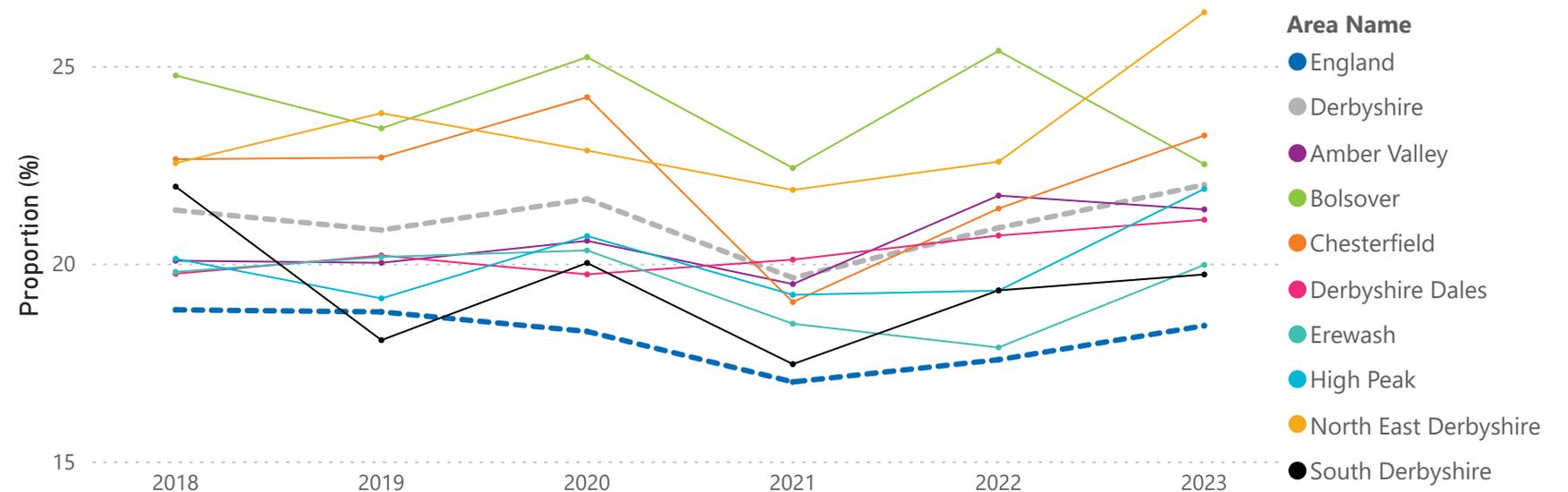
Falls

Falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

What is happening locally?

In 2021/22 there were 3,720 Emergency hospital admissions due to falls in people aged 65 and over in Derbyshire. This is a rate of 2,175 per 100,000, which is significantly higher than the England rate 2099.9 per 100,000 population). At a district and borough level Erewash and South Derbyshire had rates significantly higher than England (2309 and 2535 per 100,000 respectively).

The rate of Emergency hospital admissions due to falls in females aged 65 and over (2,447 per 100,000) was higher than the male rate (1,820 per 100,000).

Erewash and South Derbyshire had significantly higher rate of falls in females when compared to the England rate. South Derbyshire also had a significantly higher rate of falls in males.

Source: OHID, Fingertips

Better | Similar | Worse | Not Compared

Emergency hospital admissions due to falls in people aged 65 and over, 2021/22 (Persons)
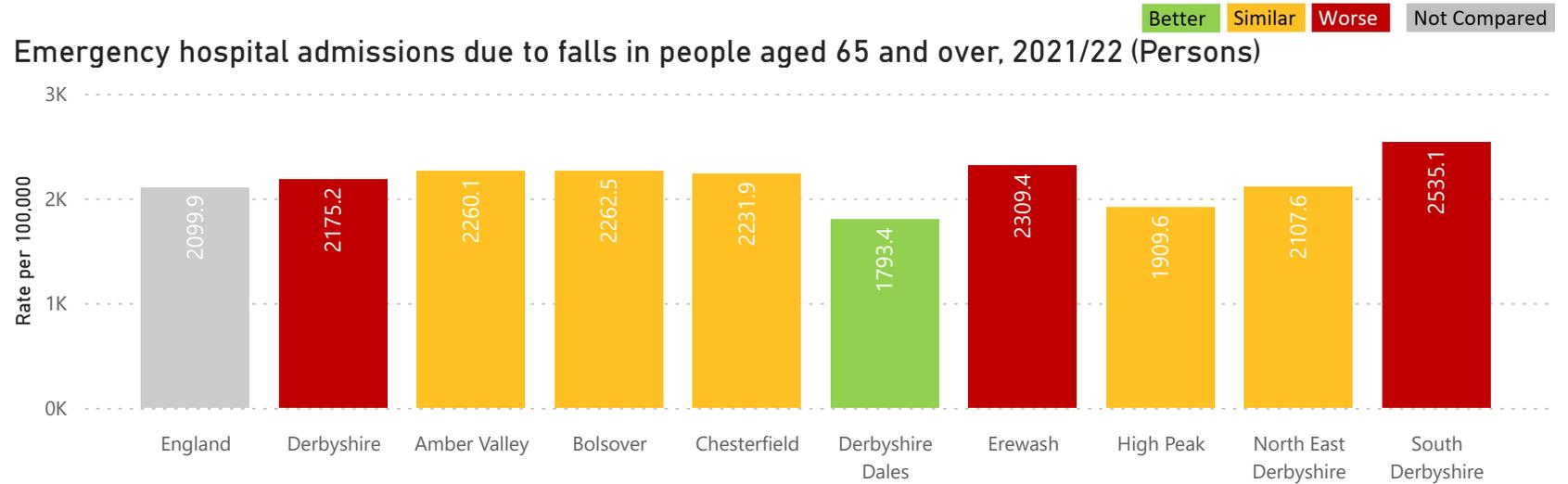
Area	Rate per 100,000
England	2099.9
Derbyshire	2175.2
Amber Valley	2260.1
Bolsover	2262.5
Chesterfield	2231.9
Derbyshire Dales	1793.4
Erewash	2309.4
High Peak	1909.6
North East Derbyshire	2107.6
South Derbyshire	2535.1

Emergency hospital admissions due to falls in people aged 65 and over, 2021/22

Area	Female	Male
England	2359.9	1749.5
Derbyshire	2446.5	1820.1
Amber Valley	2576.3	1815.9
Bolsover	2451.0	2086.6
Chesterfield	2516.3	1809.0
Derbyshire Dales	2049.4	1419.6
Erewash	2658.0	1819.8
High Peak	2168.4	1587.2
North East Derbyshire	2368.9	1813.5
South Derbyshire	2722.7	2328.5
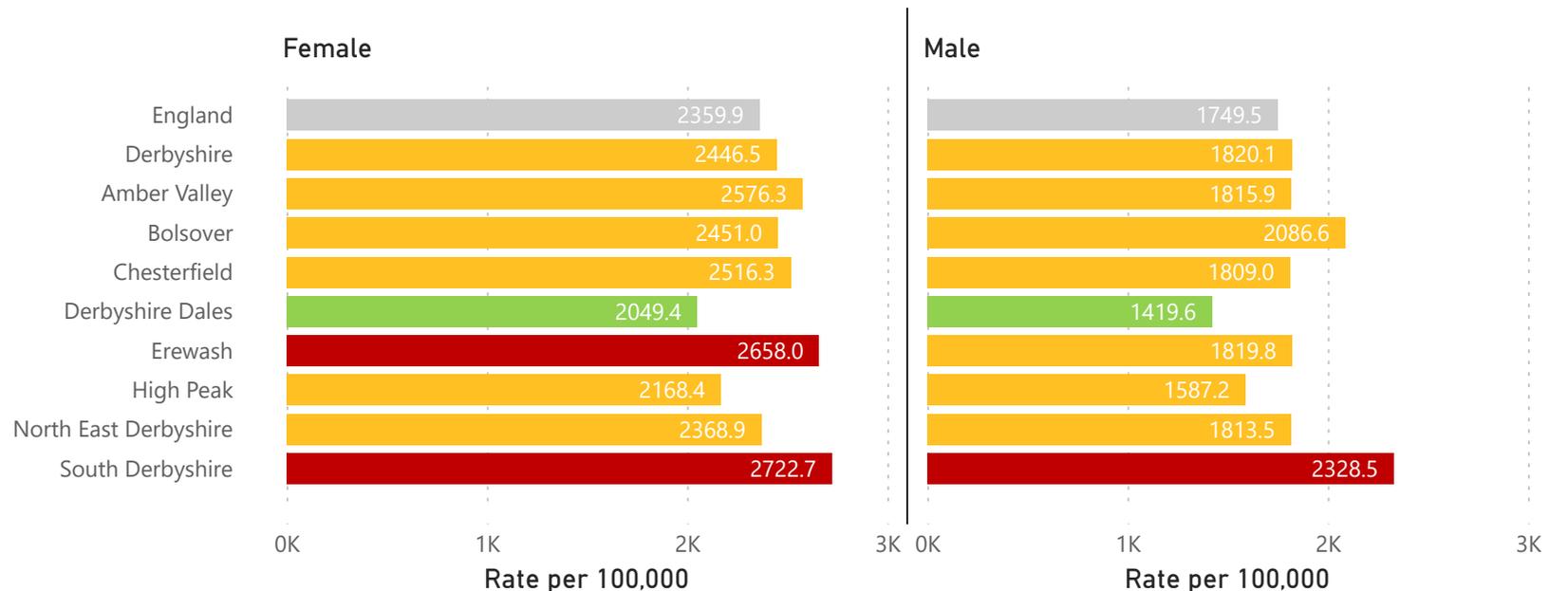
Hip Fractures

Hip Fractures

Hip fracture is a debilitating condition. Only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long term care. Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year.

What is happening locally?

The Derbyshire rates of hip fractures in people aged 65 and over is similar to the England value. The rate for persons in Derbyshire (564.0 per 100,000 population) was similar to England (558.0 per 100,000 population).

At a district and borough level rates of hip fractures in people aged 65 and over is similar to the England rate, apart from Derbyshire Dales that has a significantly better rate compared to Derbyshire.

Like the rate of falls, females have a higher rate of hip fractures compared to males across Derbyshire. This gender difference is primarily due to differences in bone density and strength between males and females.

Hip fractures in people aged 65 and over, 2022/23

Legend: Better | Similar | Worse | Not Compared

Persons (Rate per 100,000)

England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire
558.0	564.0	579.3	655.9	547.7	512.6	498.9	650.5	540.2	571.1

Male (Rate per 100,000)

England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire
401.2	390.4	393.9	479.4	418.3	248.7	385.1	392.9	424.8	410.8

Female (Rate per 100,000)

England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire
674.8	698.2	714.3	787.6	652.1	715.3	590.1	858.0	638.6	687.3

Dementia

Dementia Prevalence

Dementia is a range of symptoms associated with mental functions that interfere with daily activities, it can affect memory, language, orientation, judgement, and social behaviour. There are various subtypes of dementia, the most common are Alzheimers disease, vascular dementia, Lewy bodies and frontotemporal dementia. The main risk factor for dementia is age and as the life expectancy of our population increases it is expected that the numbers of people living with dementia will rise.

What is happening locally?

Derbyshire had a similar estimated dementia diagnosis rate in people aged 65 and over in 2023 as England (64.1% compared to 63%). Within Derbyshire, Amber Valley (71.4%) and Erewash (75.1%) had significantly higher rates, and Derbyshire Dales (49.3%) and North East Derbyshire (56.4%) had significantly lower rates compared to England.

Estimated dementia diagnosis rate (aged 65 and older), 1y, 2023 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	Value
England	63.0
Derbyshire	64.1
Amber Valley	71.4
Bolsover	69.9
Chesterfield	62.2
Derbyshire Dales	49.3
Erewash	75.1
High Peak	57.8
North East Derbyshire	56.4
South Derbyshire	68.7
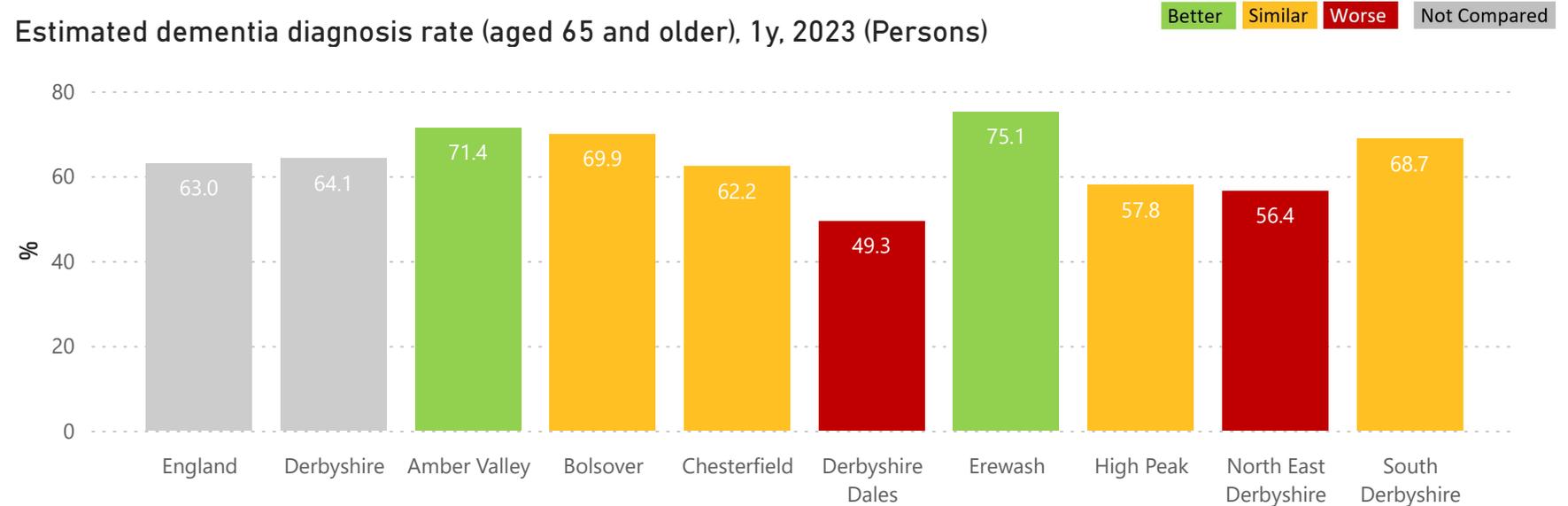
Estimated dementia diagnosis rate (aged 65 and older), 1y (Persons)

Area Name:
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire
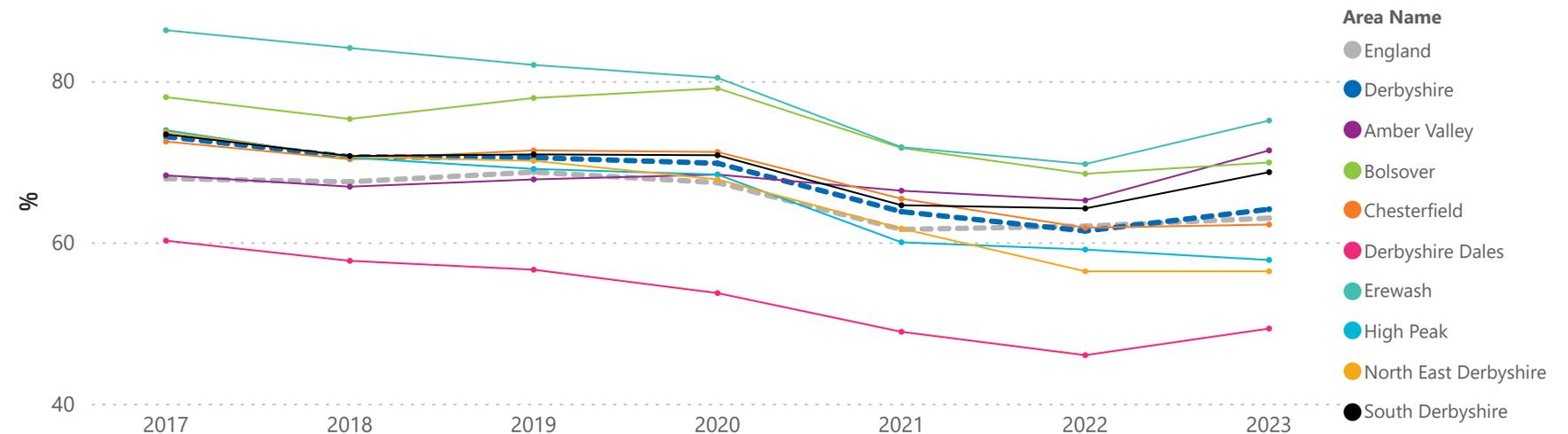
Chronic Kidney Disease

Healthy People > Physical health conditions

Chronic Kidney Disease
Chronic kidney disease (CKD) is a reduction in kidney function or structural damage (or both) present for more than 3 months, with associated health implications.

What is happening locally?
The percentage of patients aged 18 years and over with CKD has slightly increased in Derbyshire since 2017/18. The England level slightly decreased since 2017/18 until 2022/23 when it increased slightly.

In 2022/23 42,119 Derbyshire patients aged 18 years and over were recorded with CKD. This represents 6.3% of Derbyshire patients and is higher than the England average of 4.2%.

CKD: QOF prevalence (18+ yrs), 1y (Persons)

Area Name ● England ● Derbyshire

CKD: QOF prevalence (18+ yrs), 1y (Persons)

Area Name ● England ● Derbyshire

Year	England	Derbyshire
2017/18	4.1	5.7
2018/19	4.1	5.9
2019/20	4.0	6.0
2020/21	4.0	6.0
2021/22	4.0	6.0
2022/23	4.2	6.3

Source: QOF

Diabetes

Diabetes

Diabetes mellitus is one of the most common chronic diseases in the UK. Around 90% of adults currently diagnosed with diabetes have type 2 diabetes, and obesity is estimated to account for 80-85% of the overall risk of developing type 2 diabetes (1). Diabetes is a progressive condition but effective control and monitoring can reduce morbidity and mortality.

What is happening locally?

Historically, the prevalence of diabetes in Derby and Derbyshire has been consistently higher than the national average. In Derbyshire, prevalence has been increasing year on year since 2012/13, closely mirroring the pattern seen nationally.

In 2022/23, 55,756 of Derbyshire patients aged 17 years and over were recorded as with diabetes mellitus. This as a percentage was 8.2% in Derbyshire, which was slightly higher than the England figure (7.5%).

References
 1. NICE. Diabetes - type 2. 2022.

Diabetes: QOF prevalence (17+ yrs) (Persons)

Area Name ⬤ England ⬤ Derbyshire
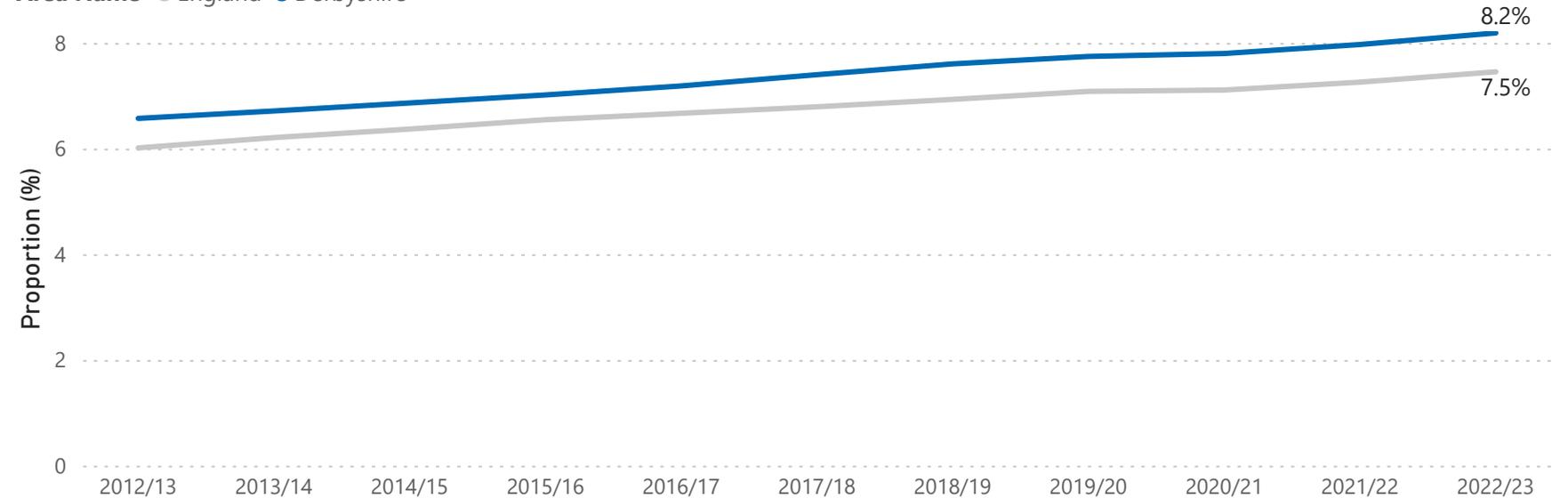
Source: QOF

Hypertension

Hypertension

Hypertension (also known as high blood pressure) is the greatest risk factor for cardiovascular disease and the third greatest risk factor for disease in England, after smoking and poor diet (1). Hypertension is a major risk factor for stroke, heart attacks, heart failure, chronic kidney disease, dementia and premature death (2). It is estimated that in England, hypertension accounts for 12% of visits to primary care.

What is happening locally?

During 2022/23, 17.4% (143,648) of the Derbyshire patients were estimated to have high blood pressure, compared to 14.4% in England.

In Derbyshire, the prevalence of hypertension has been slightly increasing in recent years, with the proportion of the population with high blood pressure remaining significantly higher than the national average. All District and Boroughs within Derbyshire have rates higher than the national average.

Please note district and borough level data was not available between 2015/16 and 2019/20

References

1. PHE. Tackling high blood pressure: an update. London; 2018.
2. NICE. Hypertension in adults: diagnosis and management: NICE Guideline [NG136]. 2022.

Hypertension: QOF prevalence (all ages), 2022/23 (Persons)

Area	Value
England	14.4
Derbyshire	17.4
Amber Valley	16.8
Bolsover	17.9
Chesterfield	18.4
Derbyshire Dales	18.5
Erewash	17.2
High Peak	17.1
North East Derbyshire	18.5
South Derbyshire	15.4
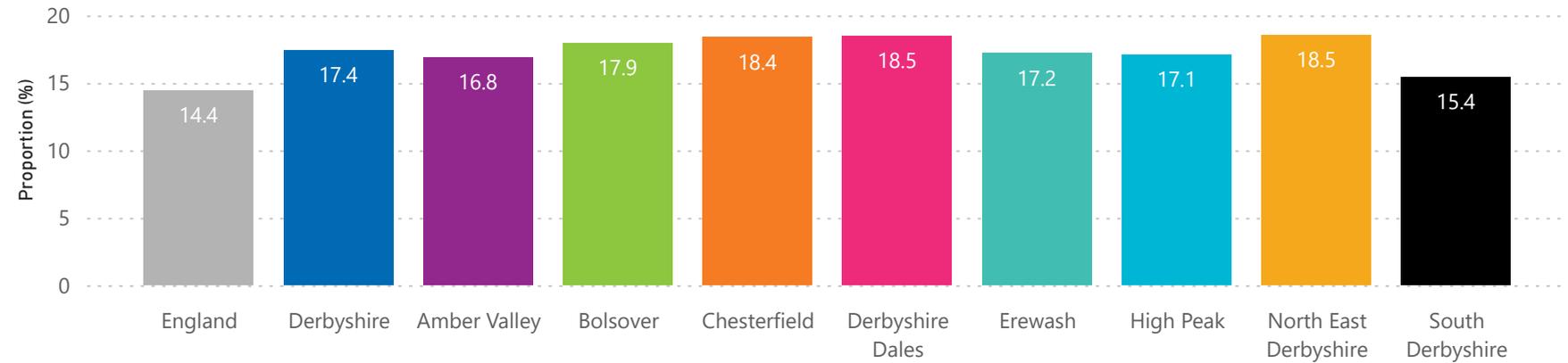
Prevalence of hypertension (persons, all ages)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire
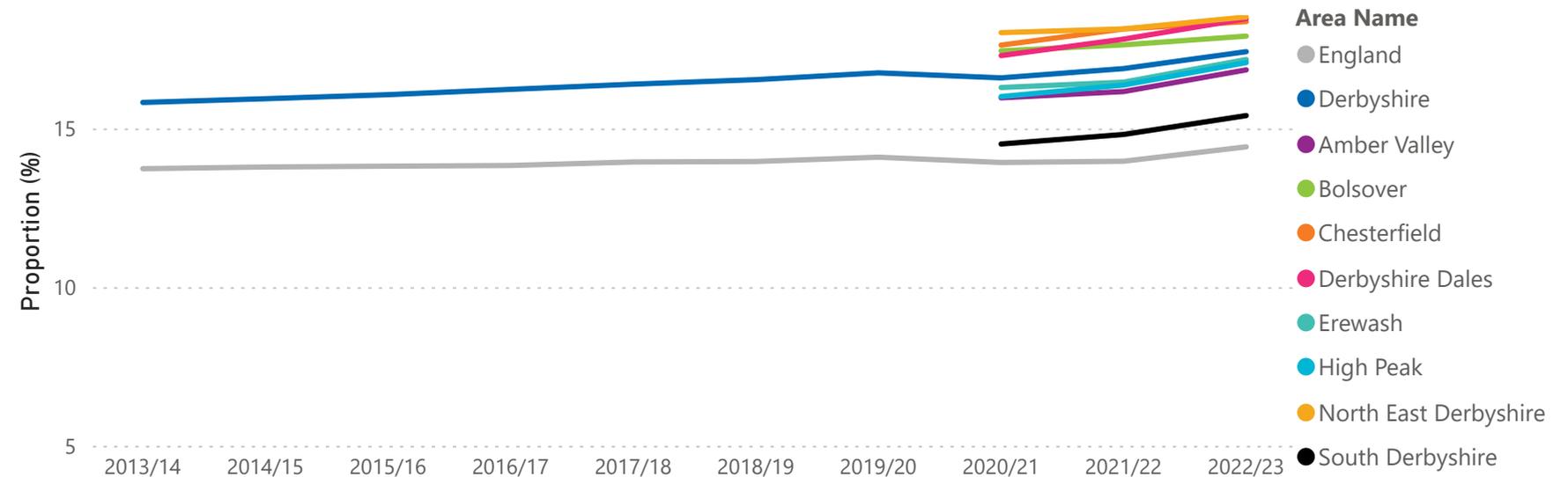
Source: QOF

Mental Wellbeing

Mental wellbeing

Mental health is vital to public health: mental wellbeing is critically important to quality of life and is protective against physical illness, social inequalities and unhealthy lifestyles. Our mental wellbeing enables us to get the most from life and feel connected to friends and family, fulfil our potential, contribute to communities and to adopt healthy lifestyles. Conversely, poor mental health and serious mental illness (SMI) can be a significant burden to individuals, families and communities, affecting the quality of lives lived and leading to preventable early deaths: people with severe mental illness are 3.7 times more likely to die early than the general population.

What is happening locally?

Both locally and nationally, there has been a sharp increase in the prevalence of anxiety and depression in recent years. During 2022/23, the prevalence of depression in adults was 15.6% in Derbyshire and 13.2% in England during the same time-period.

In Derbyshire the rate of premature mortality in adults with SMI during 2018-20 was similar to the England rate (102 deaths per 100,000 compared to 104 per 100,000 respectively). During 2018-20, the rate of premature mortality in adults with SMI was significantly higher in males than females in Derbyshire (120.4 vs 84.0 per 100,000, respectively).

Depression: QOF prevalence (18+ yrs), 2022/23 (Persons)

Proportion (%)

Area	Value
England	13.2
Derbyshire	15.6
Amber Valley	16.3
Bolsover	14.2
Chesterfield	17.4
Derbyshire Dales	12.4
Erewash	15.5
High Peak	18.7
North East Derbyshire	15.1
South Derbyshire	14.1

Directly standardised rate of premature mortality in adults with severe mental illness (SMI) (aged 18-74 years), 2018-20
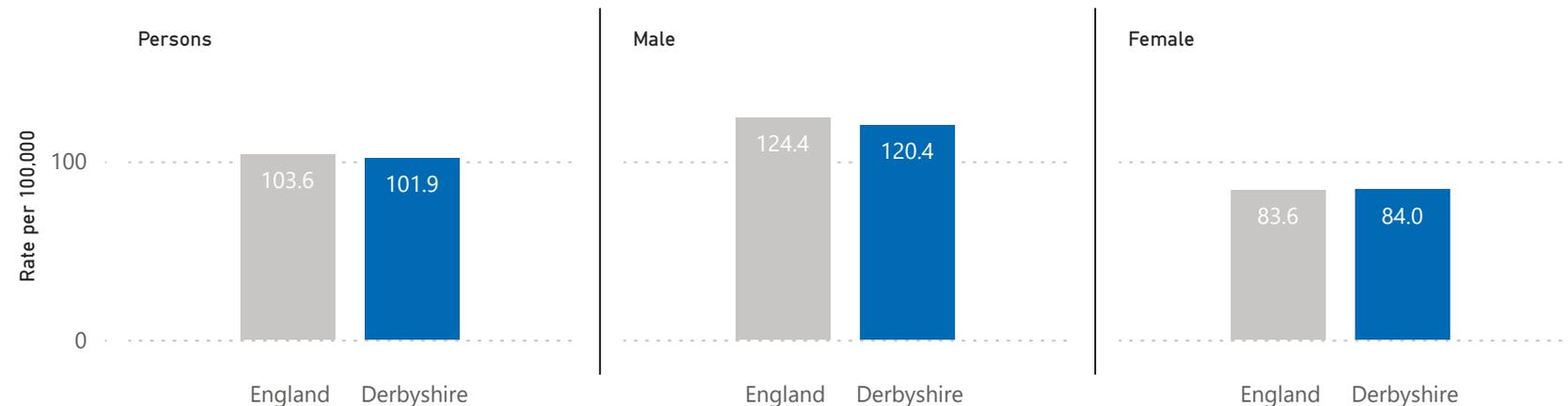
Rate per 100,000

	England	Derbyshire
Persons	103.6	101.9
Male	124.4	120.4
Female	83.6	84.0

Source: OHID, Fingertips

Self-reported wellbeing

Self-reported wellbeing

Well being is a key issue for Derbyshire. People with higher well being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. Data from the Annual Population Survey (APS) provides estimates of the populations self reported wellbeing.

What is happening locally?

During 2022/23, the percentage of the population aged 16+ that self-reported low satisfaction was similar in Derbyshire and in England (5.5% compared to 5.6%).

In the same period, 7.6% of the population in Derbyshire self-reported low happiness compared to 8.9% in England, while 4.9% of the population in Derbyshire self-reported a low worthwhile score compared to 4.4% in England.

21.1% of the population self-reported a high anxiety score in Derbyshire, similar to England's 23.3%.

Source: OHID, Fingertips

Self Reported Wellbeing Scores (2022/23)

Self reported wellbeing: people with a high anxiety score

Area	%
England	23.3
Derbyshire	21.1
Amber Valley	18.7
Bolsover	21.2
Chesterfield	20.7
Derbyshire Dales	30.5
Erewash	23.4
High Peak	13.5
North East Derbyshire	22.6
South Derbyshire	20.3
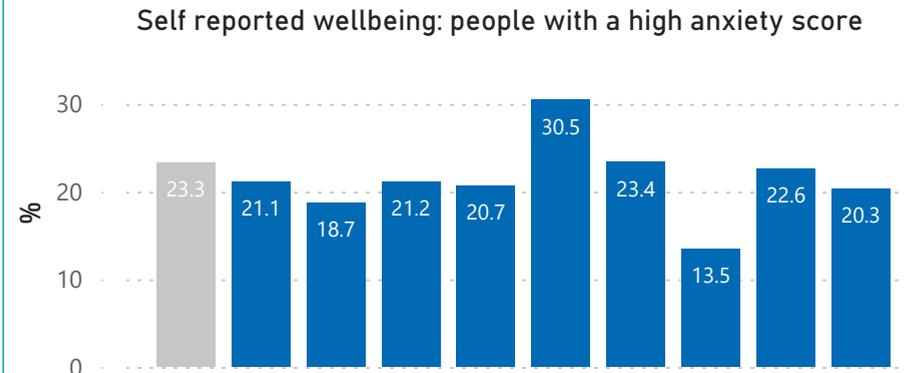
Self reported wellbeing: people with a low happiness score

Area	%
England	8.9
Derbyshire	7.6
Amber Valley	6.9
Bolsover	13.1
Chesterfield	9.4
Erewash	9.0
High Peak	6.6
South Derbyshire	8.1
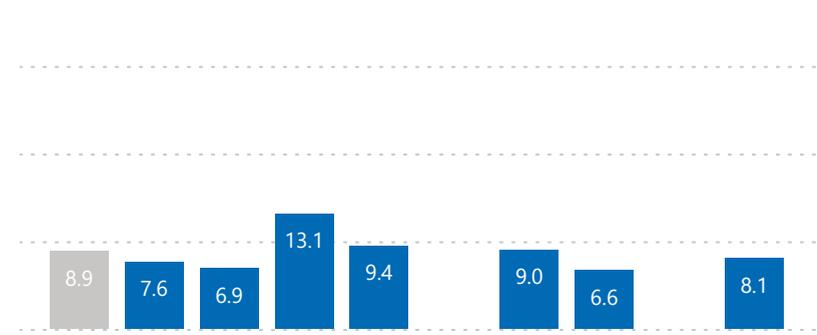
Self reported wellbeing: people with a low satisfaction score

Area	%
England	5.6
Derbyshire	5.5
Amber Valley	5.1
Chesterfield	10.5
Erewash	6.0
South Derbyshire	5.9
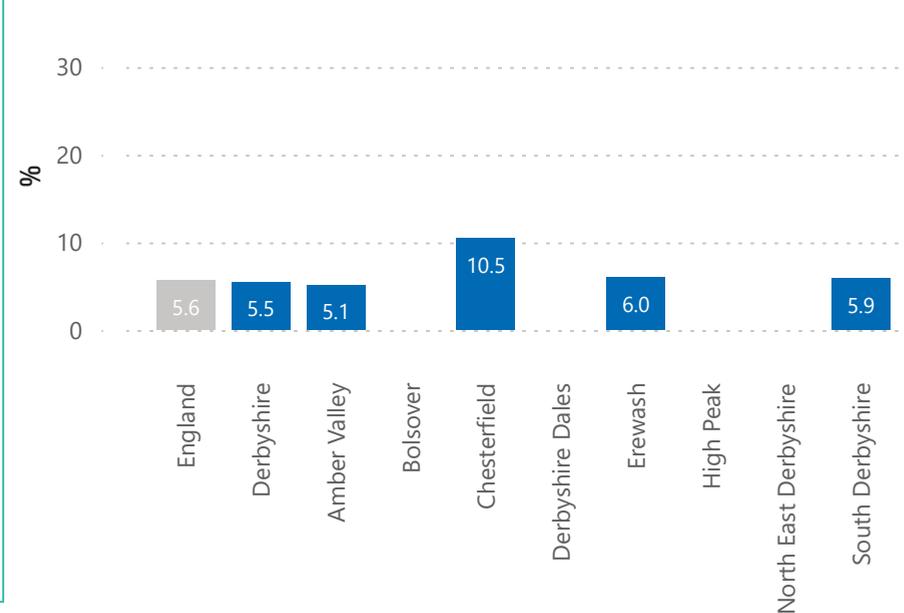
Self reported wellbeing: people with a low worthwhile score

Area	%
Derbyshire	4.9
Chesterfield	9.7
Erewash	7.1
South Derbyshire	6.8
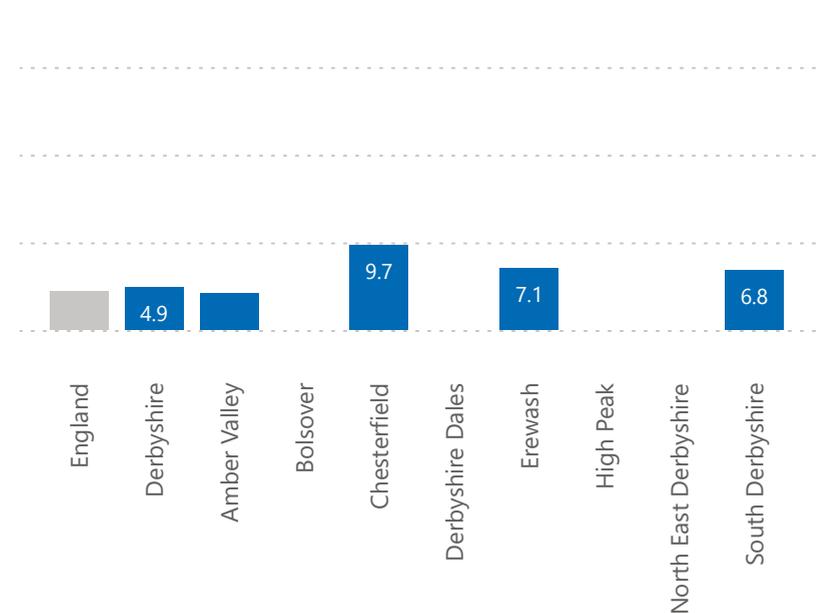
Common mental health disorders - prevalence

Common mental health disorders - estimated prevalence
The estimated proportion of the population aged 16 & over who have a common mental disorder (CMD), where CMD is defined as any type of depression or anxiety.

What is happening locally?
In 2017, the estimated prevalence of common mental disorders in the population aged 16+ years was similar in Derbyshire (16%) and England (17%).

Within Derbyshire, Amber Valley and Erewash had similar estimated prevalence to England (15.9% and 16.2% respectively) and Bolsover and Chesterfield had worse estimated prevalence than England (19.1% and 17.9%). Derbyshire Dales, High Peak, North East Derbyshire, and South Derbyshire all had better estimated prevalence than England, with Derbyshire Dales having the lowest (13.4%).

In 2017, the estimated prevalence of common mental disorders in the population aged 65 and over was similar in England (10.2%) and Derbyshire (10.1%). Bolsover had the highest prevalence (12.1%).

Estimated prevalence of common mental disorders: % of population aged 16 & over, 2017 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	%
England	16.9
Derbyshire	16.0
Amber Valley	15.9
Bolsover	19.1
Chesterfield	17.9
Derbyshire Dales	13.4
Erewash	16.2
High Peak	15.0
North East Derbyshire	15.6
South Derbyshire	14.6
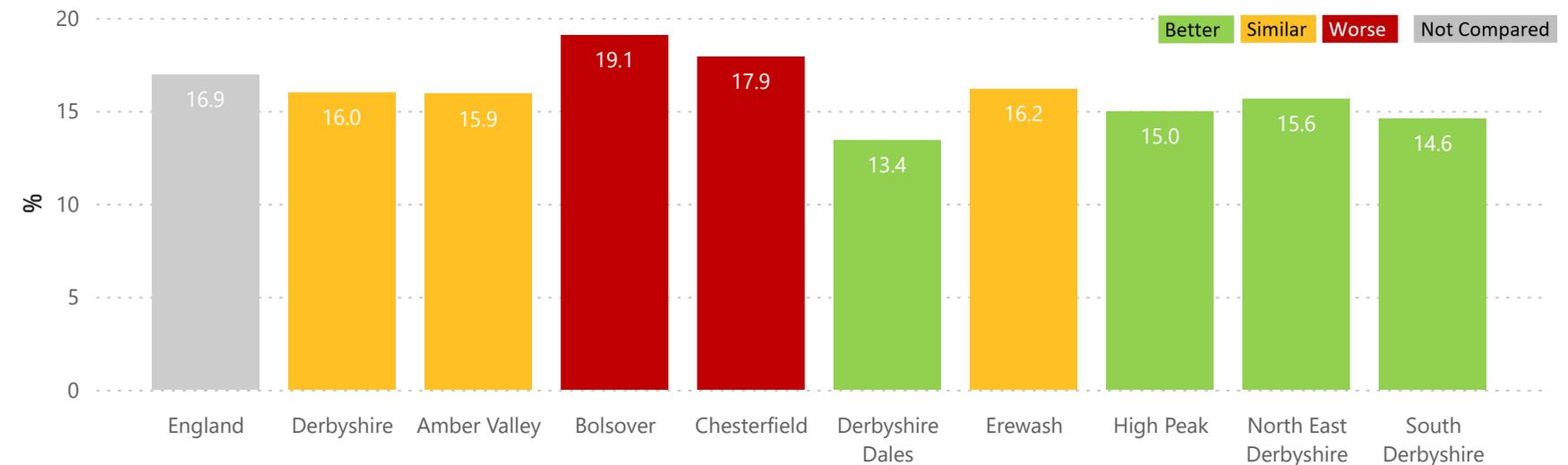
Estimated prevalence of common mental disorders: % of population aged 65 & over, 2017 (Persons)

Area	%
England	10.2
Derbyshire	10.1
Amber Valley	10.0
Bolsover	12.1
Chesterfield	11.1
Derbyshire Dales	8.9
Erewash	10.2
High Peak	9.4
North East Derbyshire	9.8
South Derbyshire	9.2
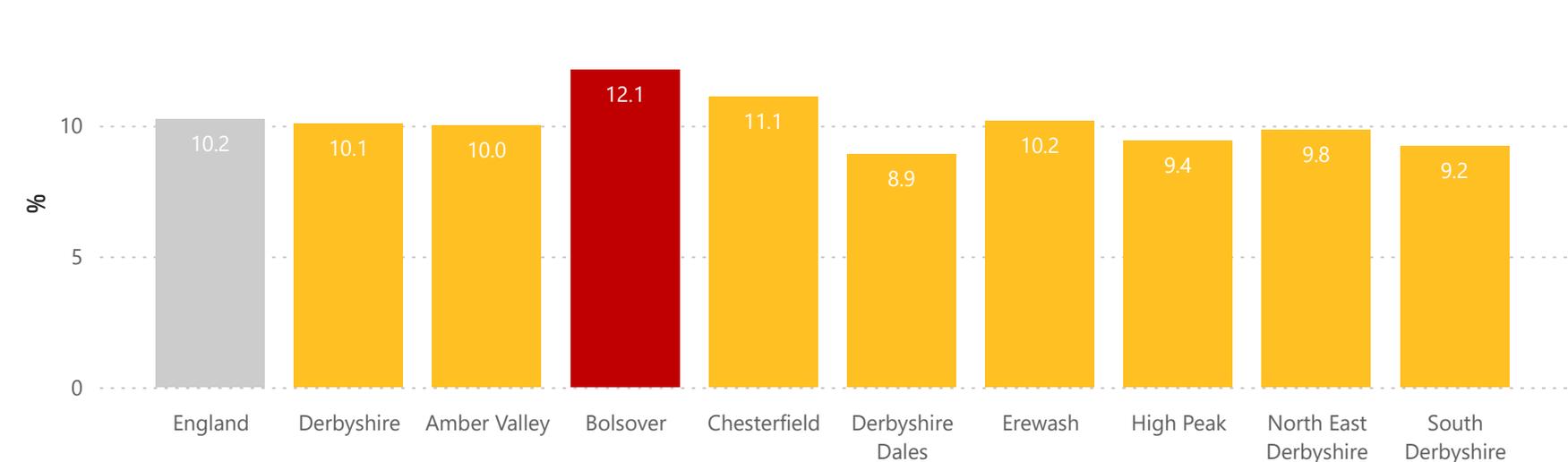
Source: OHID, Fingertips

Self-Harm

Self-Harm

Mental health and well being is an important aspect of public health. This indicator is a measure of intentional self harm. Self harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions. Self harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.

What is happening locally?

In 2021/22 rates of emergency hospital admissions for intentional self-harm for Derbyshire (216.4 per 100,000) were significantly higher than the England rate (163.7).

Emergency admissions due to self-harm were higher in females compared to males. The rate of emergency admissions for self-harm in females was 288.3 per 100,000 population, whereas the rate in males was 146.7 per 100,000 population.

At a district and borough level rates varied, Bolsover, Chesterfield, High Peak and North East Derbyshire had significantly higher rates compared to England. Chesterfield had the highest rate, 402.5 per 100,000.

Source: OHID, Fingertips

Emergency Hospital Admissions for Intentional Self-Harm (2021/22)

Legend: Better | Similar | Worse | Not Compared

Persons — Rate per 100,000

Area	Rate
England	163.7
Derbyshire	216.4
Amber Valley	176.9
Bolsover	238.1
Chesterfield	402.5
Derbyshire Dales	184.4
Erewash	135.1
High Peak	198.3
North East Derbyshire	271.5
South Derbyshire	147.0

Male — Rate per 100,000

Area	Rate
England	109.2
Derbyshire	146.7
Amber Valley	117.9
Bolsover	203.5
Chesterfield	267.0
Derbyshire Dales	103.8
Erewash	114.4
High Peak	96.9
North East Derbyshire	171.9
South Derbyshire	108.6

Female — Rate per 100,000

Area	Rate
England	219.8
Derbyshire	288.3
Amber Valley	239.0
Bolsover	275.2
Chesterfield	543.2
Derbyshire Dales	267.5
Erewash	155.9
High Peak	304.7
North East Derbyshire	369.4
South Derbyshire	189.4

Suicides

Suicides

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.

What is happening locally?

In 2020-22 the suicide rate for Derbyshire (12.0 per 100,000, 250 deaths) was similar to the England rate (10.3).

Since 2016-18 suicide rates across Derbyshire, and it's district and boroughs has increased. Historically there has always been a significantly higher number of males that die by suicide, this pattern is show in the latest data for 2020-2022, 73% of suicides were males (183) and 27% were female (67).

District and boroughs within Derbyshire reported similar rates to the county and the England figure, however, Chesterfield had a significantly higher rate of suicides in persons 15.1 per 100,000.

Further information

An in depth analysis on this topic can be found here.

Suicide rate (Persons)

Suicide rate, 2020 - 22

| Better | Similar | Worse | Not Compared |

Persons

Area	Rate
England	10.3
Derbyshire	12.0
Amber Valley	11.2
Bolsover	11.3
Chesterfield	15.1
Derbyshire Dales	15.7
Erewash	14.3
High Peak	12.3
North East Derbyshire	10.4
South Derbyshire	6.9

Male

Area	Rate
England	15.8
Derbyshire	18.2
Amber Valley	15.8
Bolsover	19.9
Chesterfield	23.1
Derbyshire Dales	21.1
Erewash	21.0
High Peak	19.3
North East Derbyshire	18.4
South Derbyshire	8.9

Female

Area	Rate
England	5.2
Derbyshire	6.2
Amber Valley	7.3
Chesterfield	7.1
Derbyshire Dales	10.5
Erewash	8.0

were the chart shows no data, rates could not be calculated

Rate per 100,000

Adult Care Service Users

Adult Care Service Users

Every year Councils carry out a survey to get feedback from their services users and carers (every other Year). The collects information on a range of areas, including social isolation.

In January 2022, there were 9027 people in Derbyshire receiving social service care or support and a random sample of 1265 people were sent the survey, with 398 (31.5%) returned completed. On this page is a summary of the main Adult Social Care Outcomes Framework Measures derived from the survey.

Social care-related quality of life decreased slightly in 2021/22 to 18.7, the score for Derbyshire was not significantly different from the scores for England (18.9).

In recent years, the proportion of people using services who have control over their daily life has remained fairly consistent,. The latest survey for 2021/22 indicates that 76.1% of people who use services in Derbyshire have control over their daily life. This is similar to the score for England as a whole (76.9%).

There has been a decrease in the proportion of people who said they had as much social contact as they liked, reflecting the restrictions imposed by the Covid-19 pandemic. Derbyshire results (40.7%) are similar to England (40.6%).

Over the last two years there has been a decrease in the satisfaction of services. This year results show that the rate has decreased slightly from 68% to 67.1%.

Social care-related quality of life (2021/22)
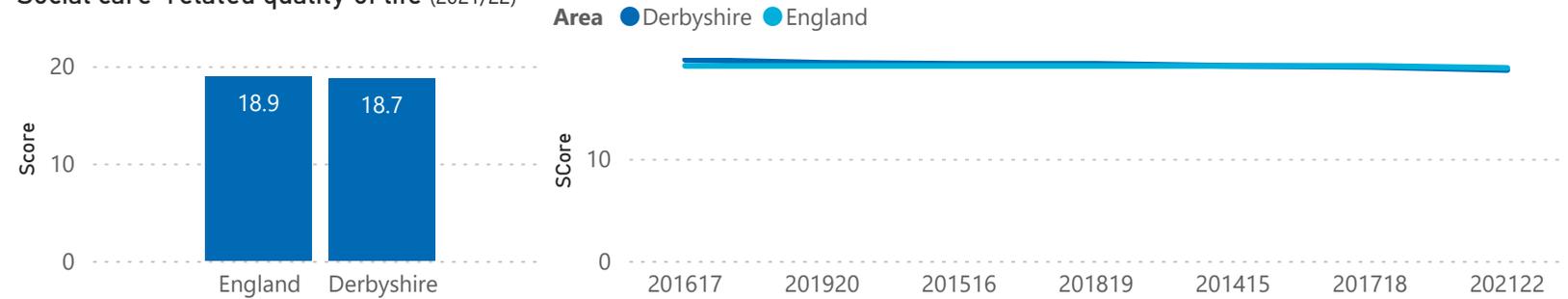
Area ● Derbyshire ● England

England	Derbyshire
18.9	18.7

Proportion of people who use services who have control over their daily life

Area ● Derbyshire ● England

England	Derbyshire
76.9	76.1
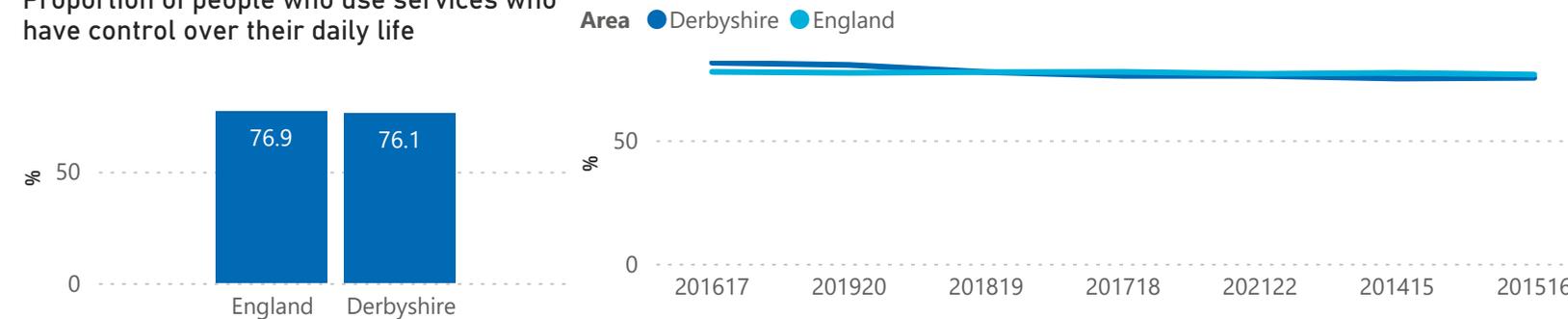
Proportion of people who use services who reported that they had as much social contact as they would like (2021/22)

Area ● Derbyshire ● England

England	Derbyshire
40.6	40.7
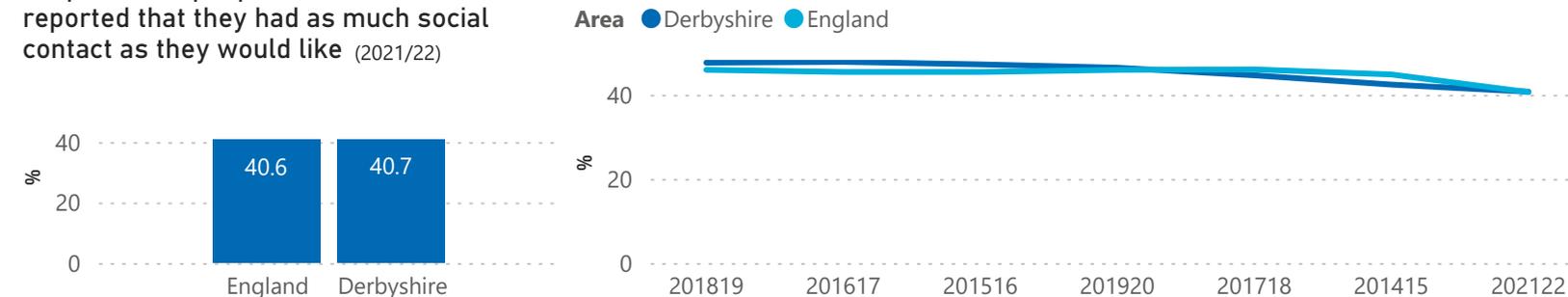
Adult Care Service Users (2)

Adult Care Service Users (2)

Every year Councils carry out a survey to get feedback from their services users and carers (every other Year). The collects information on a range of areas, including social isolation.

In January 2022, there were 9027 people in Derbyshire receiving social service care or support and a random sample of 1265 people were sent the survey, with 398 (31.5%) returned completed. On this page is a summary of the main Adult Social Care Outcomes Framework Measures derived from the survey.

Over the last two years there has been a decrease in the satisfaction of services. This year results show that the rate has decreased slightly from 68% to 67.1%.

The proportion of those who find it easy to find information about services. There has been a slight drop this year (67.9%) in Derbyshire compared to last year (68.9%), but this is not statistically significant. This year's rate is slightly higher than England (64.6%).

the proportion of people who feel safe. While there has been a decrease in the rate in Derbyshire (68.8%), this is not statistically significantly lower than last year (70.7%) or compared to England (69.2%)

A full report on the findings can be found here:
https://observatory.derbyshire.gov.uk/wp-content/uploads/reports/documents/health/specialist_reports_and_assessments/2022/Adult_Social_Care_Main_Findings_2021_22_v6.pdf

Overall satisfaction of people who use services with their care and support

Area ● Derbyshire ● England

	England	Derbyshire
Score	63.9	67.1

Line chart years: 201819, 201516, 201415, 201920, 201617, 202122, 201718
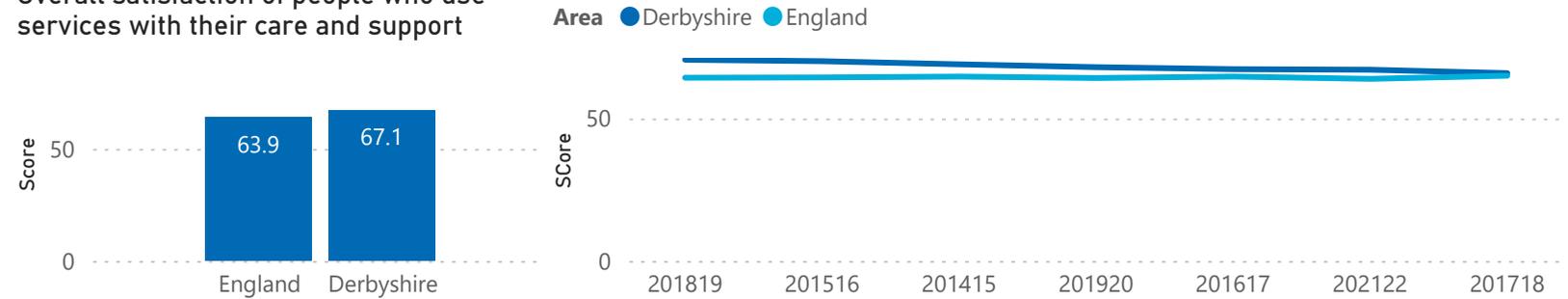
Proportion of people who use services who find it easy to find information about services (2021/22)

Area ● Derbyshire ● England

	England	Derbyshire
%	64.6	67.9

Line chart years: 201516, 201617, 201718, 201415, 201819, 201920, 202122
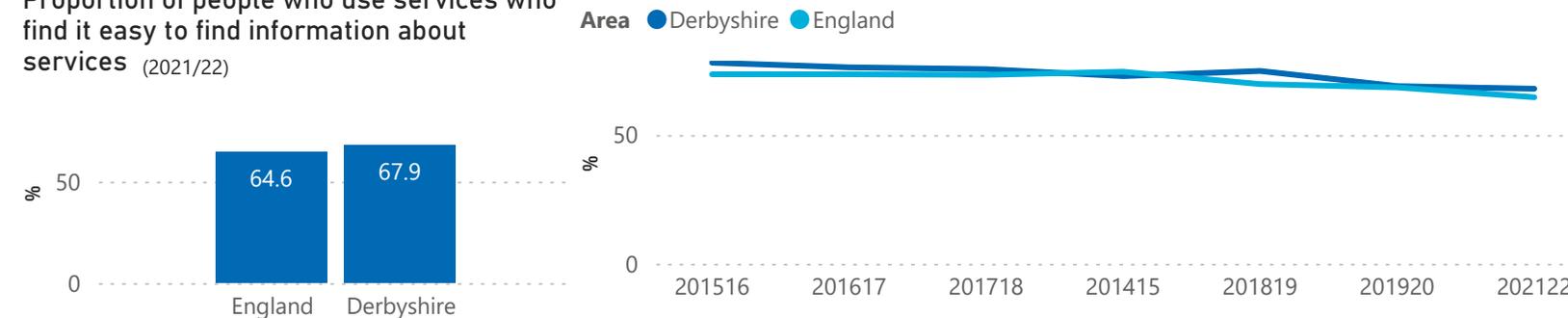
Proportion of people who use services who feel safe
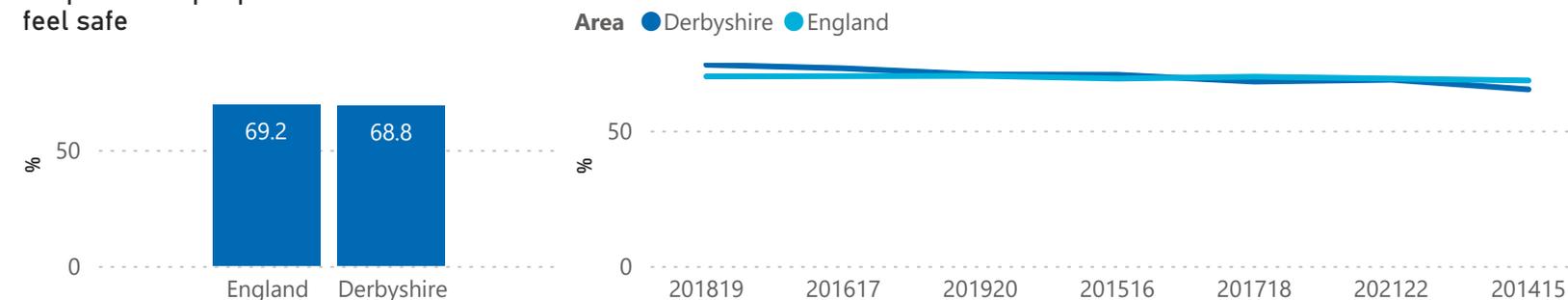
Area ● Derbyshire ● England

	England	Derbyshire
%	69.2	68.8

Line chart years: 201819, 201617, 201920, 201516, 201718, 202122, 201415

Adult Carers

The current population of Derbyshire is 794,600 (2021 Census), 12,046 are actively registered with Derbyshire Carers Association, as of October 2022. However, the 2021 census indicated there were 77,400 carers living in Derbyshire.

Every year Councils carry out a survey to get feedback from their services users and carers (every other Year). The collects information on a range of areas, including social isolation.

Derbyshire conducted the mandatory Survey of Adult Carers in England in Autumn 2021, below is an overview of the Adult Social Care Outcome Framework Measures (ASCOFs) from this survey.

1D Carer reported quality of life
This is declining nationally over time. However, Derbyshire with a score of 6.7 out of 12 is significantly lower than England (7.3).

1I2 The proportion of carers who reported they had as much social contact as they would like
This has declined 10% since the previous SACE 2018/19, to 19.3%; it is significantly lower than the England average of 28%.

3B Overall satisfaction with social services
Though this decreased slightly since the previous survey, at 41.3% it is higher than England (36.3%), though not significantly.

A full report on the findings can be found here:
https://observatory.derbyshire.gov.uk/wp-content/uploads/reports/documents/health/specialist_reports_and_assessments/2022/SACE_2021_22_Main_Findings_Report_v6.pdf

Carer-reported quality of life (2021/22)
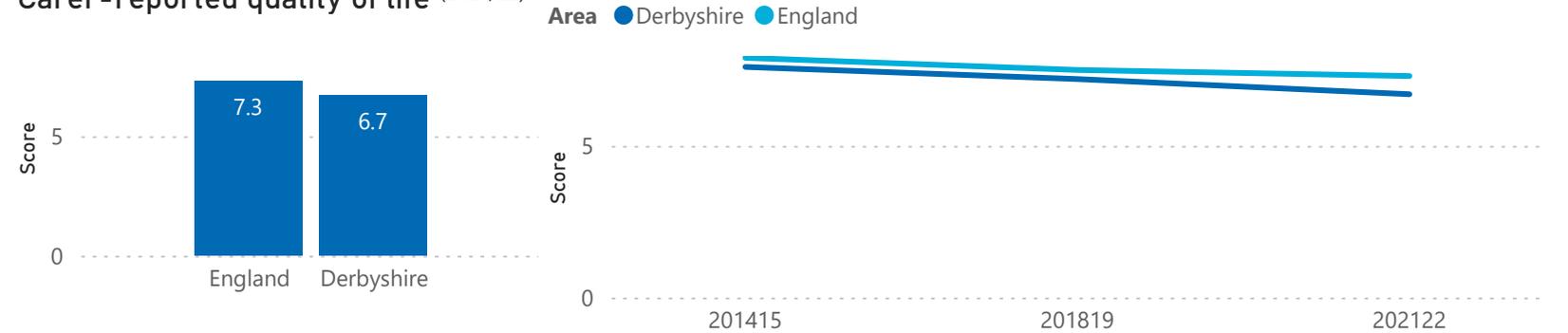
Area ● Derbyshire ● England

England	7.3
Derbyshire	6.7

Proportion of carers who reported that they had as much social contact as they would like (2021/22)

Area ● Derbyshire ● England

England	28.0
Derbyshire	19.3
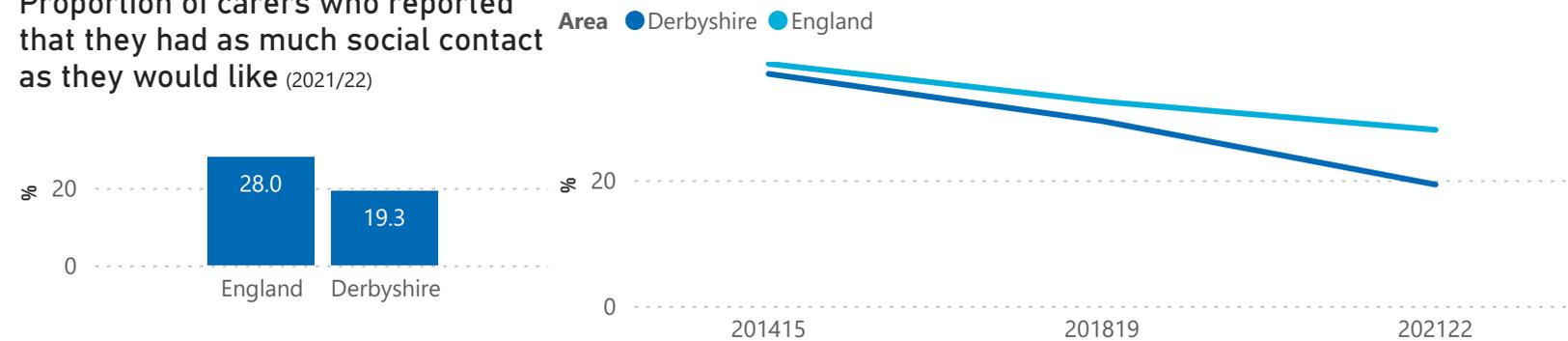
Overall satisfaction of carers with social services (2021/22)

Area ● Derbyshire ● England
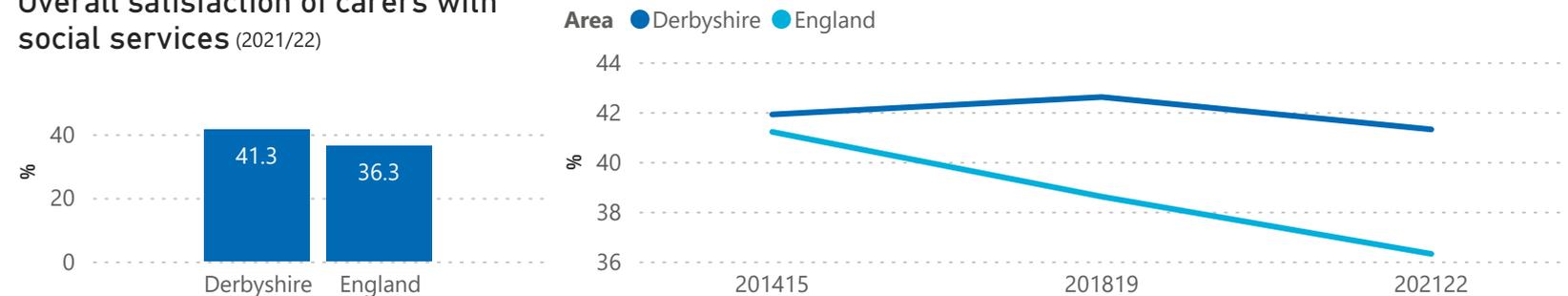
Derbyshire	41.3
England	36.3

Adult Carers

Adult Carers

The current population of Derbyshire is 794,600 (2021 Census), 12,046 are actively registered with Derbyshire Carers Association, as of October 2022. However, the 2021 census indicated there were 77,400 carers living in Derbyshire.

Every year Councils carry out a survey to get feedback from their services users and carers (every other Year). The collects information on a range of areas, including social isolation.

Derbyshire conducted the mandatory Survey of Adult Carers in England in Autumn 2021, below is an overview of the Adult Social Care Outcome Framework Measures (ASCOFs) from this survey.

3C The proportion of carers who report they had been included or consulted in discussion about the person they care for
This indicator, possibly impacted by the Covid-19 pandemic, saw a decline of over 12% since the previous survey (74.1%). 61.5% of carers felt they had been included or consulted compared with England's proportion of 64.7%.

3D2 The proportion of carers who find it easy to find information about services/support
62.4% of Derbyshire carers, who responded, found it easy to find information. This is a decrease from 71% in 2018/19, but slightly higher than the 2021/22 rate for England (57.7%)

Proportion of carers who report that they have been included or consulted in discussion about the person they care for (2021/22)
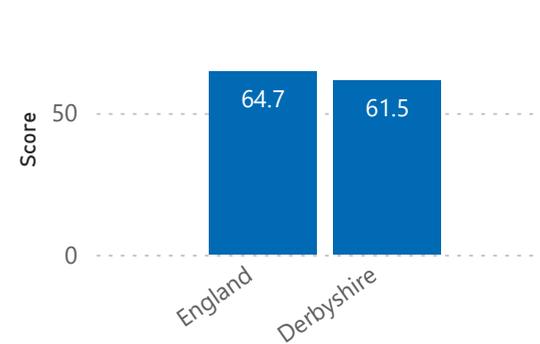
Area ●Derbyshire ●England
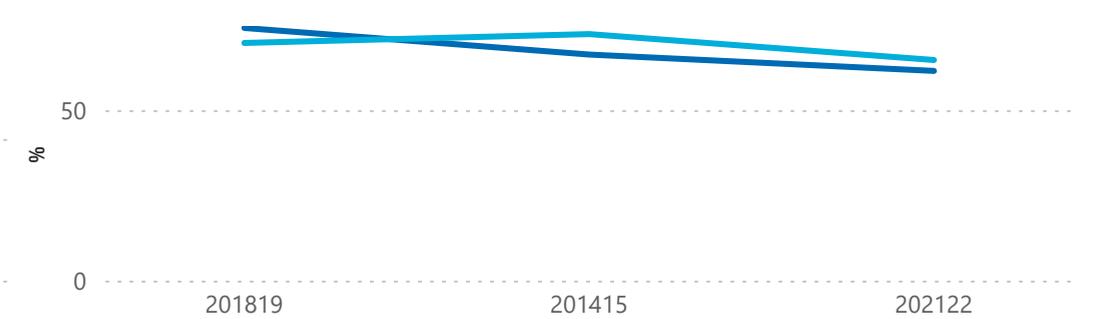
Proportion of carers who find it easy to find information about services (2021/22)
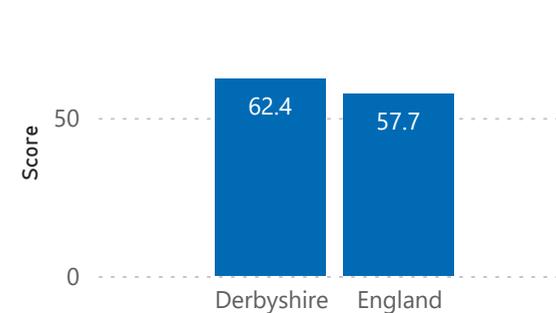
Area ●Derbyshire ●England
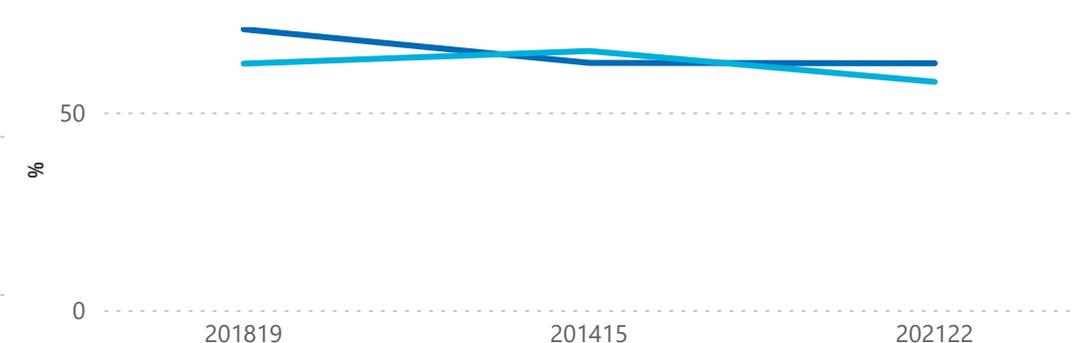
Disability

Disability

This indicator can be used to help develop and monitor equality policy, particularly with regards to the delivery of healthcare, assessment of progress towards better population health, and the reduction of health inequalities. Data on disability are also useful for devising policies to improve access to services, such as adult education and leisure facilities.

What is happening locally?

20.4% of the Derbyshire population reported having a limiting long term illness or disability in 2011, significantly higher than the England figure of 17.6%. Within Derbyshire all district and boroughs apart from South Derbyshire (17.5% - similar) had a higher percentage of their population reporting a limiting long term illness or disability than the England average.

In Derbyshire, 81% of adults in contact with secondary mental health services lived in stable and appropriate accommodation in 2020/21, which is significantly better than England, where this figure is 58%.

In 2022/23, 86.7% of adults with a learning disability lived in stable and appropriate accommodation in Derbyshire, significantly higher than 80.5% in England.

Source: OHID, Fingertips

Percentage of people who reported having a limiting long term illness or disability (2011)

Area	%
England	17.6
Derbyshire	20.4
Amber Valley	20.3
Bolsover	24.7
Chesterfield	23.1
Derbyshire Dales	18.5
Erewash	19.3
High Peak	18.1
North East Derbyshire	22.0
South Derbyshire	17.5
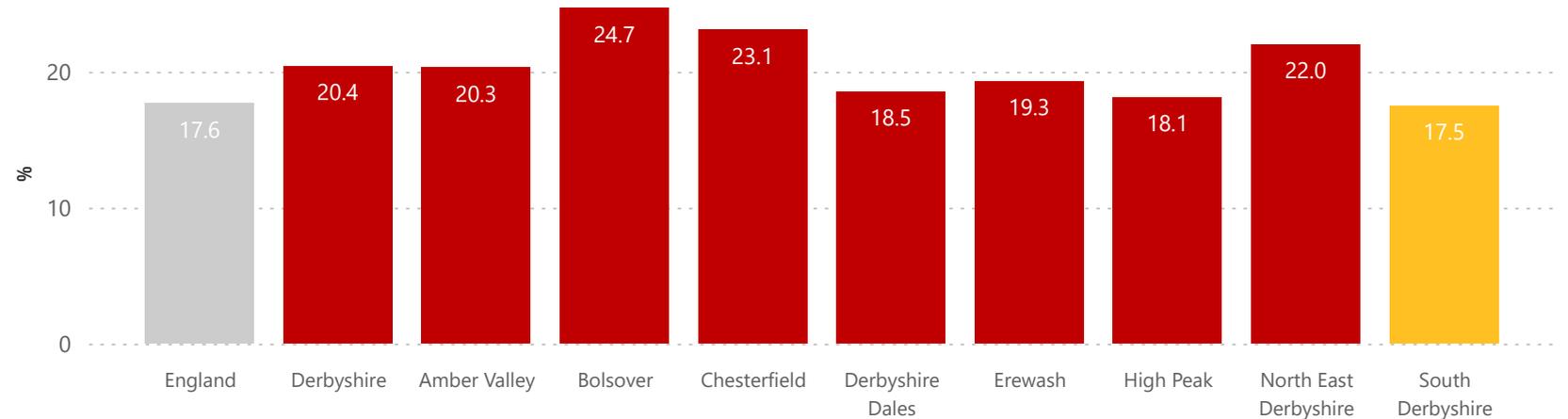
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)

Area Name ● England ● Derbyshire
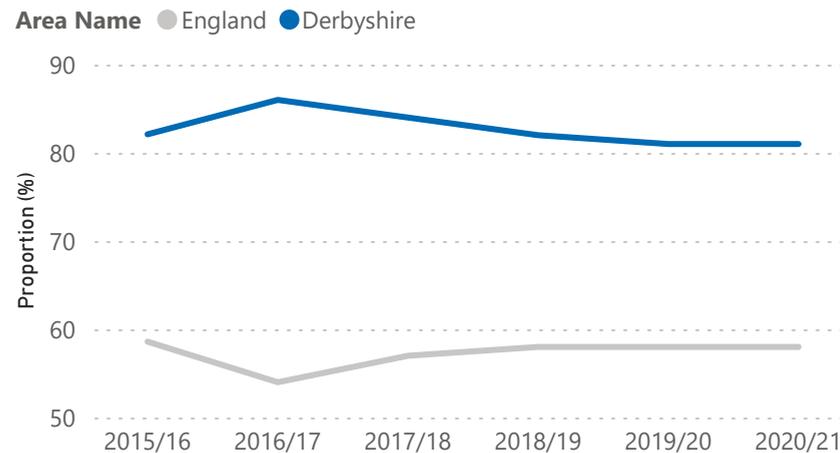
Adults with a learning disability who live in stable and appropriate accommodation (Persons)

Area Name ● England ● Derbyshire
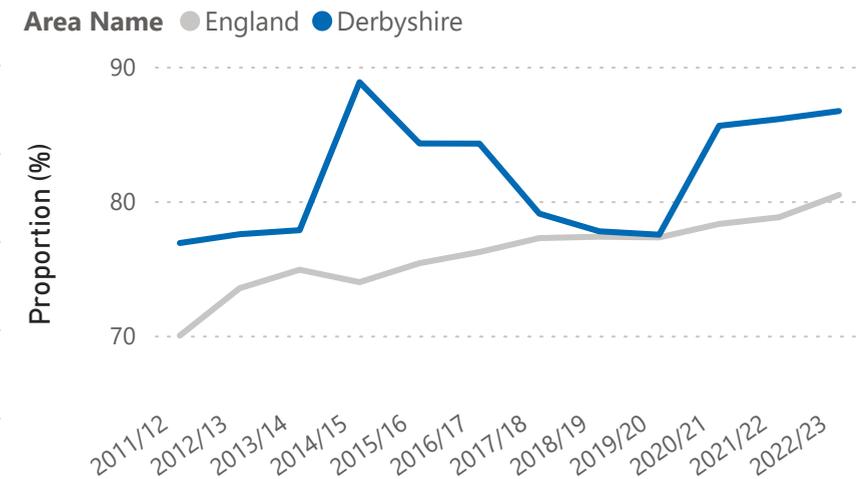
Healthy Lives

The **Healthy Lives** domain covers risk factors for health that relate directly to individuals. This includes both risk factors that can be modified or changed by individuals, and social factors that cannot always be controlled by individuals but affect the population at the individual level.

Healthy Lives

Behavioural risk factors
- Alcohol misuse
- Drug misuse
- Healthy eating
- Physical activity
- Sedentary behaviour
- Smoking

Children and young people
- Early years development
- Pupil absences
- Pupil attainment
- Teenage pregnancy
- Young people in education/employment/apprenticeships

Physiological risk factors
- High blood pressure
- Low birth weight
- Overweight and obesity in adults
- Overweight and obesity in children

Protective measures
- Cancer screening attendance
- Sexually transmitted infections
- Child vaccination coverage

Vaccinations

Vaccinations
Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

What is happening locally?
Vaccination and immunisation coverage for both children and Adults in Derbyshire was significantly significantly higher than the England average.

	Better	Similar	Worse	Not Compared

Child Vaccinations

Vaccination Indicator ▲	Derbyshire (Count)	Derbyshire (%)	England (%)
Population vaccination coverage: Rotavirus (Rota) (1 year), 2022/23	6968	95.0	88.7
Population vaccination coverage: DTaP and IPV booster (5 years), 2022/23	7233	92.0	83.3
Population vaccination coverage: Dtap IPV Hib (1 year old), 2022/23	7100	96.8	91.8
Population vaccination coverage: Hib and MenC booster (2 years old), 2022/23	6820	95.7	88.7
Population vaccination coverage: MenB (1 year), 2022/23	7078	96.5	91.0
Population vaccination coverage: MenB booster (2 years), 2022/23	6796	95.4	87.6
Population vaccination coverage: MMR for one dose (2 years old), 2022/23	6813	95.6	89.3
Population vaccination coverage: MMR for two doses (5 years old), 2022/23	7315	93.1	84.5
Population vaccination coverage: PCV booster, 2022/23	6822	95.8	88.5
Population vaccination coverage: PCV, 2022/23	7160	97.7	93.7

Adult Vaccinations

Vaccination Indicator ▲	Derbyshire (Count)	Derbyshire (%)	England (%)
Population vaccination coverage: Dtap IPV Hib (1 year old), 2022/23	7100	96.8	91.8
Population vaccination coverage: Flu (aged 65 and over), 2022/23	148941	84.9	79.9
Population vaccination coverage: Flu (at risk individuals), 2022/23	67686	57.3	49.1
Population vaccination coverage: PCV booster, 2022/23	6822	95.8	88.5

Cancer Screening (Breast Cancer)

Healthy Lives > Protective measures

Breast Cancer Screening
Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of breast screening.
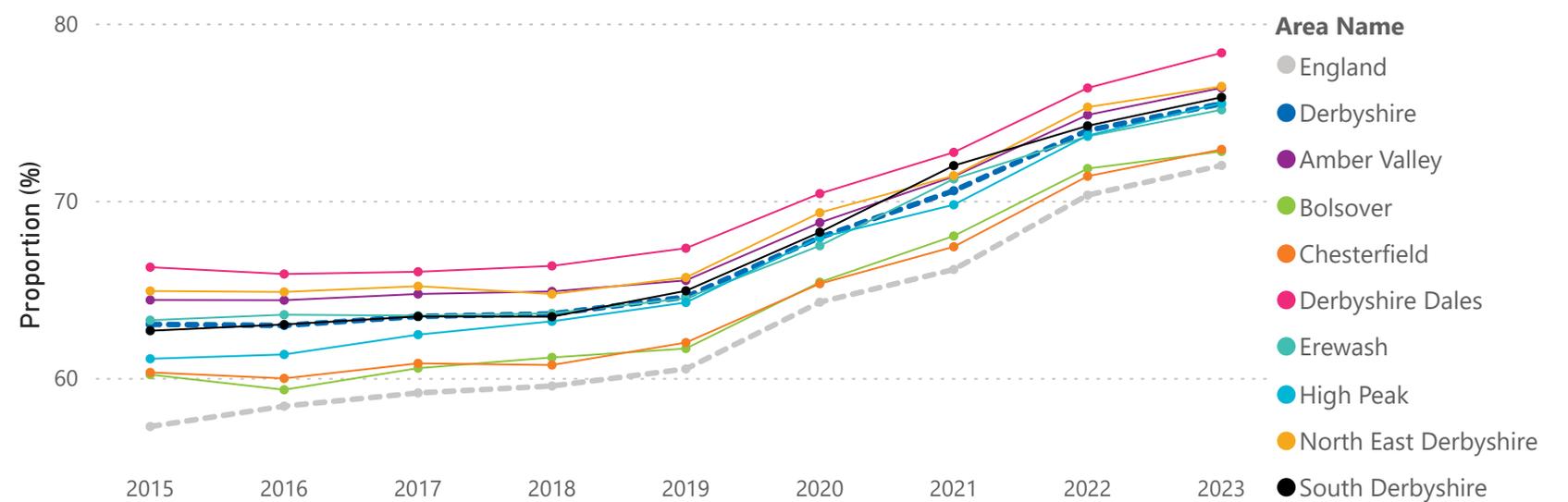
What is happening locally?
Derbyshire achieved a breast screening coverage rate of 72.2% in 2023, this was significantly better than the England rate (66.2%). Of the districts and boroughs in Derbyshire all apart from High Peak had significantly higher rates than England. High Peak had a significantly worse rate (59.1%).

Cancer screening coverage: breast cancer, 2023 (Female)

Better | Similar | Worse | Not Compared

Area	Value
England	66.2
Derbyshire	72.2
Amber Valley	74.1
Bolsover	70.5
Chesterfield	73.5
Derbyshire Dales	75.2
Erewash	73.1
High Peak	59.1
North East Derbyshire	76.8
South Derbyshire	73.6
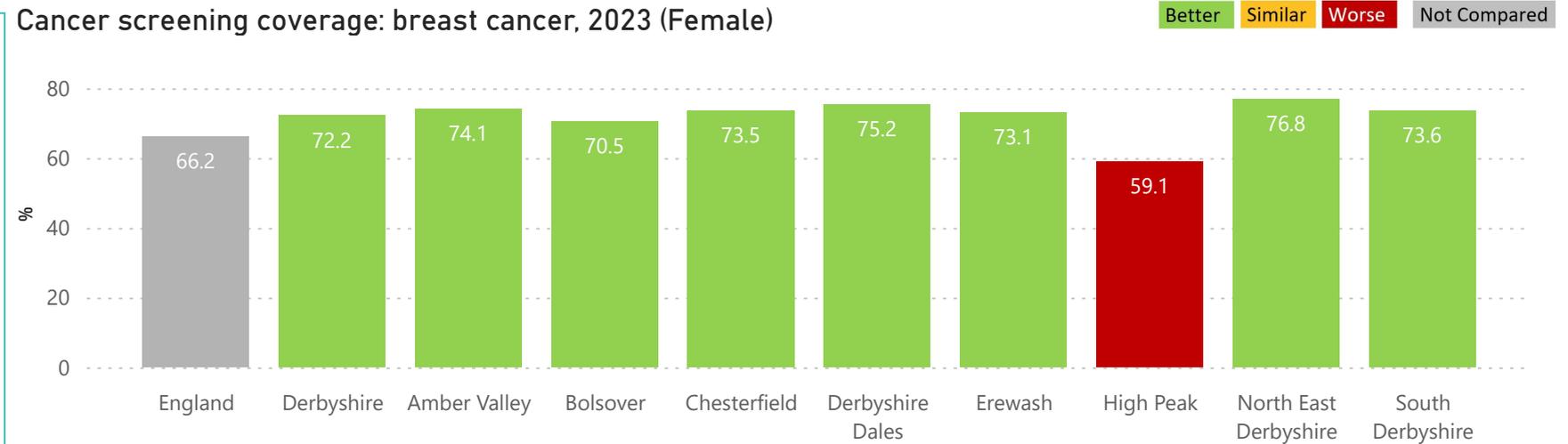
Cancer screening coverage: breast cancer, 1y (Female)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Cancer Screening (Bowel Cancer)

Bowel Cancer Screening
Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. About one in 20 people in the UK will develop bowel cancer during their lifetime. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of bowel cancer screening.

What is happening locally?
Since 2015 Bowel Cancer screening coverage rates have increased across Derbyshire and districts, in 2023 all areas had significantly higher coverage rates than England. Derbyshire achieved a Bowel screening coverage rate of 75.5 % in 2023.

Better | Similar | Worse | Not Compared

Cancer screening coverage: bowel cancer, 2023 (Persons)

Area	Value
England	72.0
Derbyshire	75.5
Amber Valley	76.4
Bolsover	72.8
Chesterfield	72.9
Derbyshire Dales	78.3
Erewash	75.1
High Peak	75.5
North East Derbyshire	76.4
South Derbyshire	75.8
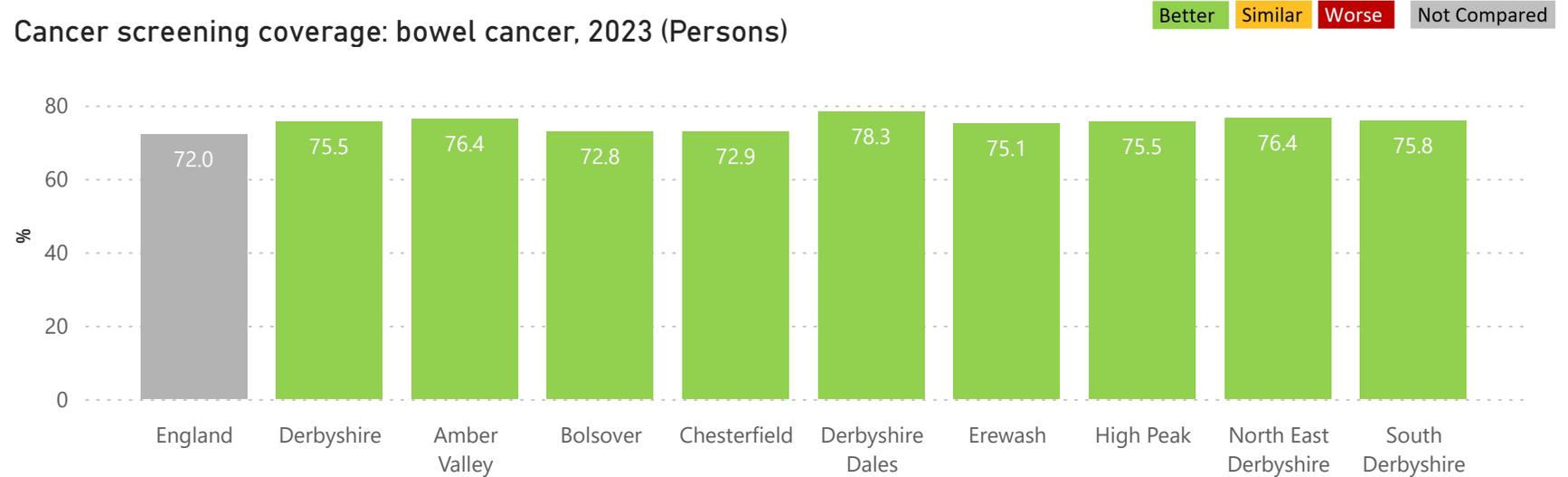
Cancer screening coverage: bowel cancer, 1y (Persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Breastfeeding

Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity.

Breast feeding data focus on two main indicators: Initiation of breastfeeding, or first feed of breastmilk, and whether breastfeeding has been maintained after six to eight weeks

What is happening locally?

In 2020/21 the rate of breastfeeding initiation in Derbyshire was 69.9%, this is significantly lower than the England rate of 71.7%. 2022/23 data on breastfeeding at 6-8 weeks, shows 44.47%, this is significantly lower than the England rate (49.2%).

Baby's first feed breastmilk, 1y, 2020/21 (Persons)

England: 71.7
Derbyshire: 69.9
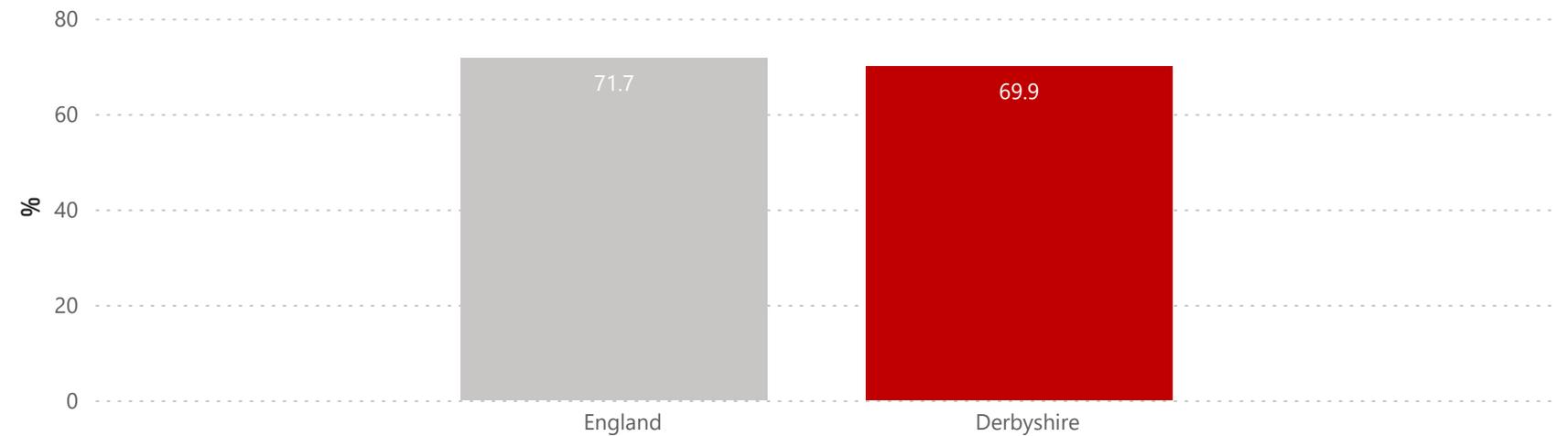
Breastfeeding prevalence at 6 to 8 weeks - current method, 1y, 2022/23 (Persons)

England: 49.2
Derbyshire: 44.5
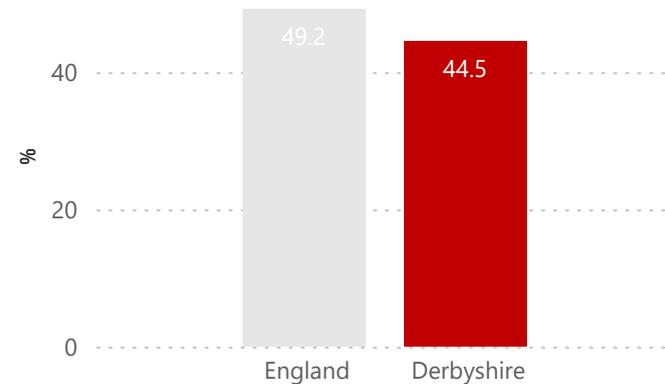
Breastfeeding prevalence at 6-8 weeks after birth - current method, 1y, 2015/16-2021/22

AreaName: England, Derbyshire

Years: 2015/16, 2016/17, 2017/18, 2018/19, 2019/20, 2020/21, 2021/22, 2022/23
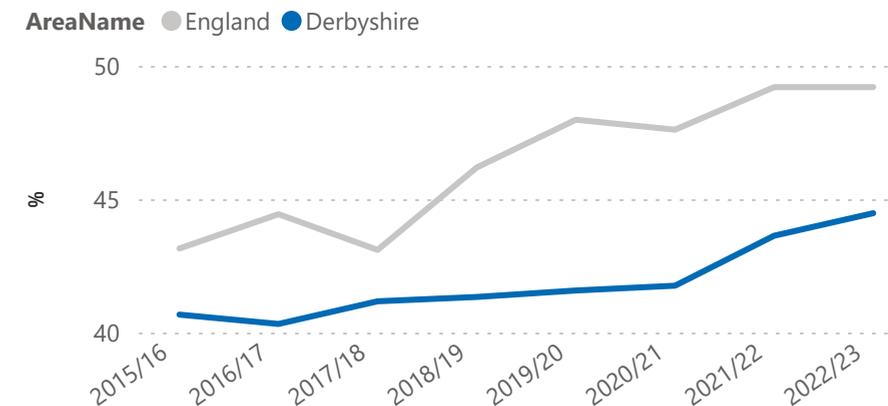
Dental

Dental

Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived communities than those that are more affluent. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.

What is happening locally?

In 2021/22 it was estimated that 16.2% of Children in Derbyshire have one or more obviously decayed, missing and filled teeth. This is significantly better than the England figure of 23.7%.

Better Similar Worse Not Compared

Percentage of 5 year olds with experience of visually obvious dental decay, 2021/22 (Persons)

Area	%
England	23.7
Derbyshire	16.2
Amber Valley	16.8
Bolsover	24.6
Chesterfield	16.5
Derbyshire Dales	8.8
Erewash	12.7
High Peak	19.5
North East Derbyshire	13.0
South Derbyshire	16.1
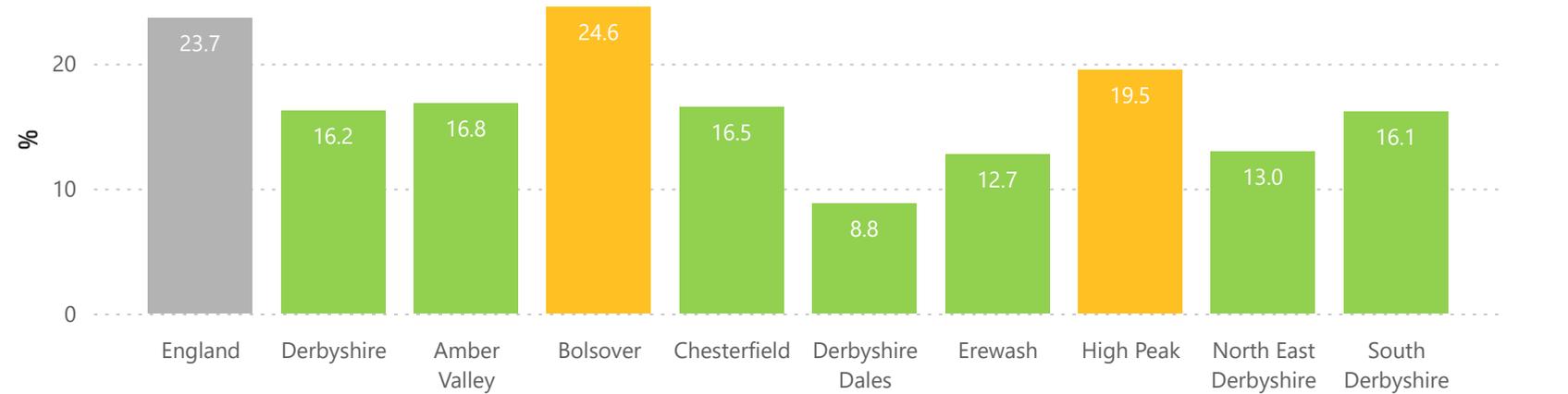
Percentage of 5 year olds with experience of visually obvious dental decay, 1y (Persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire
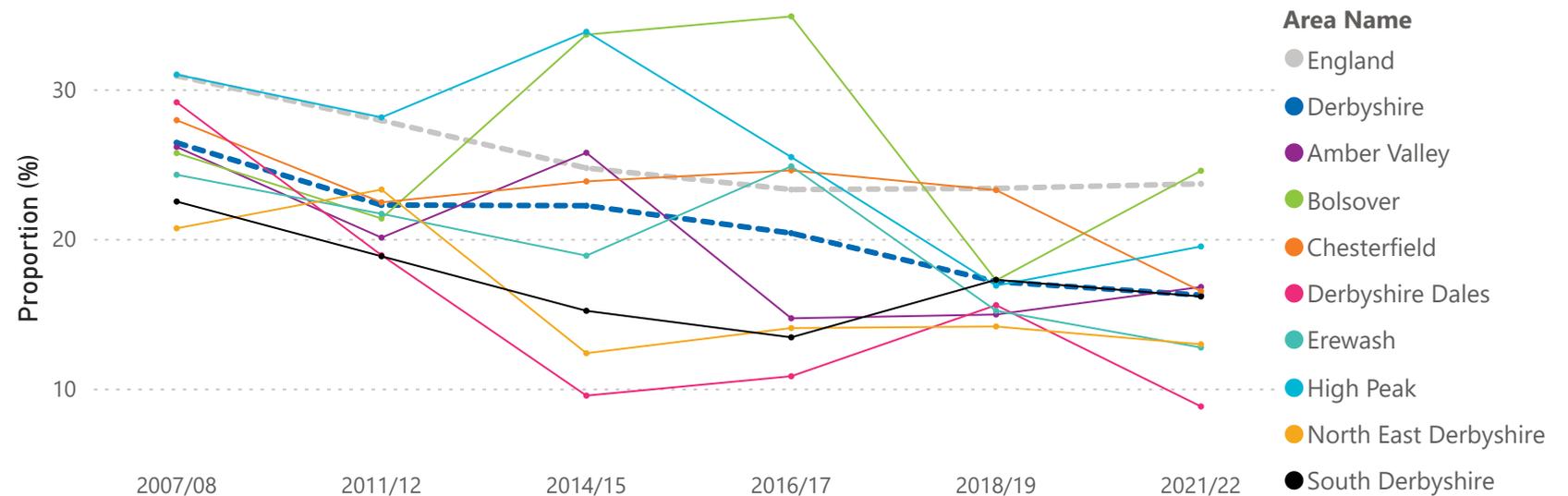
# Education (School readiness at the end of Reception)

Education
School readiness is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more likely to have lower levels of development. For instance, children who are eligible for free school meals are more likely to experience poorer outcomes.

What is happening locally?
A good level of development at the end of Reception measures how ready a child is to start school. In Derbyshire between 2015/16 and 2018/19 proportion of children achieving a good level of development remained stable. In 2022/23 66.9% of children achieved a good level of development the the end of Reception, this was similar to the England rate (67.2%).

In Derbyshire, the percentage of children with free school meal status achieving a good level of development at the end of Reception in 2022/23 was 50.5%, similar to the England average (51.6%).

School readiness: percentage of children achieving a good level of development at the end of Reception, 2022/23

England: 67.2
Derbyshire: 66.9

School readiness: percentage of children achieving a good level of development at the end of Reception, 1y (Persons)

Area Name ● England ● Derbyshire

School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception, 2022/23

England: 51.6
Derbyshire: 50.5

School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception, 1y (Persons)

Area Name ● England ● Derbyshire
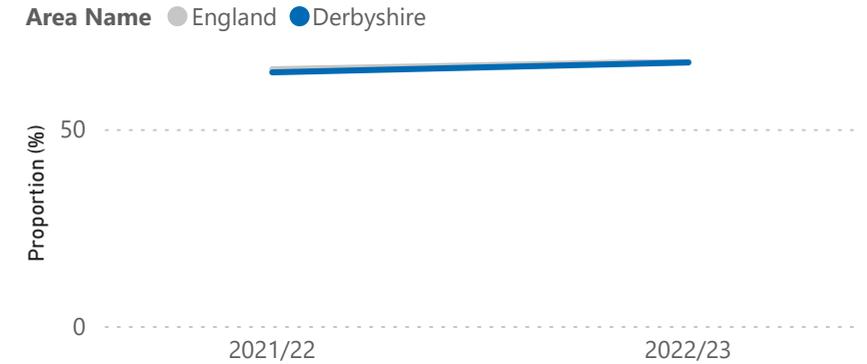
Source: OHID, Fingertips

Education (School readiness in Year 1)

Education
School readiness is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more likely to have lower levels of development. For instance, children who are eligible for free school meals are more likely to experience poorer outcomes.

What is happening locally?
In Derbyshire 78.5% of Year 1 children achieved the expected level in phonics screening in 2022/23, this was similar to the England average of 78.9%. The percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 (65.6%) was similar to the England average (66.5%).

School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1, 2022/23
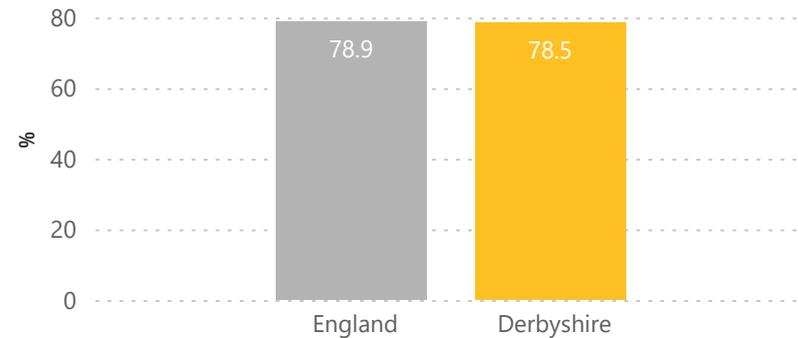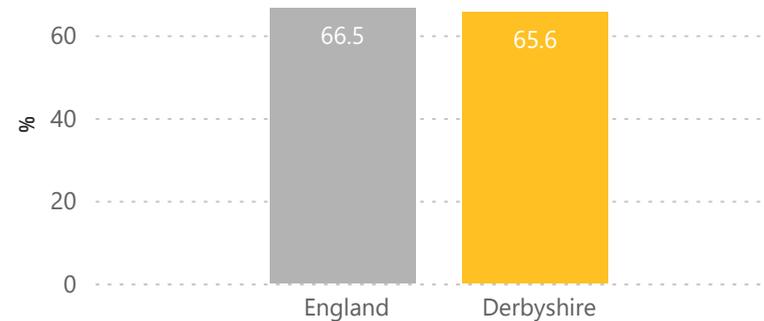
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1, 1y (Persons)

School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1, 2022/23

School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1, 1y (Persons)
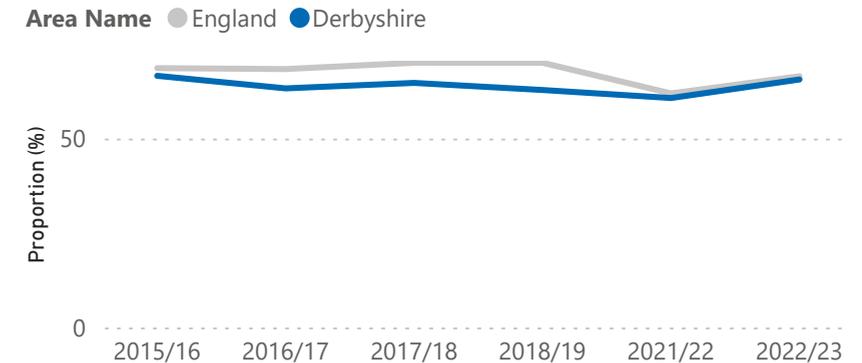
Source: OHID, Fingertips

Education (Attainment 8)

Education

The assessment system that concludes secondary education has shifted from 'GCSE' to 'Attainment 8'. This measures the results of pupils at state-funded mainstream schools in England in 8 GCSE-level qualifications. Attainment 8 is a way of measuring how well pupils do in key stage 4, which they usually finish when they are 16 years old.
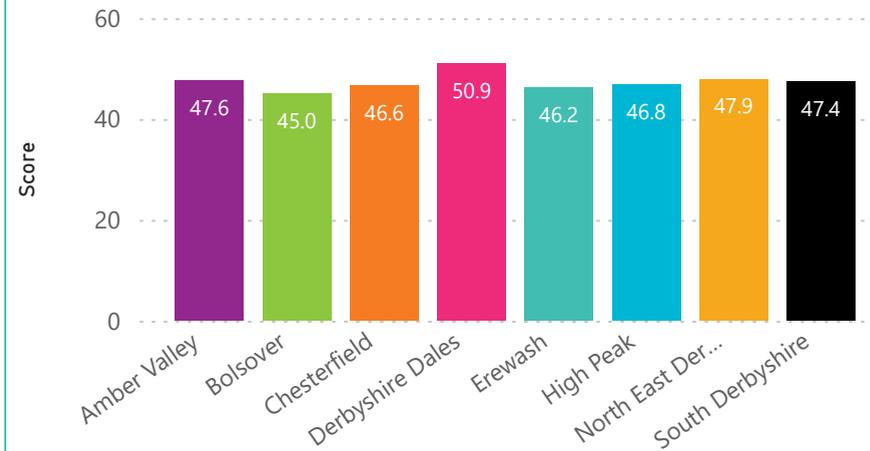
What is happening locally?

In 2022/23, the average attainment 8 score in Derbyshire was 44.9. This was lower than the England value of 46.2.

Across the districts/boroughs, latest data from 2020/21 shows a range from 45.0 in Bolsover to 50.9 in Derbyshire Dales.

At district and borough level data is only available up to 2020/21, the average attainment 8 score among children eligible for Free School Meals in England was 39.1. All districts and boroughs were lower than England, except South Derbyshire (39.1).
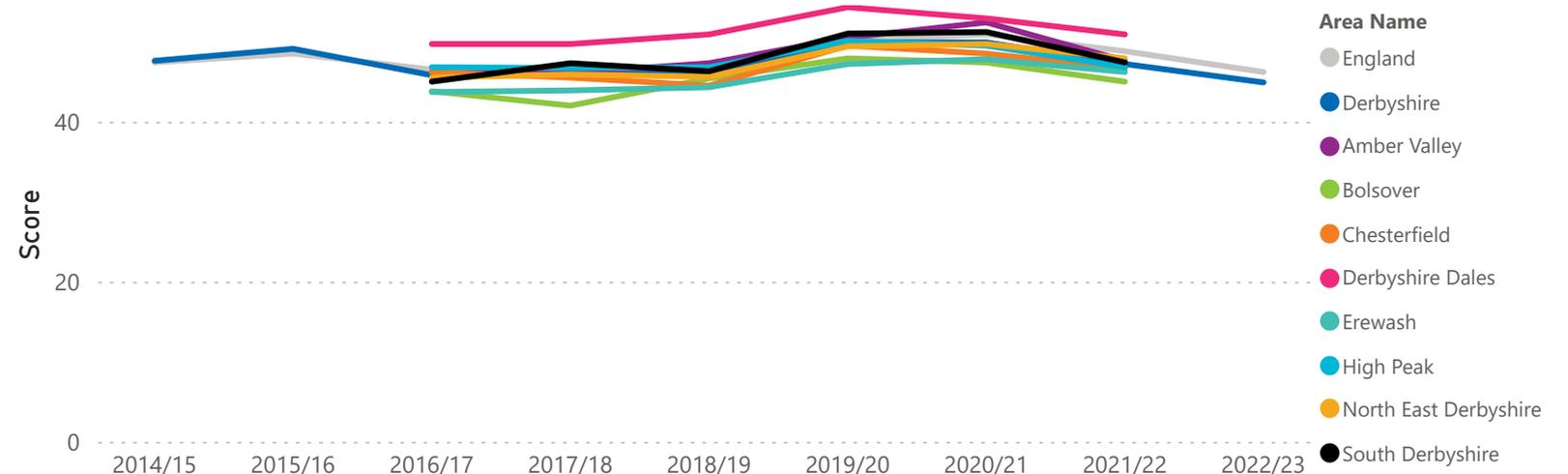
Average Attainment 8 score, 2021/22

Area	Score
Amber Valley	47.6
Bolsover	45.0
Chesterfield	46.6
Derbyshire Dales	50.9
Erewash	46.2
High Peak	46.8
North East Der...	47.9
South Derbyshire	47.4

Average Attainment 8 Score among children eligible for Free School Meals (FSM), 2020/21

Area	Score
England	39.1
Amber Valley	37.1
Bolsover	37.3
Chesterfield	37.8
Derbyshire Da...	39.0
Erewash	33.1
High Peak	37.9
North East De...	36.9
South Derbys...	39.1
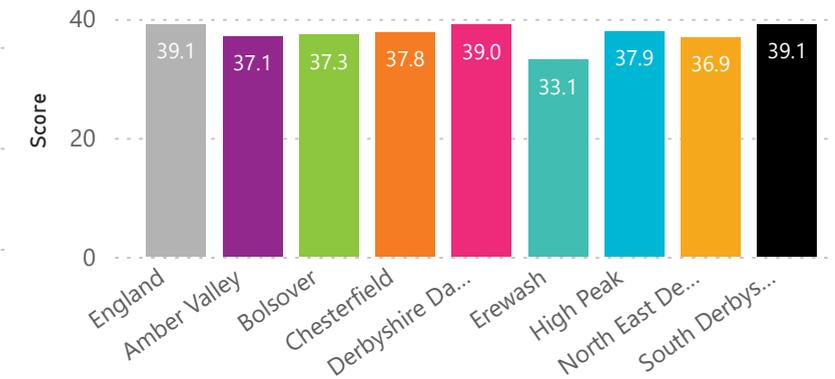
Average Attainment 8 score, 1y (Persons)

Area Name: England, Derbyshire, Amber Valley, Bolsover, Chesterfield, Derbyshire Dales, Erewash, High Peak, North East Derbyshire, South Derbyshire

Source: OHID, Fingertips

Children in Care

Children in Care

Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

What is happening locally?

The number of children in care in Derbyshire has increased from 801 in 2018/19 to 995 in 2022/23, reflecting a rate of 65 children per 10,000 under the age of 18.

Attainment 8 scores

In 2021/22 children in care achieved an average attainment 8 score of 17.9, this was lower than the England average score (20.3). Also note this lower than the Derbyshire average score for all children, 47.2 (2021/22).

Immunisations

In 2023 96% of children in care had up to date immunisations, significantly higher than the 82% of children in care in England.

The assessment system that concludes secondary education has shifted from 'GCSE' to 'Attainment 8'. This measures the results of pupils at state-funded mainstream schools in England in 8 GCSE-level qualifications. Attainment 8 is a way of measuring how well pupils do in key stage 4, which they usually finish when they are 16 years old.
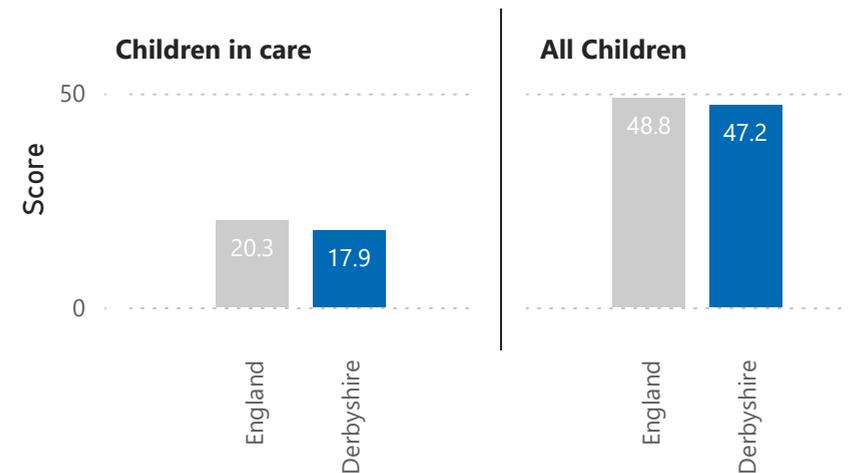
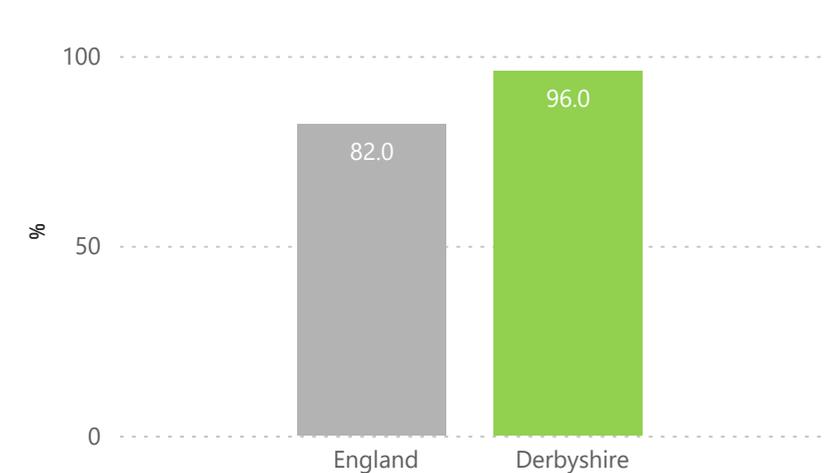## Children in care, 1y, 2022/23 (Persons)

England: 71.0
Derbyshire: 65.0
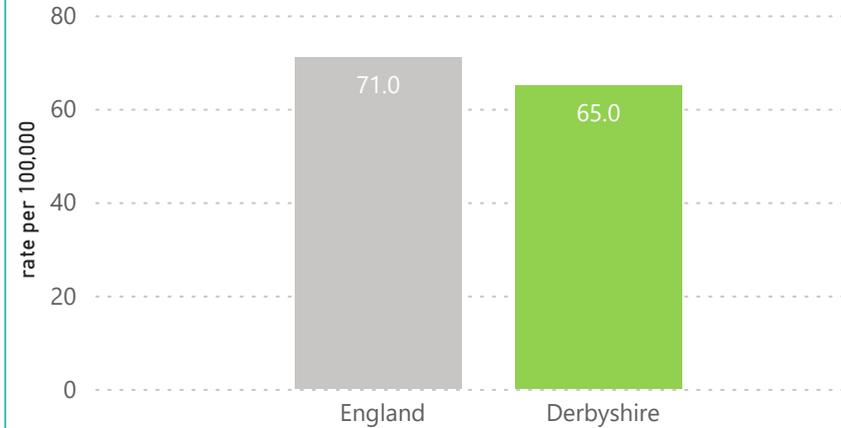
Children in care, 1y (Persons)

Area Name: England, Derbyshire

(England 2018/19 ~74, 2019/20 ~76, 2020/21 ~75, 2021/22 ~77, 2022/23 ~78)
(Derbyshire 2018/19 ~53, 2019/20 ~57, 2020/21 ~58, 2021/22 ~60, 2022/23 ~65)
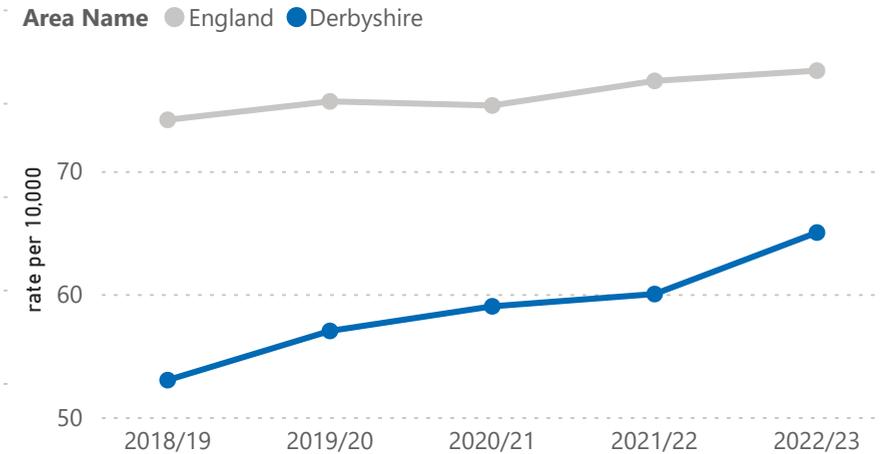
Average attainment 8 scores, 2021/22

Children in care
England: 20.3
Derbyshire: 17.9

All Children
England: 48.8
Derbyshire: 47.2

Children in care immunisations, 1y, 2023 (Persons)

England: 82.0
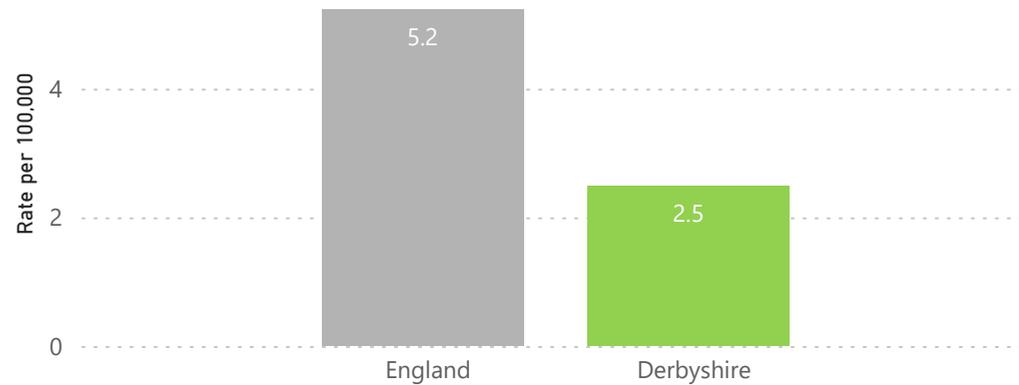Derbyshire: 96.0

Not in education, employment or training

Education

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work.

What is happening locally?

In 2022/23 it was estimated that 403 young adults aged 16 to 17 years were not in education, employment or Training(NEET), this represents 2.5% of this age group. This was significantly lower than the England average of 5.2%.

Source: OHID, Fingertips

16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known, 2022/23

16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known, 1y (Persons)

Area Name ● England ● Derbyshire
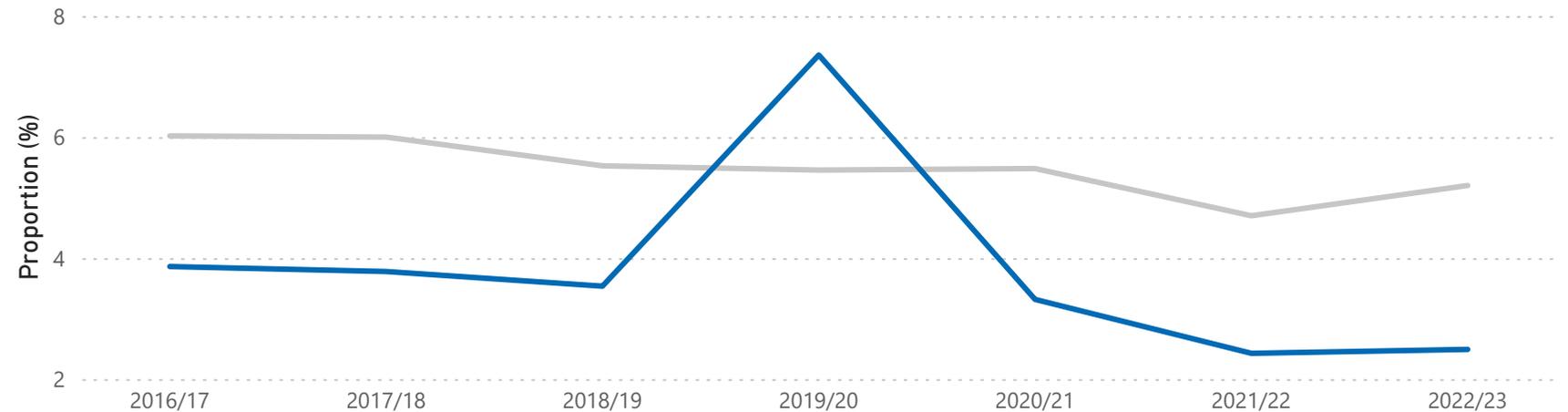
Teenage Conception

Healthy Lives > Children and young people

Teenage Conceptions

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.
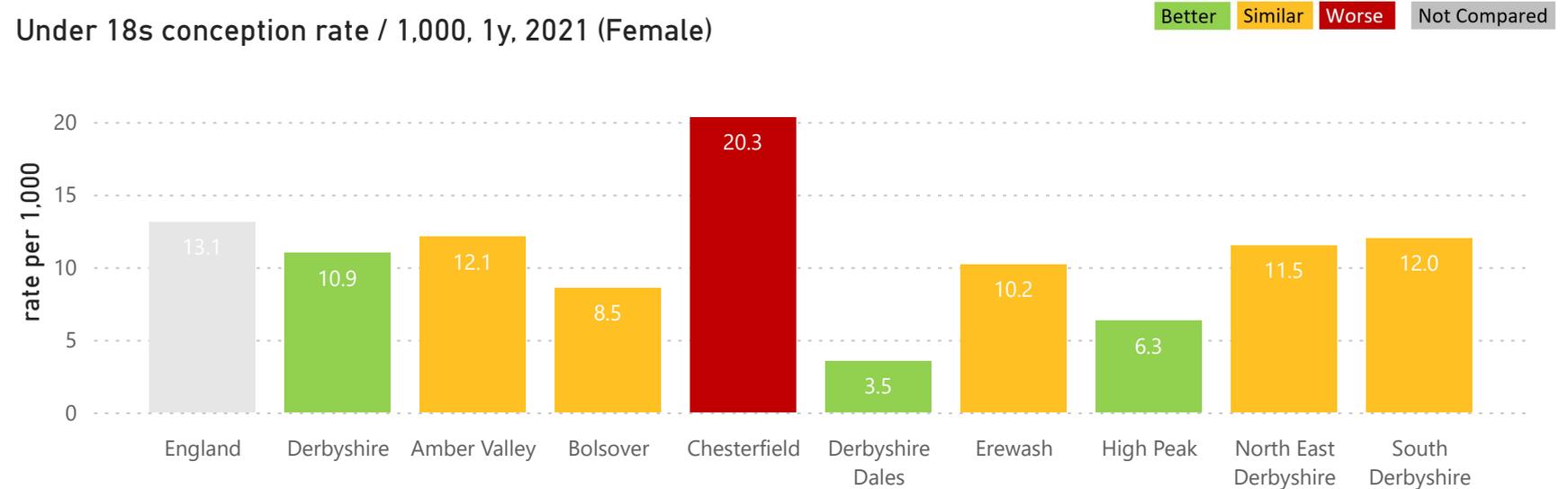
What is happening locally?

In 2021 in Derbyshire there were 129 under 18 conceptions, as a rate this was 10.3 per 1,000, and was significantly lower compared to England (13.1 per 1,000).
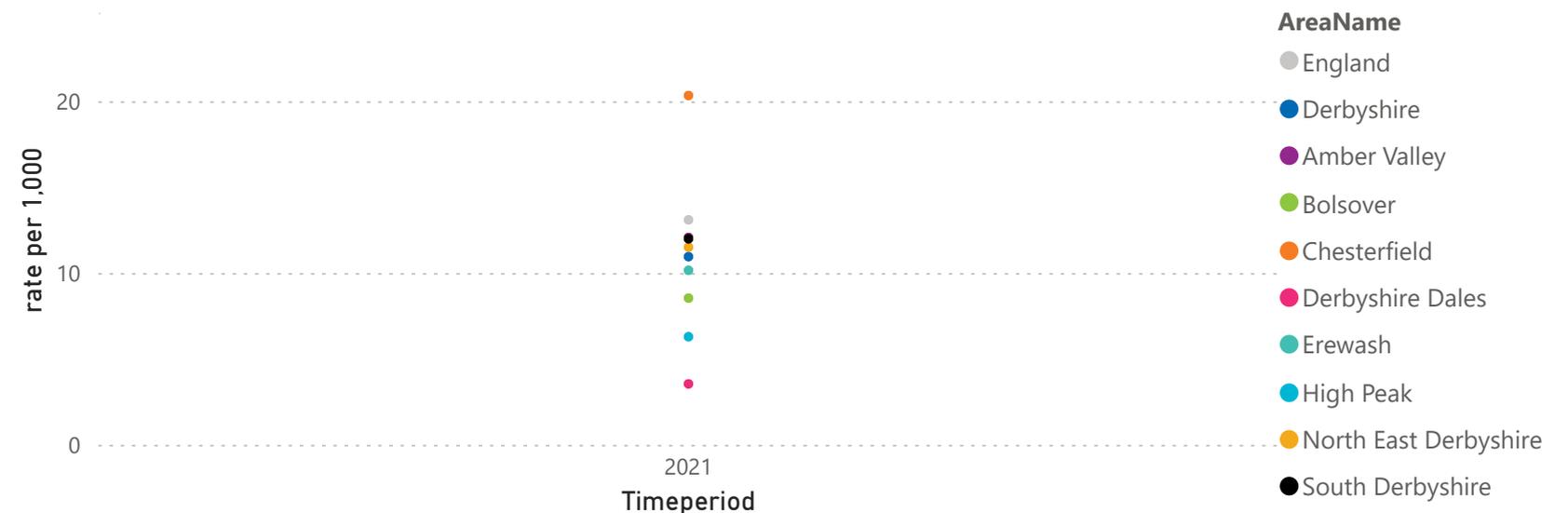
Across the district and boroughs within Derbyshire, Chesterfield had the highest rate of 20.3 per 1,000, significantly higher than England and Derbyshire.

Source: OHID, Fingertips

Under 18s conception rate / 1,000, 1y, 2021 (Female)

Better | Similar | Worse | Not Compared

Under 18s conception rate / 1,000 (Female)

AreaName
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Sexual Health & HIV

Sexual Health & HIV

Having a healthy sexual life is a crucial aspect of one's overall physical, mental, and emotional health and wellness. It plays a central role in nurturing some of the most significant relationships in our lives and can significantly influence other areas of our health and overall wellbeing. Sexually transmitted infections (STIs) can significantly contribute to the overall disease burden in the local population. Although anyone who engages in sexual activity is susceptible to STIs, certain groups are at a higher risk, including men who have sex with men, younger adults, individuals from black and ethnic minority groups, as well as those in prisons and immigration removal centers (IRCs). Given the wide-ranging impact of sexual health on overall wellbeing, establishing effective links and pathways between services is crucial.

What is happening locally?

In 2022 Chlamydia detection rates for persons aged 15 to 24 years in Derbyshire (2,204 per 100,000) were similar to detection rates in England (2,110 per 100,000). In the same year, the percentage of those screened for Chlamydia was significantly better in Derbyshire (22.4%) compared to the England average (21.2%). However, HIV testing coverage was significantly worse in Derbyshire (38.8%) compared to England (48.2%). This was true across the districts/boroughs, except for Amber Valley (47.6%) and Derbyshire Dales (45.4%) where testing coverage was similar to England.

Sexual Health Indicator	England	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire
All new STI diagnoses rate per 100,000, 2022 (Persons)	694.2	477.8	491.0	494.6	603.8	327.8	498.0	432.5	428.1	492.3
Chlamydia detection rate per 100,000 aged 15 to 24, 2022 (Female)	2,110.0	2,204.2	2,291.5	1,824.9	2,602.6	1,703.2	2,365.8	2,216.5	2,203.6	2,129.2
Chlamydia proportion in females aged 15 to 24 screened, 2022 (Female)	21.2	22.4	24.9	19.4	25.3	19.2	23.5	21.9	23.1	19.9
Gonorrhoea diagnostic rate per 100,000, 2022 (Persons)	146.1	89.9	99.6	93.2	103.2	47.4	89.3	86.7	79.2	104.6
HIV diagnosed prevalence rate per 1,000 aged 15 to 59, 2022 (Persons)	2.3	0.9	0.7	1.2	1.3	0.8	0.6	1.1	0.7	1.0
HIV late diagnosis in people first diagnosed with HIV in the UK, 2020 - 22 (Persons)	43.3	25.0	100.0	0.0	25.0	0.0	50.0	0.0	50.0	0.0
HIV testing coverage, total, 2022 (Persons)	48.2	38.8	47.6	40.9	34.3	45.4	37.3	37.0	32.4	45.2
New HIV diagnosis rate per 100,000, 2022 (Persons)	6.7	2.0	0.8	5.0	5.8	1.4	1.8	0.0	2.0	0.0
New STI diagnoses (excluding chlamydia aged under 25) per 100,000, 2022 (Persons)	495.8	313.0	305.2	346.7	408.0	216.2	314.0	282.1	285.4	321.1
Syphilis diagnostic rate per 100,000, 2022 (Persons)	15.4	6.5	4.0	5.0	7.7	2.8	9.7	7.7	3.9	10.2
Total prescribed LARC excluding injections rate / 1,000, 2022 (Female)	44.1	60.8	71.6	63.1	74.0	77.2	53.7	55.2	58.5	41.8
Under 16s conception rate / 1,000, 2021 (Female)	2.1	1.6								
Under 18s conception rate / 1,000, 2021 (Female)	13.1	10.9	12.1	8.5	20.3	3.5	10.2	6.3	11.5	12.0
Under 18s conceptions leading to abortion (%), 2021 (Female)	53.4	52.2	40.9	54.5	46.9		50.0	33.3	66.7	68.2

Better   Similar   Worse   Not Compared   **Source**: OHID, Fingertips

Smoking

Smoking
Smoking is the biggest single cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.
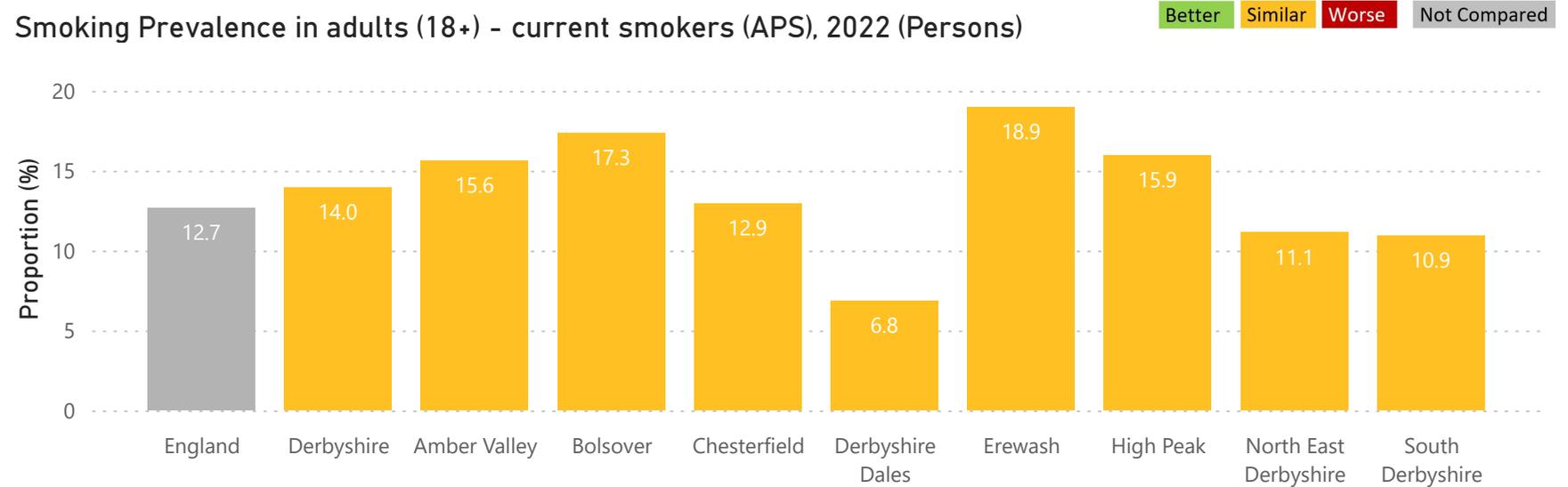
What is happening locally?
In Derbyshire in 2022, a similar proportion of the population aged 18+ years were estimated to be current smokers (14.0%), compared to England (12.7%).
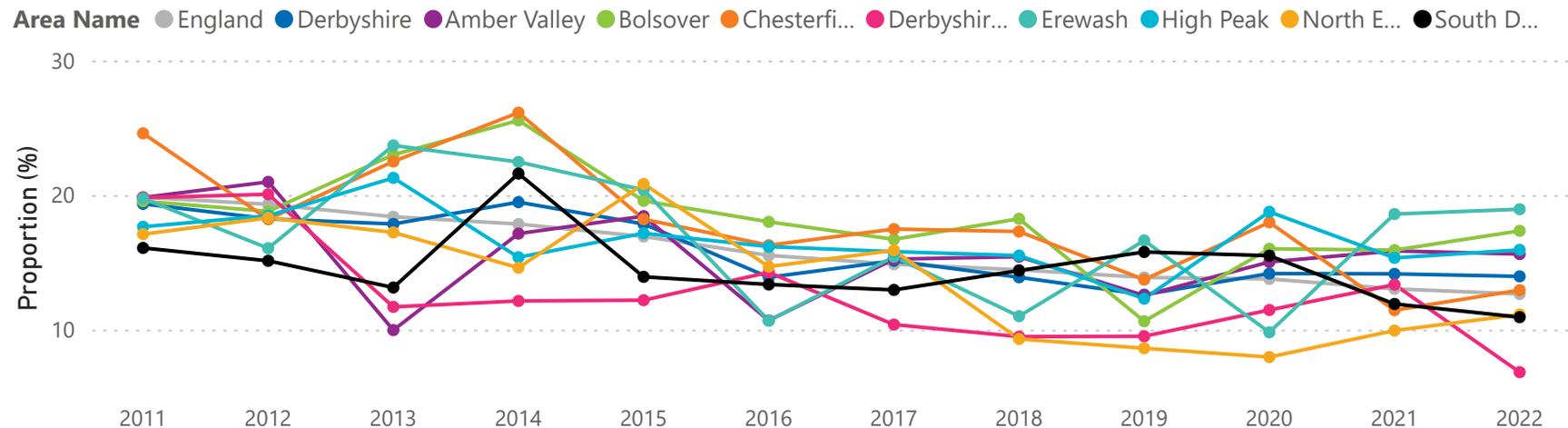
Within Derbyshire, Bolsover had the highest proportion of smokers (17.3%).

The proportion of current smokers has decreased in all areas since 2013/14, although there was a slight increase in Bolsover from 2021/22 to 2022/23.

Smoking Prevalence in adults (18+) – current smokers (APS), 2022 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	Proportion (%)
England	12.7
Derbyshire	14.0
Amber Valley	15.6
Bolsover	17.3
Chesterfield	12.9
Derbyshire Dales	6.8
Erewash	18.9
High Peak	15.9
North East Derbyshire	11.1
South Derbyshire	10.9

Smoking Prevalence in adults (18+) – current smokers (APS) (Persons)

Area Name: England, Derbyshire, Amber Valley, Bolsover, Chesterfi..., Derbyshir..., Erewash, High Peak, North E..., South D...

Source: Fingertips, OHID

Alcohol (related)

Alcohol

Alcohol misuse is the biggest risk factor for death, ill-health and disability amongst the population aged 15-49 years in the UK, and the fifth biggest risk factor across all ages. Alcohol misuse contributes to around 200 health conditions, with many leading to hospital admission (1). This is due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. These conditions include some cancers, cardiovascular conditions, depression and liver disease.

What is happening locally?

In 2020/21, Derbyshire reported a higher rate of hospital admissions related to alcohol than England, with 5,234 admissions in 2020/21 (519.9 per 100,000). All areas with in Derbyshire apart from High Peak had significantly higher rates compared to the England average.

The rate of admissions for alcohol-related conditions and was significantly higher in males than females, in all areas.
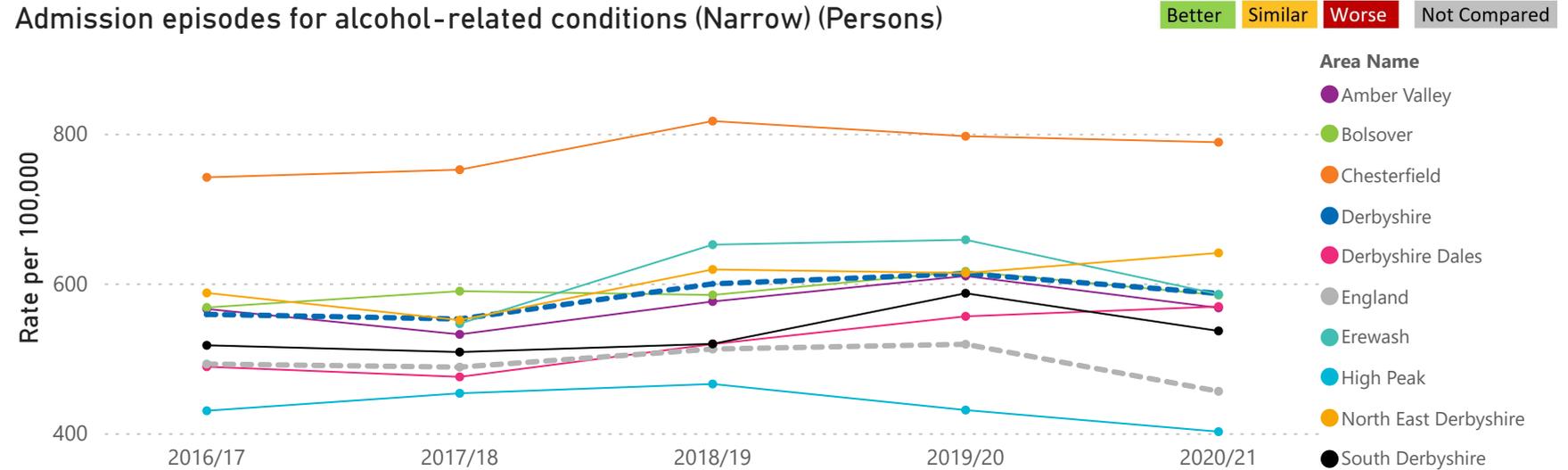
References

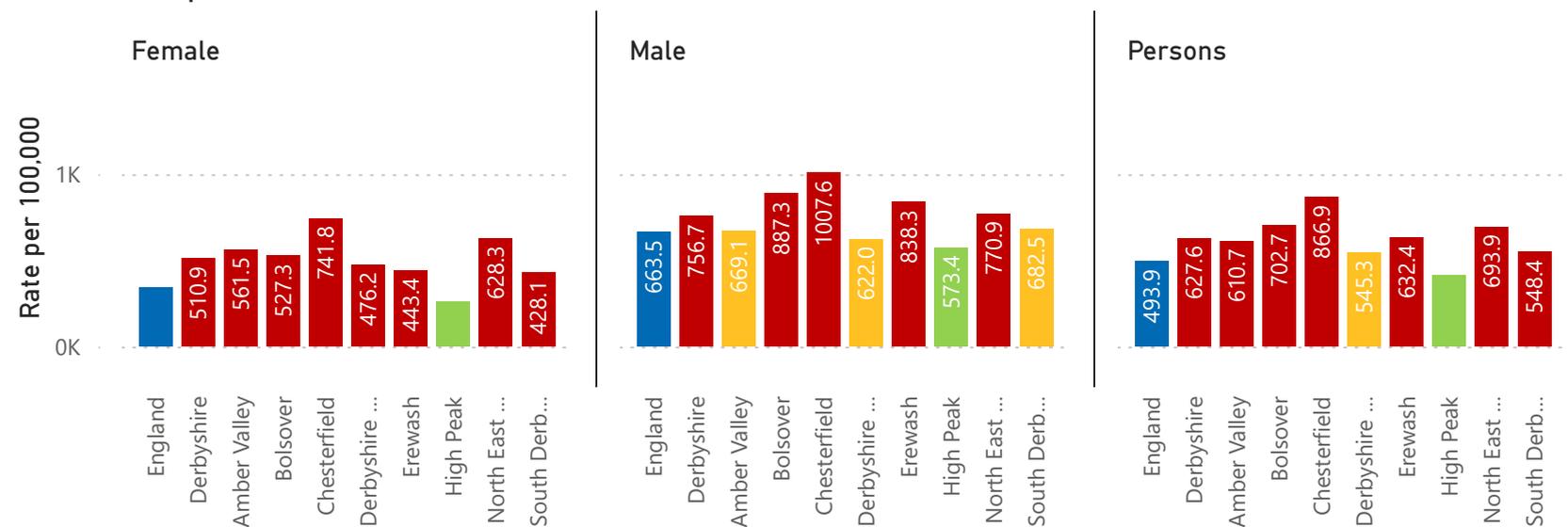1. OHID. Alcohol: applying All Our Health: Guidance. 2022.

Please note that the time periods used to present the latest data and the trend data for some indicators may differ. The Office for National Statistics (ONS) is currently reconciling and rebasing the mid-year population estimates (MYE) after Census 2021. Consequently, for some indicators the latest data employs the population data from Census 2021, whereas the trend data utilises unrevised population estimates and should not be used for comparisons with the latest data.

Source: OHID, Fingertips

Admission episodes for alcohol-related conditions (Narrow) (Persons)

Better | Similar | Worse | Not Compared

Area Name
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire
- Derbyshire Dales
- England
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Admission episodes for alcohol-related conditions (Narrow), 2021/22

Female

Area	Rate
England	—
Derbyshire	510.9
Amber Valley	561.5
Bolsover	527.3
Chesterfield	741.8
Derbyshire ...	476.2
Erewash	443.4
High Peak	—
North East ...	628.3
South Derb...	428.1

Male

Area	Rate
England	663.5
Derbyshire	756.7
Amber Valley	669.1
Bolsover	887.3
Chesterfield	1007.6
Derbyshire ...	622.0
Erewash	838.3
High Peak	573.4
North East ...	770.9
South Derb...	682.5

Persons

Area	Rate
England	493.9
Derbyshire	627.6
Amber Valley	610.7
Bolsover	702.7
Chesterfield	866.9
Derbyshire ...	545.3
Erewash	632.4
High Peak	—
North East ...	693.9
South Derb...	548.4

Substance Misuse

Substance Misuse

The excessive or improper use of drugs and alcohol has been associated with various adverse effects on individuals, families, and communities. These effects include premature mortality, long-term health problems, diminished quality of life and economic prospects, as well as an increase in social issues such as homelessness, violence, and exploitation. Addressing these issues requires interventions from both state and community-level service providers.

Individuals who successfully complete drug treatment demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.
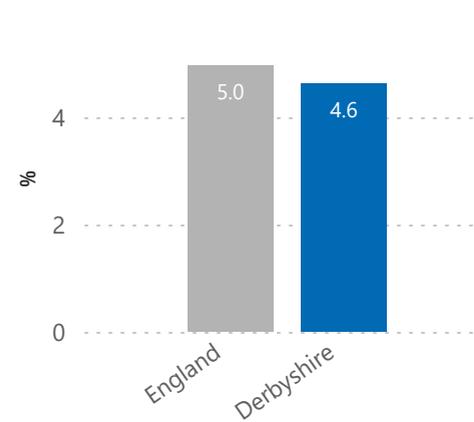
What is happening locally?

For opiate users, the percentage of successful completions in Derbyshire has reduced from 2013 to 2021 but increased slightly in 2022. 4.6% of opiate users successfully completed treatment in 2022, similar to the England average of 5%.

28% of non opiate users in Derbyshire successfully completed treatment in 2022, this is significantly lower than the England average (31%).
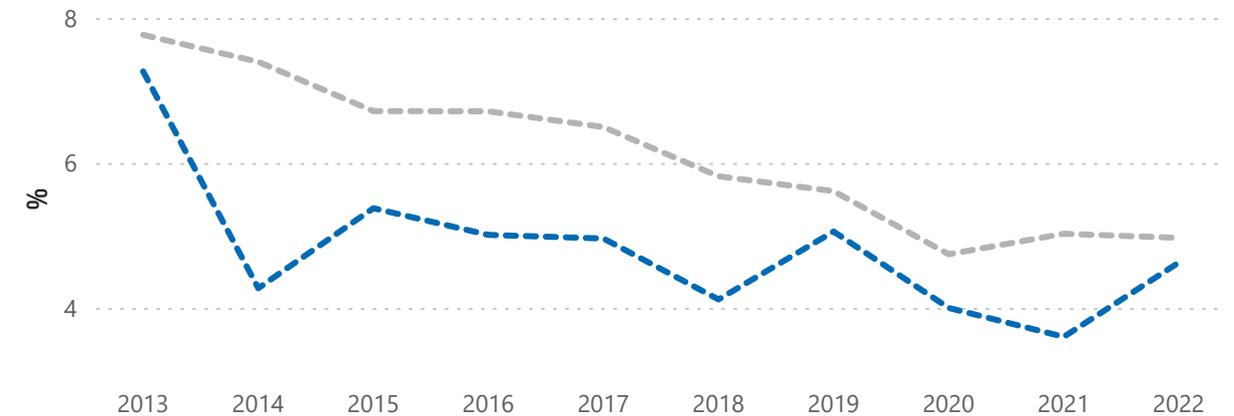
Source: Fingertips, OHID

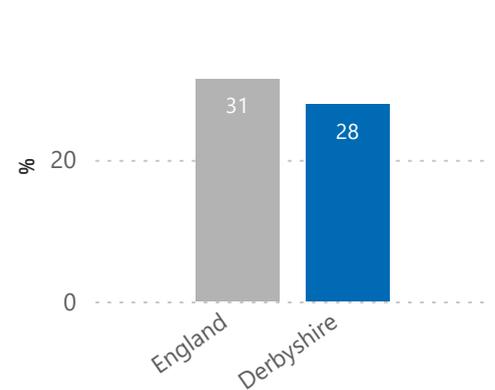## Successful completion of drug treatment: opiate users, 2022

Successful completion of drug treatment: opiate users

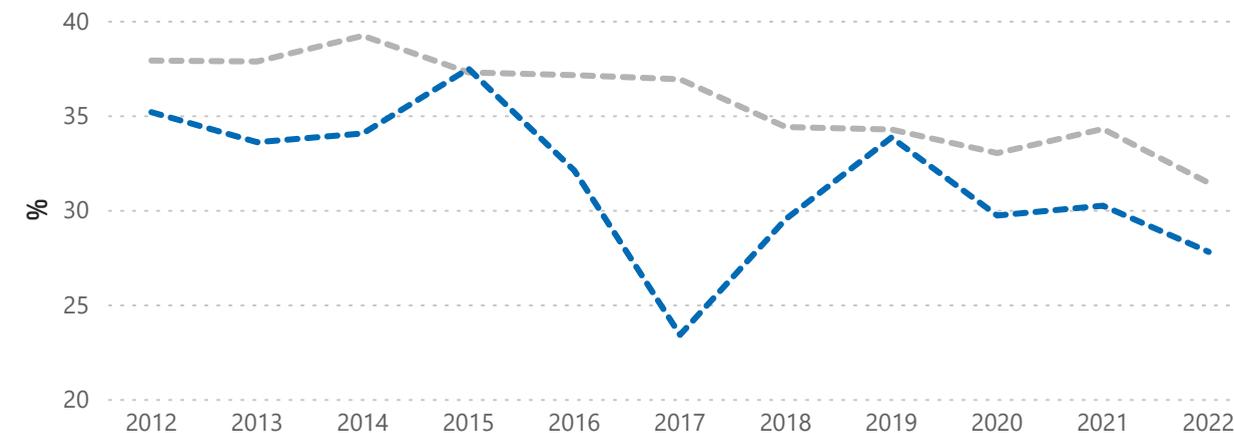## Successful completion of drug treatment: non opiate users, 2022

Successful completion of drug treatment: non opiate users

Substance Misuse

Substance Misuse

The excessive or improper use of drugs and alcohol has been associated with various adverse effects on individuals, families, and communities. These effects include premature mortality, long-term health problems, diminished quality of life and economic prospects, as well as an increase in social issues such as homelessness, violence, and exploitation. Addressing these issues requires interventions from both state and community-level service providers.
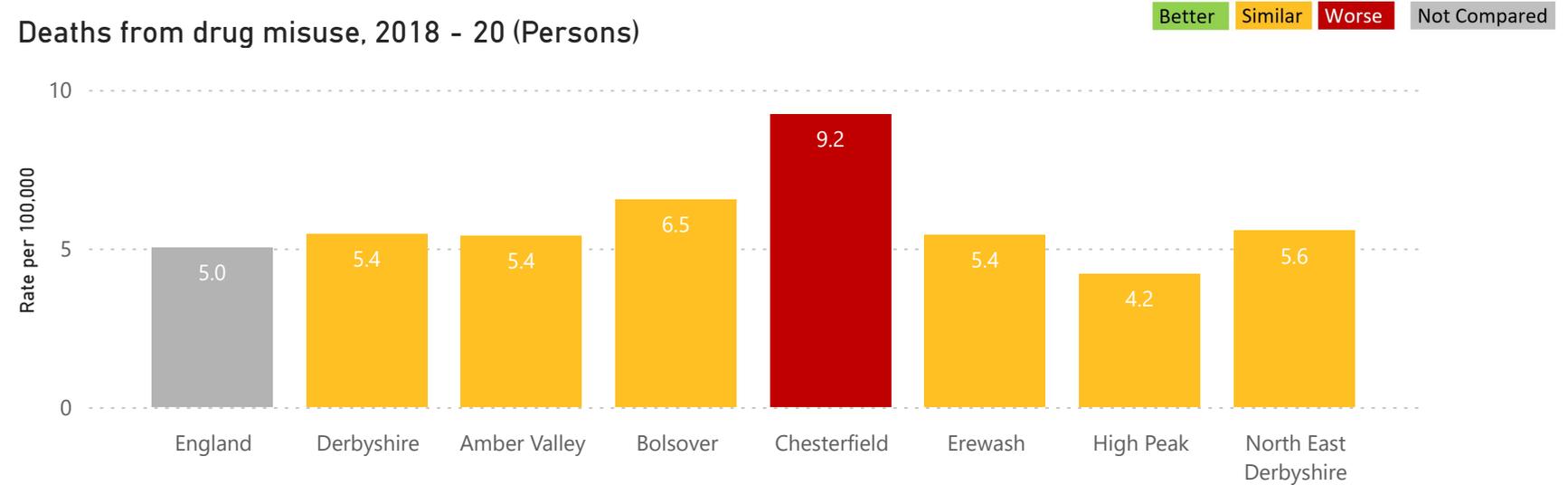
Individuals who successfully complete drug treatment demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

What is happening locally?

During 2018-20 there were 123 deaths from drug misuse in Derbyshire, as a rate this is 5.4 per 100,000 and was similar to the England rate (5.0). Within Derbyshire, Chesterfield (9.2 per 100,000) had a significantly higher rate of deaths from drug misuse than England.

Source: Fingertips, OHID

Deaths from drug misuse, 2018 - 20 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	Rate per 100,000
England	5.0
Derbyshire	5.4
Amber Valley	5.4
Bolsover	6.5
Chesterfield	9.2
Erewash	5.4
High Peak	4.2
North East Derbyshire	5.6

Deaths from drug misuse

Area Name: England, Derbyshire, Amber Valley, Bolsover, Chesterfield, Erewash, High Peak, North East Derbyshire, South Derbyshire

Physical activity

Physical activity

Physical inactivity is the 4th leading risk factor for global mortality (accounting for 6% of deaths globally). People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

What is happening locally?

Since 2018/19, the proportion of physically active adults in Derbyshire has been significantly higher than in England.

During 2021/22, it was estimated that 69.9% of adults were physically active in Derbyshire, significantly higher than England (67.3%).

In England, during 2021/22, a greater proportion of males were physically active than females (69.9% of males compared to 64.9% of females).

Source: Fingertips, OHID

Percentage of physically active adults, 2021/22 (Persons)

Proportion of physically active adults (aged 19+ years)

Physical activity

Physical activity

Physical inactivity is the 4th leading risk factor for global mortality (accounting for 6% of deaths globally). People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.
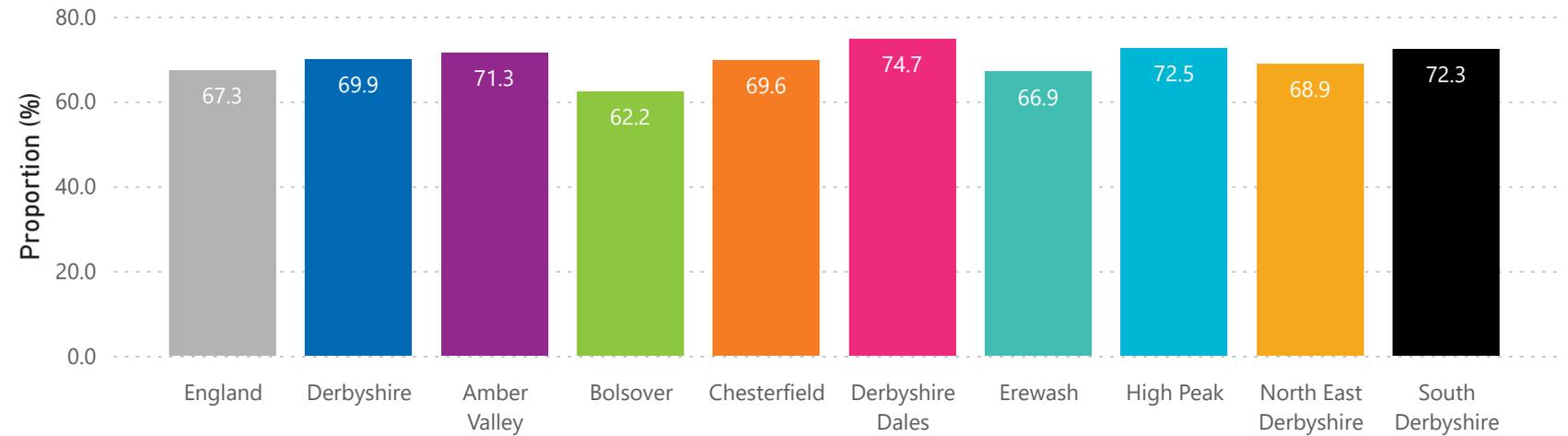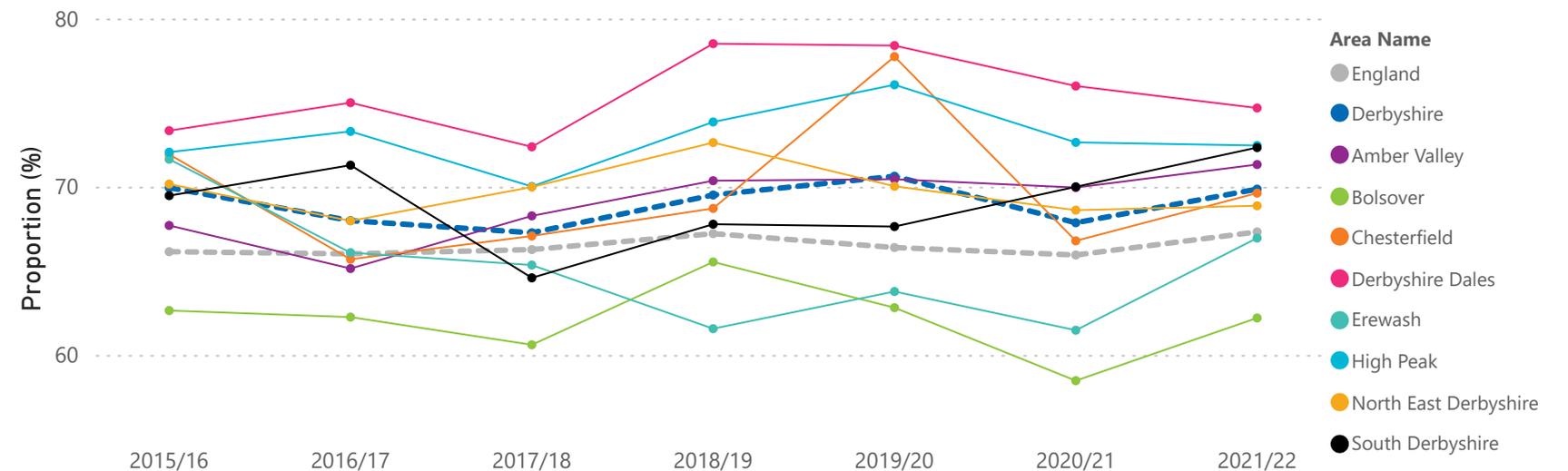
What is happening locally?

During 2021/22, it was estimated that 20.6% of adults were physically inactive in Derbyshire, significantly better than 22.3% in England.

Within Derbyshire, during the same period, Bolsover had the highest proportion of physically inactive adults (29.3%) and Derbyshire Dales had the lowest proportion (16.9%).

Source: Fingertips, OHID

Percentage of physically inactive adults, 2021/22 (Persons)

Proportion of physically active adults (aged 19+ years)

5 a day (Fruit and Veg)

5 a day (fruit and veg)

In England, two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality(Global Burden of Disease, 2017), and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing.
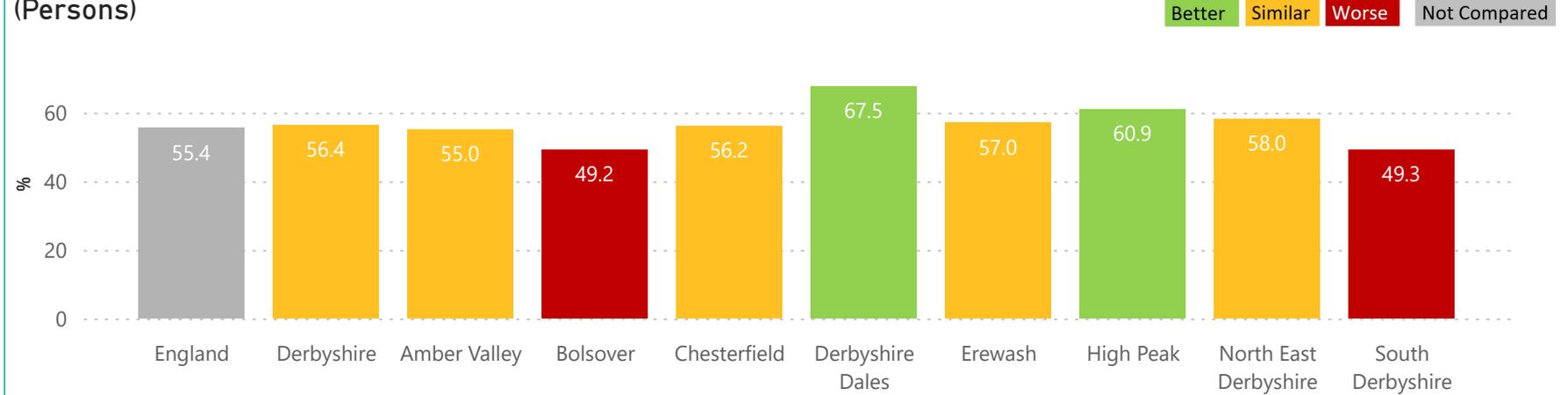
The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, oily fish, fibre and some vitamins and minerals in some groups are below recommendations. Average intake of trans fatty acids are within recommendations.
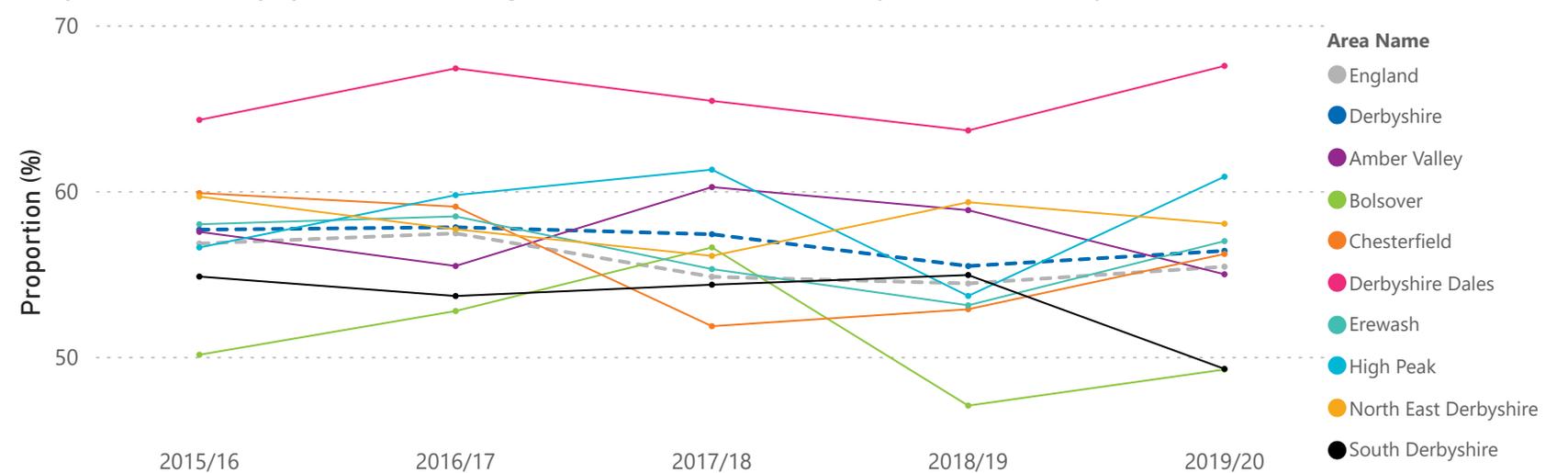
What is happening locally?

Data from the 2019/20 Active Lives Adult Survey reported that 56.4% of adults in Derbyshire reported that they had eaten the recommended 5 portions of fruit and vegetables on a usual day. This is similar to the England rate (55.4%).

Bolsover and South Derbyshire reported to have significantly lower amount of adults meeting the recommended amount when compared to the England average (49.2% and 49.3% respectively).

Proportion of the population meeting the recommended '5 a day' on a 'usual day' (adults) (old method), 2019/20 (Persons)

Better | Similar | Worse | Not Compared

Area	Value
England	55.4
Derbyshire	56.4
Amber Valley	55.0
Bolsover	49.2
Chesterfield	56.2
Derbyshire Dales	67.5
Erewash	57.0
High Peak	60.9
North East Derbyshire	58.0
South Derbyshire	49.3

Proportion of the population meeting the recommended '5 a day' on a 'usual day' (adults) (old method) (Persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Source: OHID, Fingertips

Child overweight and obesity

Child obesity

Children with excess weight are at an increased risk of various health problems and are more likely to become obese adults. Obesity is also linked to poor mental health and many children experience bullying related to their weight.

There is a strong association between deprivation and childhood obesity and research has shown that children from the most deprived areas are more than twice as likely to be overweight or obese than children from the least deprived groups (1).

What is happening locally?

Derbyshire has a similar proportion of overweight or obese reception aged children (20.6%) compared to England (21.3%). The proportion of overweight or obese Year 6 children in Derbyshire (34.5%) is significantly lower than England (36.6%).
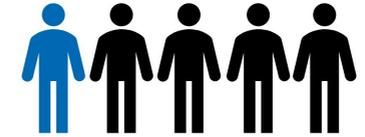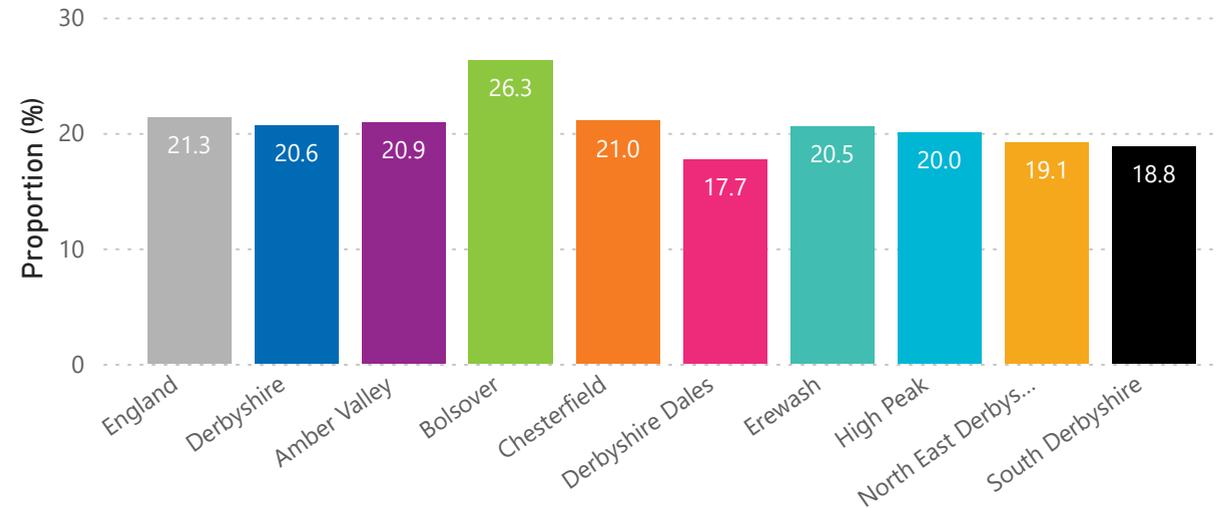
During 2022/23, 20.6% of children in Derbyshire started school overweight or obese, with this proportion increasing to 34.5% of Year 6 children.

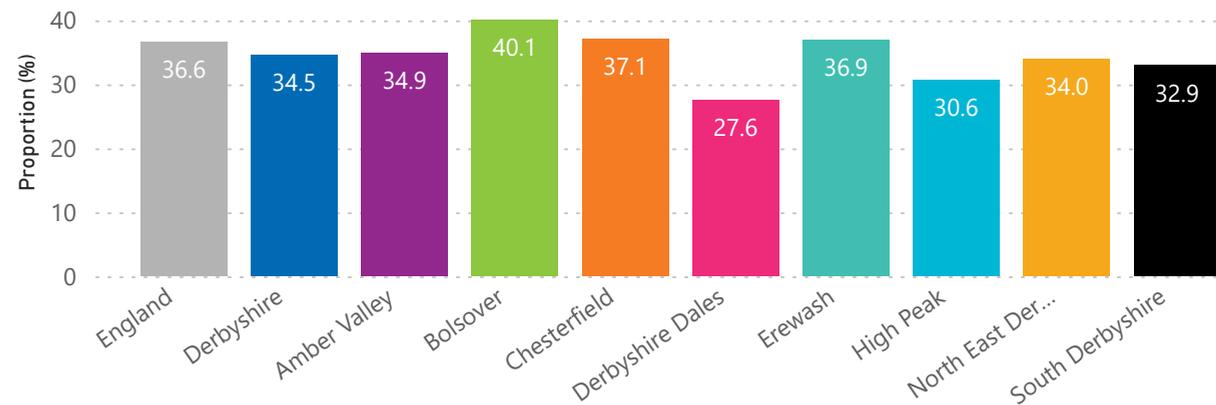note- No data was collected for the 2020/21 academic year in Derbyshire

References

1. NHS Digital. National Child Measurement Programme, England 2021/21 School Year. 2021. [Accessed 27/10/22].

Reception prevalence of overweight (including obesity), 2022/23

Area	Proportion (%)
England	21.3
Derbyshire	20.6
Amber Valley	20.9
Bolsover	26.3
Chesterfield	21.0
Derbyshire Dales	17.7
Erewash	20.5
High Peak	20.0
North East Derbys...	19.1
South Derbyshire	18.8

During 2022/23, more than **1 in 5** reception aged children were overweight or obese in Derbyshire (20.6%), compared to 21.3% in England

Year 6 prevalence of overweight (including obesity), 2022/23

Area	Proportion (%)
England	36.6
Derbyshire	34.5
Amber Valley	34.9
Bolsover	40.1
Chesterfield	37.1
Derbyshire Dales	27.6
Erewash	36.9
High Peak	30.6
North East Der...	34.0
South Derbyshire	32.9

During 2022/23, **34.5%** of Year 6 children were overweight or obese in in Derbyshire

Source: OHID, Fingertips

Child overweight and obesity

Child obesity
Children with excess weight are at an increased risk of various health problems and are more likely to become obese adults. Obesity is also linked to poor mental health and many children experience bullying related to their weight.

There is a strong association between deprivation and childhood obesity and research has shown that children from the most deprived areas are more than twice as likely to be overweight or obese than children from the least deprived groups (1).

What is happening locally?
Derbyshire has a similar proportion of overweight or obese reception aged children (20.6%) compared to England (21.3%). The proportion of overweight or obese Year 6 children in Derbyshire (34.5%) is significantly lower than England (36.6%).

During 2022/23, 20.6% of children in Derbyshire started school overweight or obese, with this proportion increasing to 34.5% of year 6 children

note- No data was collected for the 2020/21 academic year in Derbyshire. The cohort of children measured changes every year.

References
1. NHS Digital. National Child Measurement Programme, England 2021/21 School Year. 2021. [Accessed 27/10/22].

Reception prevalence of overweight (including obesity) (Persons)

Year 6 prevalence of overweight (including obesity) (Persons)

Adult Obesity

Healthy Lives>Physiological risk factors

Obesity

Obesity is a global and complex public health concern. It is associated with reduced life expectancy and is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 types of cancer, liver and respiratory disease, and can also impact on mental health. The risk and severity of these diseases increases with higher body mass index (BMI).

What is happening locally?

Since 2016/17, both locally and nationally, there has been a large increase in the proportion of the population aged 18+ years who are classified as obese. This proportion is significantly higher in Derbyshire, than in England.

In 2021/22, 30.3% of adults aged 18+ years were classified as obese in Derbyshire and 25.9% in England.

Percentage of adults (aged 18+) classified as obese, 2021/22 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	%
England	25.9
Derbyshire	30.3
Amber Valley	27.6
Bolsover	35.9
Chesterfield	33.3
Derbyshire Dales	24.6
Erewash	29.1
High Peak	23.8
North East Derbyshire	37.2
South Derbyshire	33.0
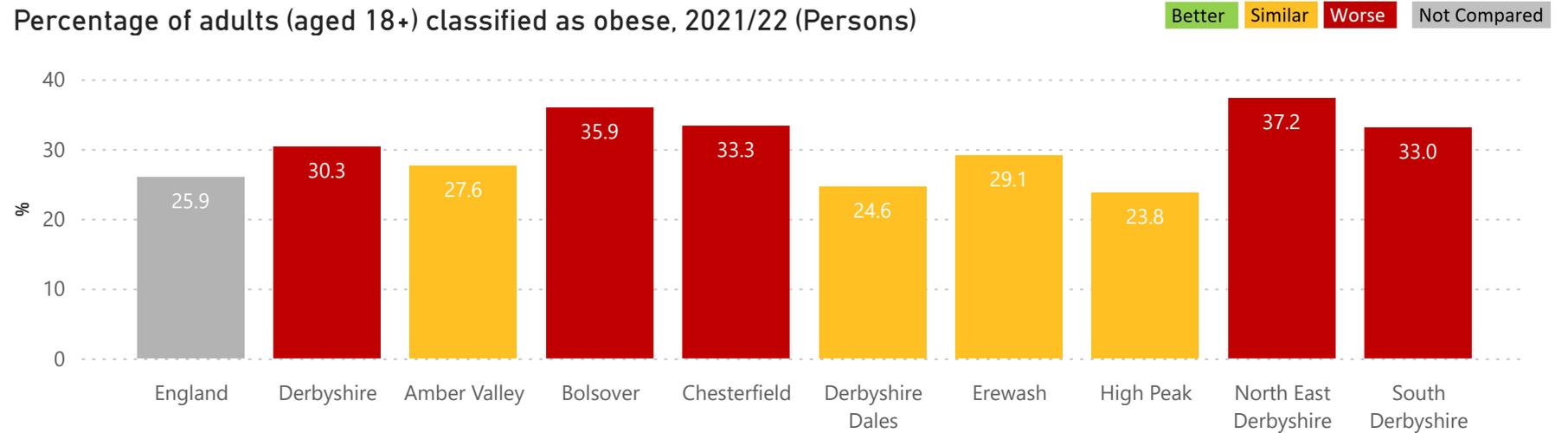
Percentage of adults (aged 18+) classified as obese

AreaName ● England ● Derbyshire
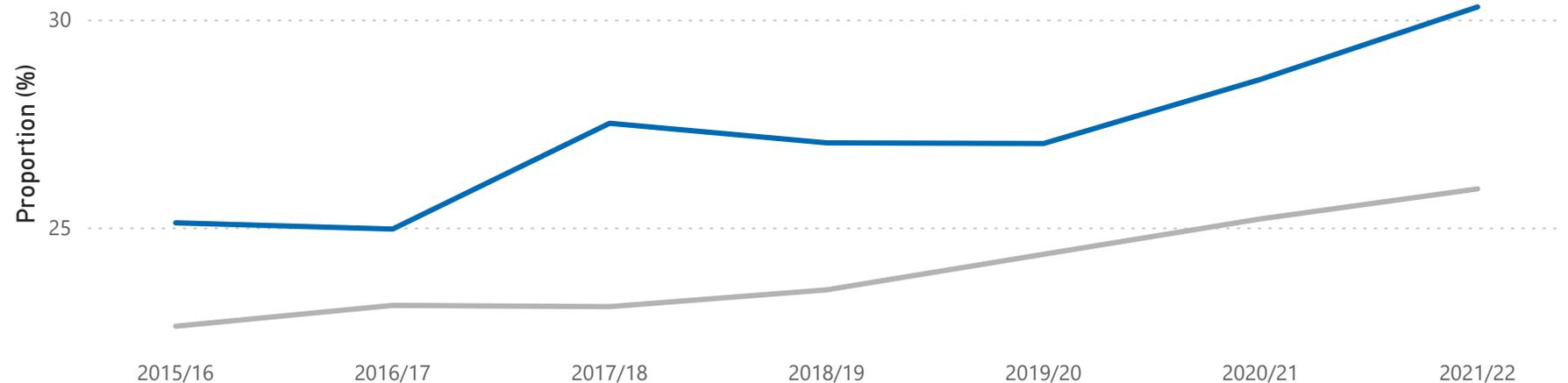
Healthy Places

The **Healthy Places** domain includes Health Outcomes indicators , including mortality, and the impact of physical and mental health conditions. It is divided into sub domains; difficulties in daily life, mental health, mortality, personal well-being , physical health conditions.

Healthy Places

Access to green space
- Private outdoor space
- Public green space

Access to services
- Distance to GP services
- Distance to pharmacies
- Distance to sports or leisure facility
- Internet access

Crime
- Low-level crime
- Personal crime

Economic & Working Conditions
- Child poverty
- Housing affordability
- Job-related training
- Unemployment
- Workplace safety

Living Conditions
- Air pollution
- Household overcrowding
- Noise complaints
- Road safety
- Rough Sleeping
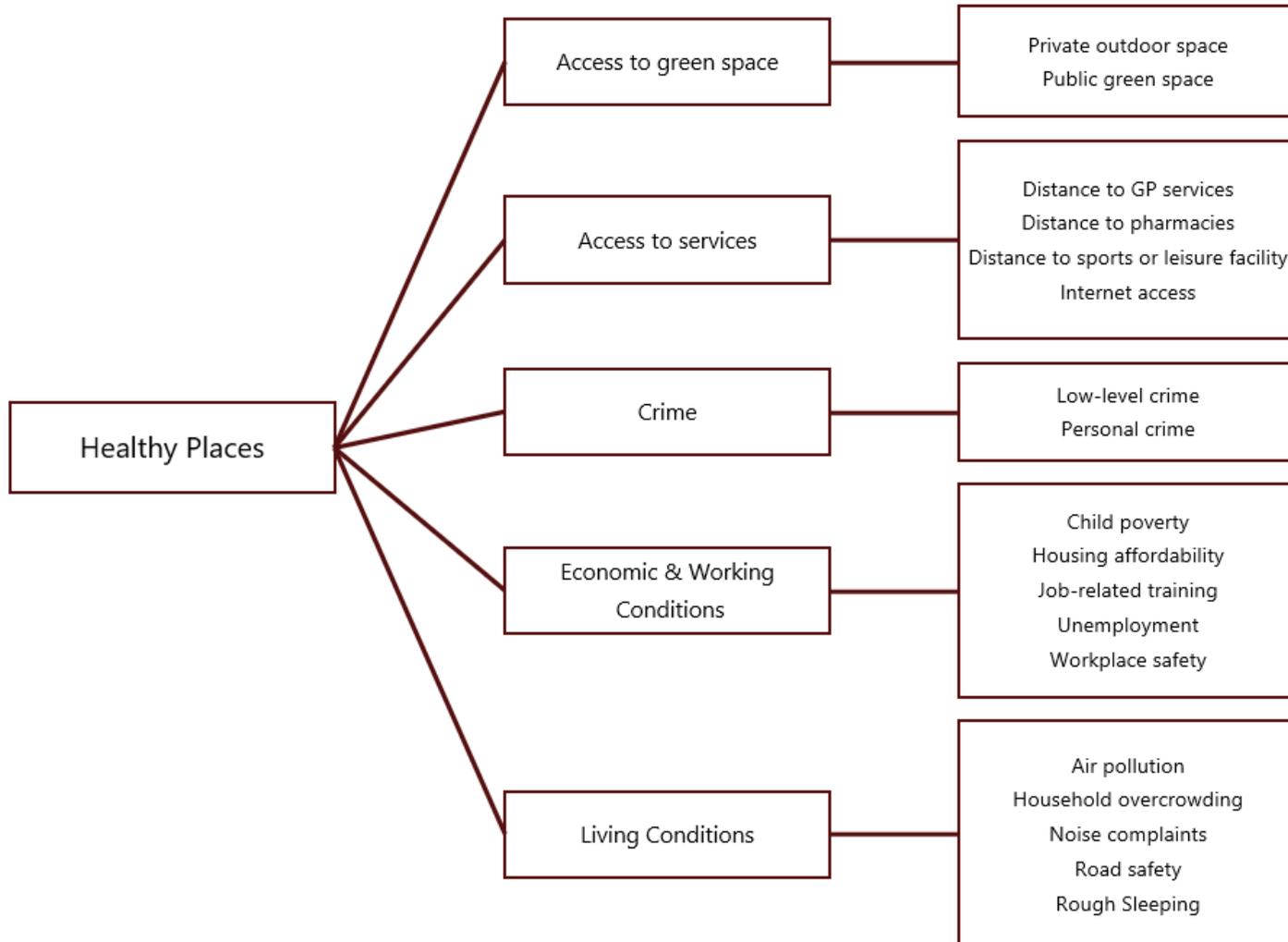
Access to Healthy Assets

Access to Healthy Assets

Access to healthy assets improves physical and mental health, improves childhood development, increases social cohesion and reduces health-related costs to society. Additionally, good quality green space reduces noise pollution, reduces the risk of flooding, and can mitigate air pollution.

What is happening locally?

In 2020, the average distance to the nearest park, public garden, or playing field in Derbyshire was 406.2 metres compared to 417.2 metres in England. Within Derbyshire, the average distance ranged between 295.8 metres in Chesterfield to 742.9 metres in Derbyshire Dales.

In 2019, the average distance to the nearest Leisure Centre in Derbyshire ranged from 5.1 minutes in Chesterfield to 23.9 minutes in Derbyshire Dales.

In 2022, the average distance to the nearest GP Practice in Derbyshire ranged from 3.9 minutes in Erewash to 9.1 minutes in Derbyshire Dales.

Average distance to nearest park or public garden or playing field (m), 2020

	Metres
England	417.2
Derbyshire	406.2
Amber Valley	345.2
Bolsover	327.0
Chesterfield	295.8
Derbyshire Dales	742.9
Erewash	344.4
High Peak	421.2
North East Derbyshire	382.7
South Derbyshire	496.6
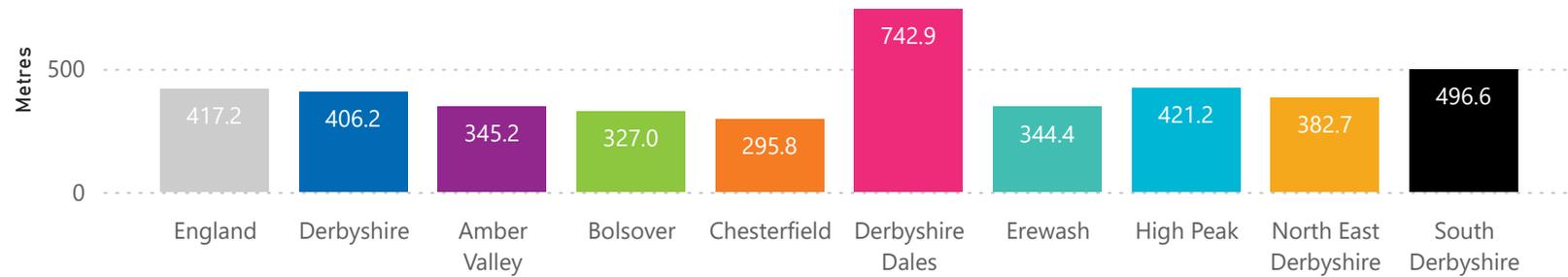
Distance to nearest Leisure Centre, 2019

	Minutes
Amber Valley	6.8
Bolsover	10.4
Chesterfield	
Derbyshire Dales	23.9
Erewash	5.8
High Peak	8.3
North East Derbyshire	10.1
South Derbyshire	13.0
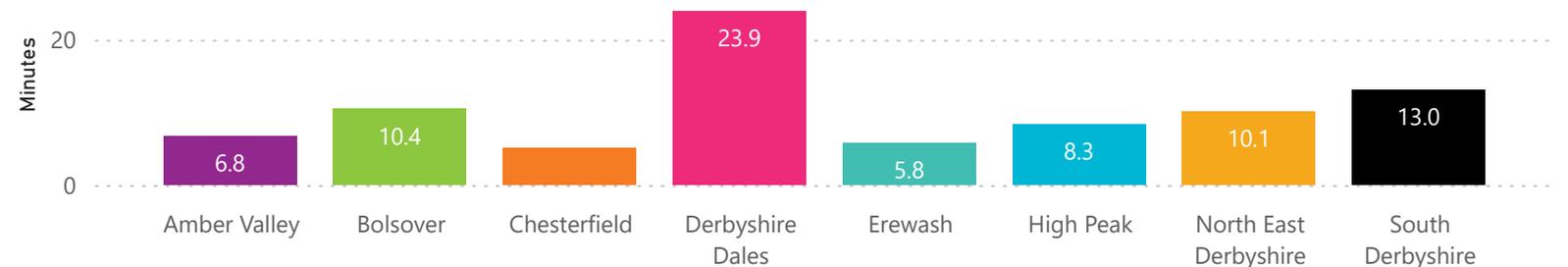
Distance to nearest GP Practice, 2022

	Minutes
Amber Valley	4.5
Bolsover	4.5
Chesterfield	4.6
Derbyshire Dales	9.1
Erewash	3.9
High Peak	4.2
North East Derbyshire	5.8
South Derbyshire	7.4
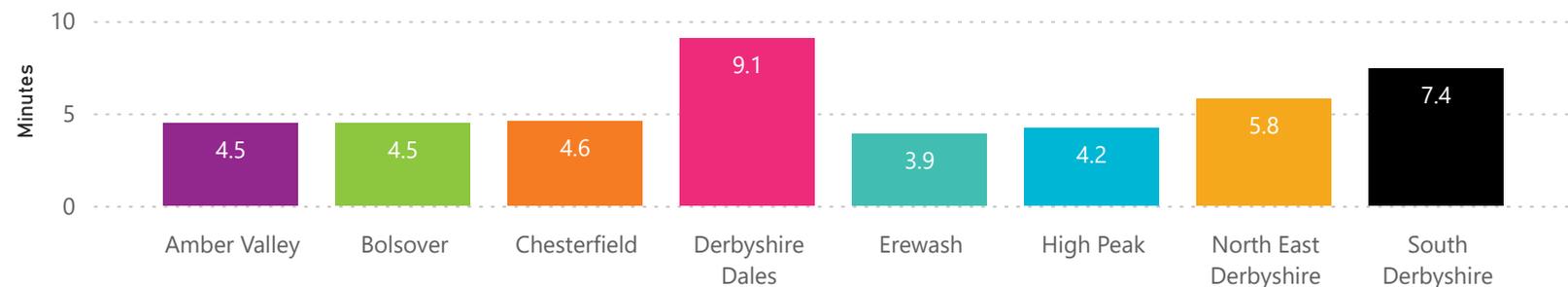
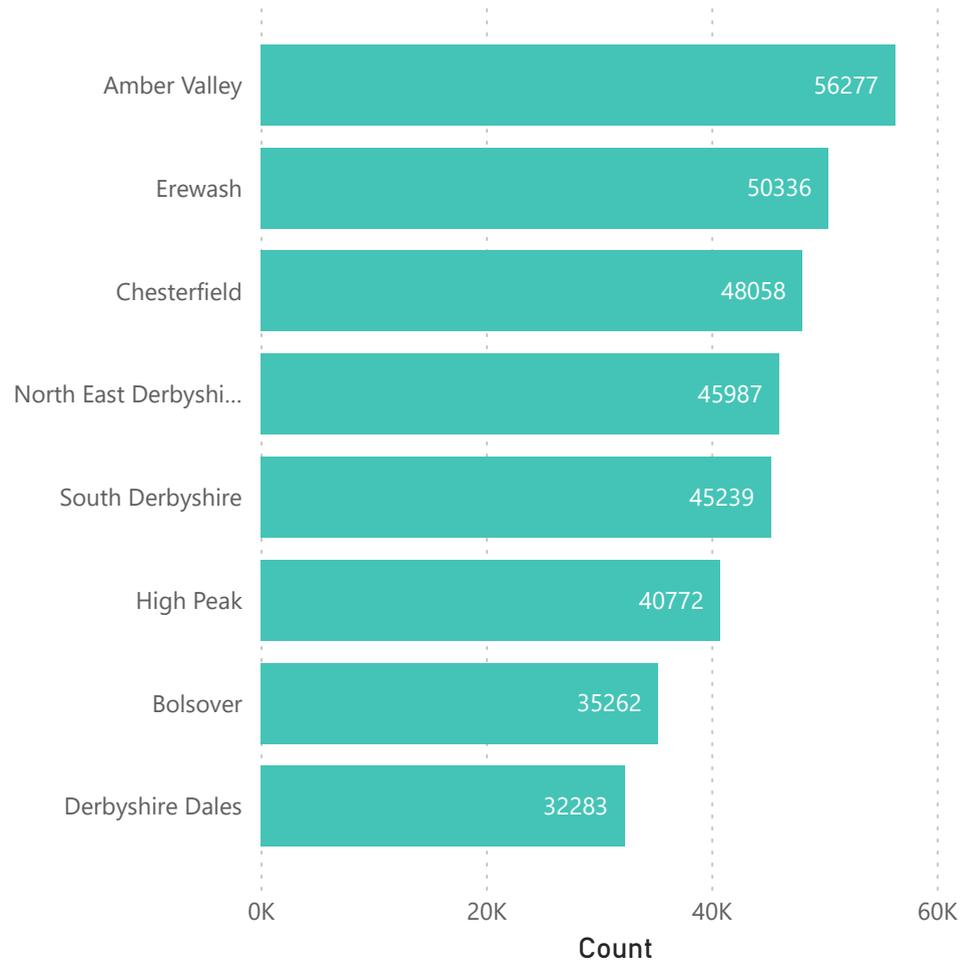**Source**: ONS, Consumer Data Research Centre

Housing Type
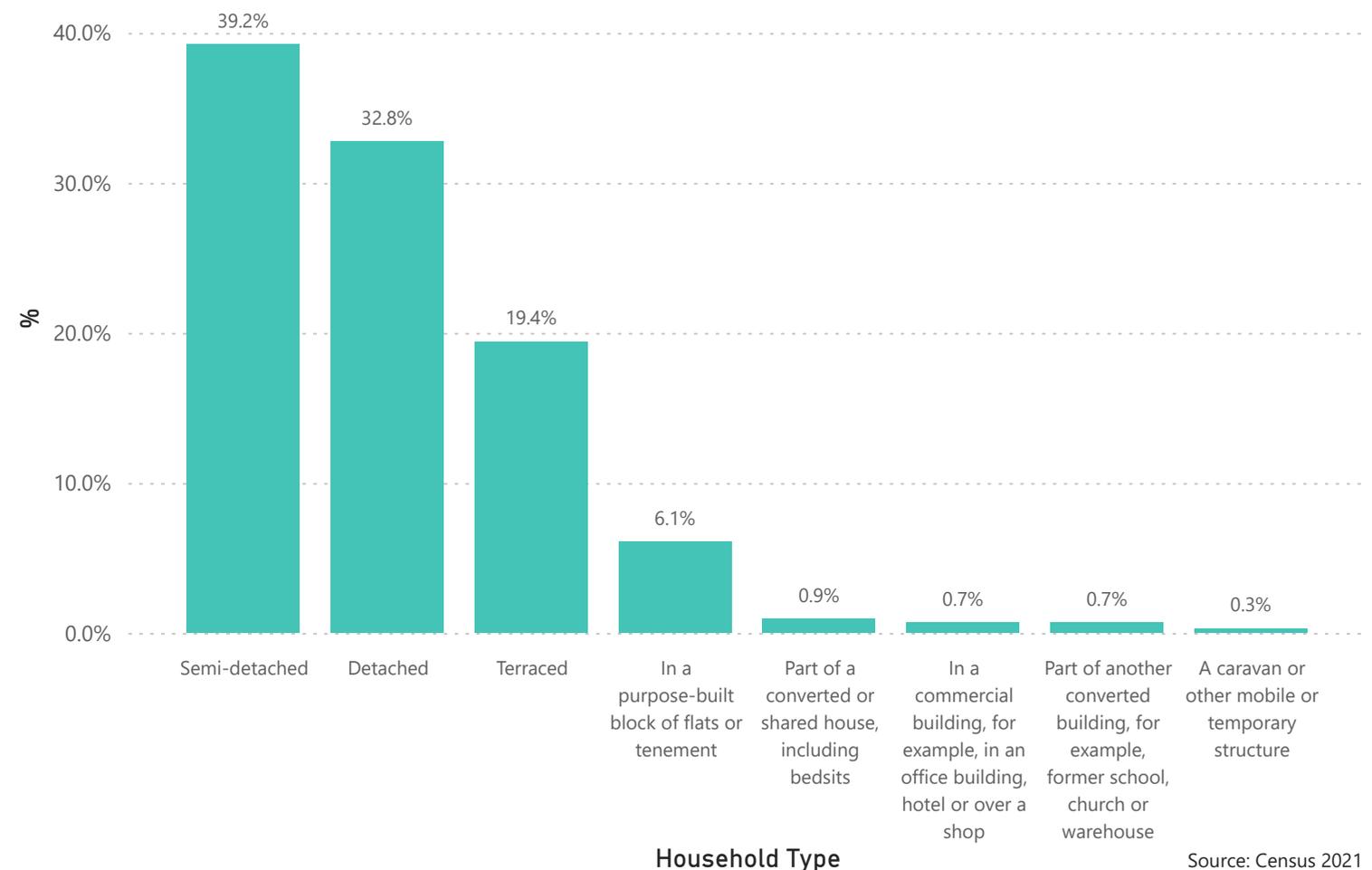
The census 2021 reported there were a total of 354,213 households in Derbyshire, this is a 6.5% increase (21,600 households) since the 2011 census, this is higher than the increase nationally (6.2%). Household types and tenure vary across the county, 39.2 % of households are semi detached, 32.8% are detached, and 19.4% are terraced, with the remaining being flats, commercial buildings and temporary housing.

Count of households by District

District	Count
Amber Valley	56277
Erewash	50336
Chesterfield	48058
North East Derbyshi...	45987
South Derbyshire	45239
High Peak	40772
Bolsover	35262
Derbyshire Dales	32283

% of Household by Household Type

Household Type	%
Semi-detached	39.2%
Detached	32.8%
Terraced	19.4%
In a purpose-built block of flats or tenement	6.1%
Part of a converted or shared house, including bedsits	0.9%
In a commercial building, for example, in an office building, hotel or over a shop	0.7%
Part of another converted building, for example, former school, church or warehouse	0.7%
A caravan or other mobile or temporary structure	0.3%

Source: Census 2021

Housing Tenure

The census 2021 reported there were a total of 354,213 households in Derbyshire. Household types and tenure vary across the county, 39.2 % of households are owned out right, 30.7% owned with a mortgage or loan, 15% are privately rented, 14.5% Socially rented.

% of Households by Housing Tenure
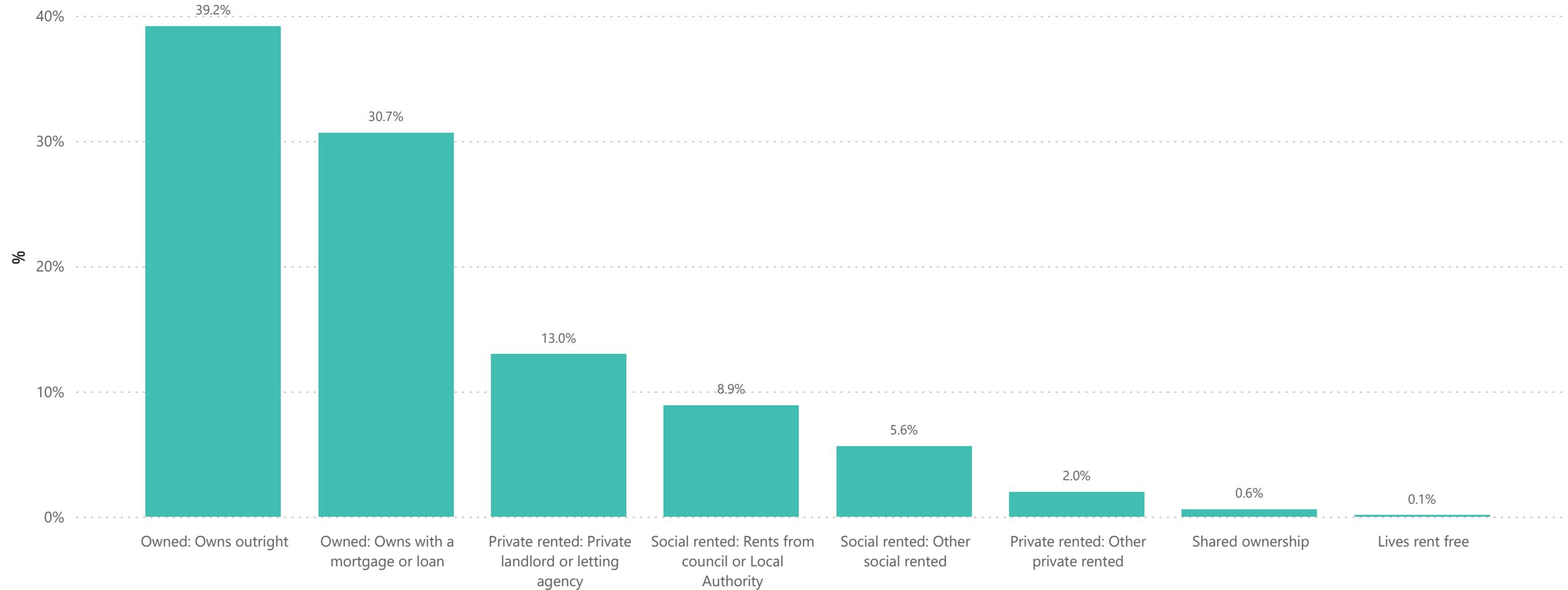
Source: Census 2021

Unemployment

Unemployment

Unemployment is associated with an increased risk of ill health and mortality. There are relationships between unemployment and poor mental health and suicide, higher self-reported ill health and limiting long term illness and a higher prevalence of risky health behaviours including alcohol use and smoking.

Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth. People with long term psychiatric problems are less likely to be in employment than those with long-term physical disabilities, despite indications that most people with severe mental illness would like to work.

What is happening locally?

Unemployment in England increased to 4.5% in 2021. In the same period, all districts/boroughs in Derbyshire had a similar rate of unemployment to England, except for North East Derbyshire which had significantly less unemployment (2.8%).

The latest Derbyshire level data is currently available is up to 2019, the percentage of unemployment was 2.8%, similar to England during the same period (3.9%).

Unemployment (model-based), 1y, 2021 (Persons)

Better | Similar | Worse | Not Compared
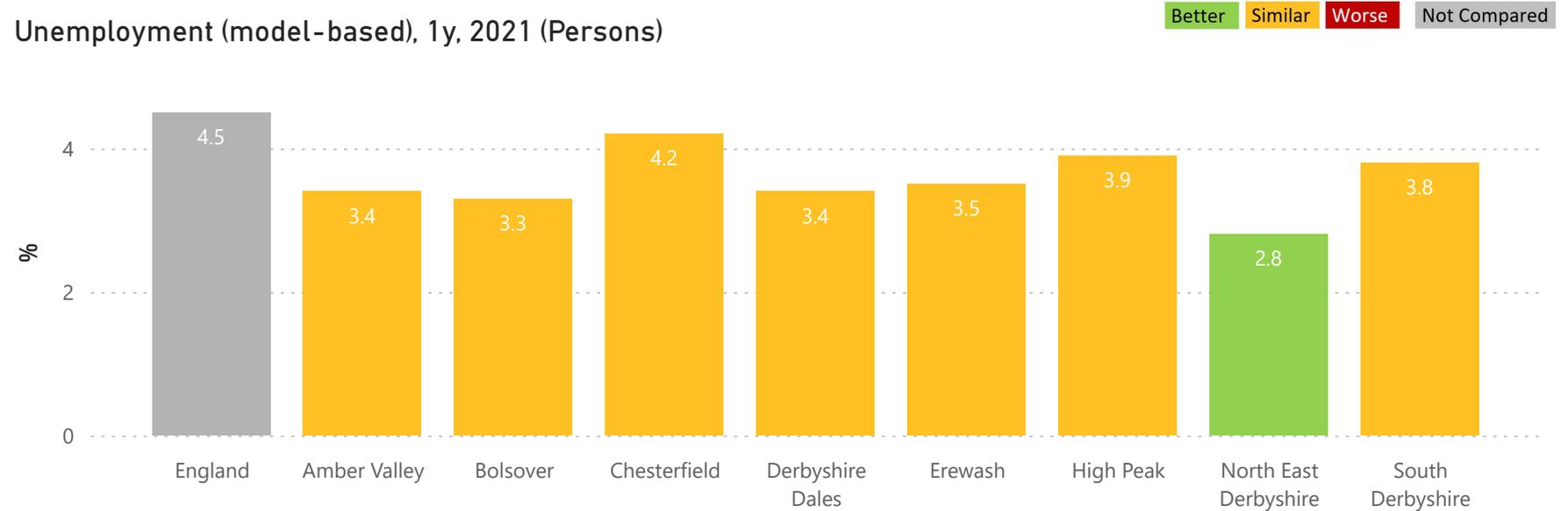
Unemployment (model-based), 1y (Persons)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire
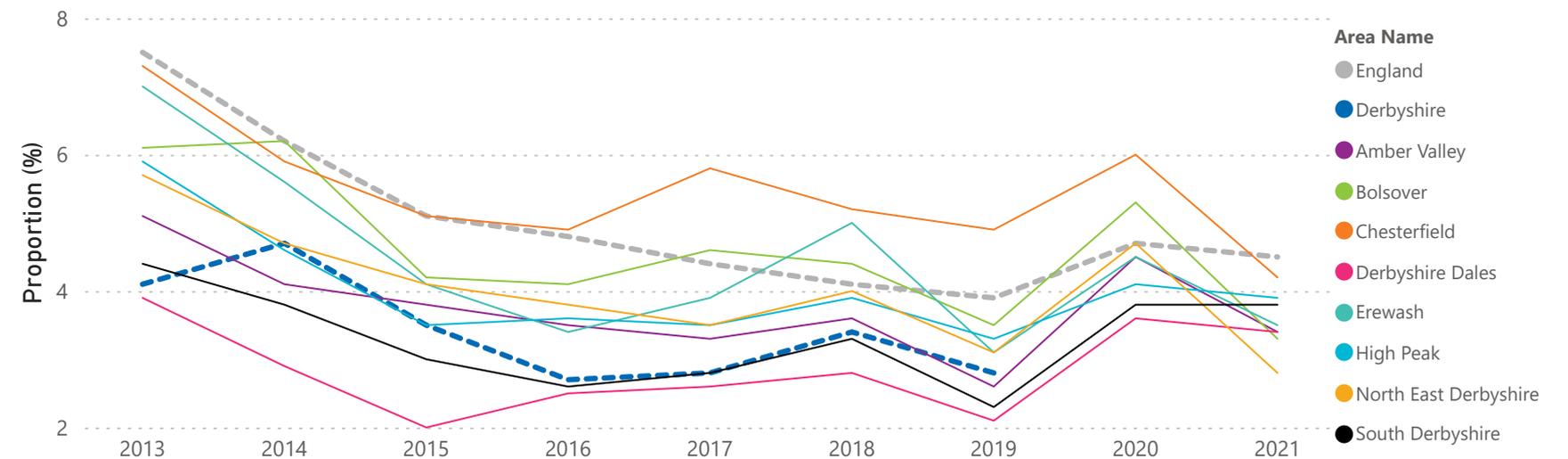
Fuel poverty

Fuel poverty

A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below <u>and</u> when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.
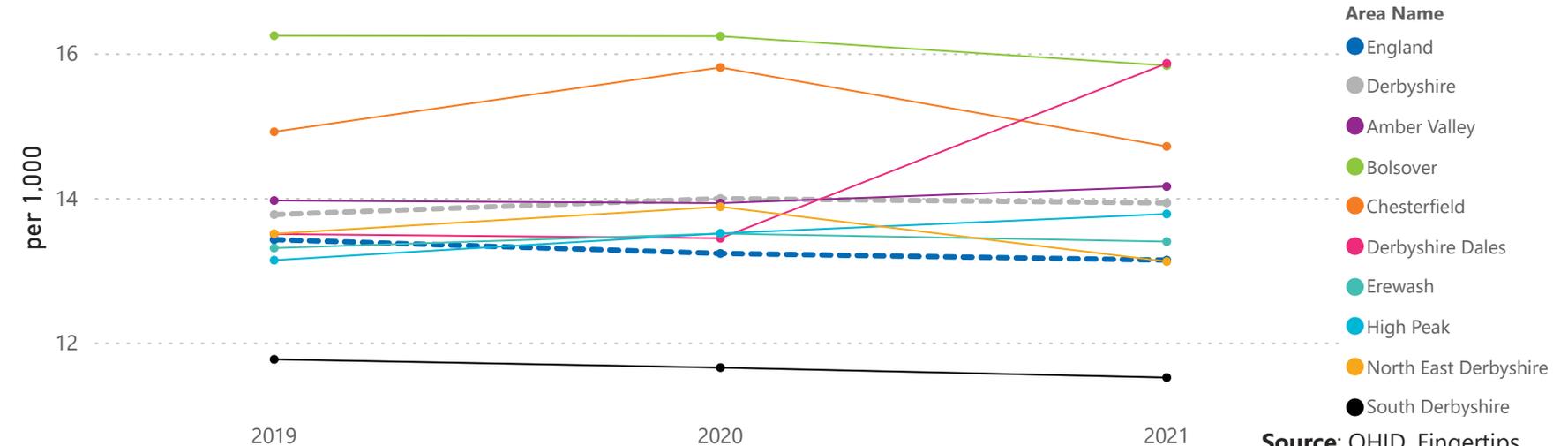
What is happening locally?

During 2021, 13.9% of households in Derbyshire experienced fuel poverty, compared to 13.1% in England.

Across the Derbyshire districts rates ranged from 11.5% of households in South Derbyshire and 15.9% in Derbyshire Dales.

Fuel poverty (low income, low energy efficiency methodology), 2021

Better | Similar | Worse | Not Compared

Area	%
England	13.1
Derbyshire	13.9
Amber Valley	14.2
Bolsover	15.8
Chesterfield	14.7
Derbyshire Dales	15.9
Erewash	13.4
High Peak	13.8
North East Derbyshire	13.1
South Derbyshire	11.5

Fuel poverty (low income, low energy efficiency methodology)

Area Name
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire
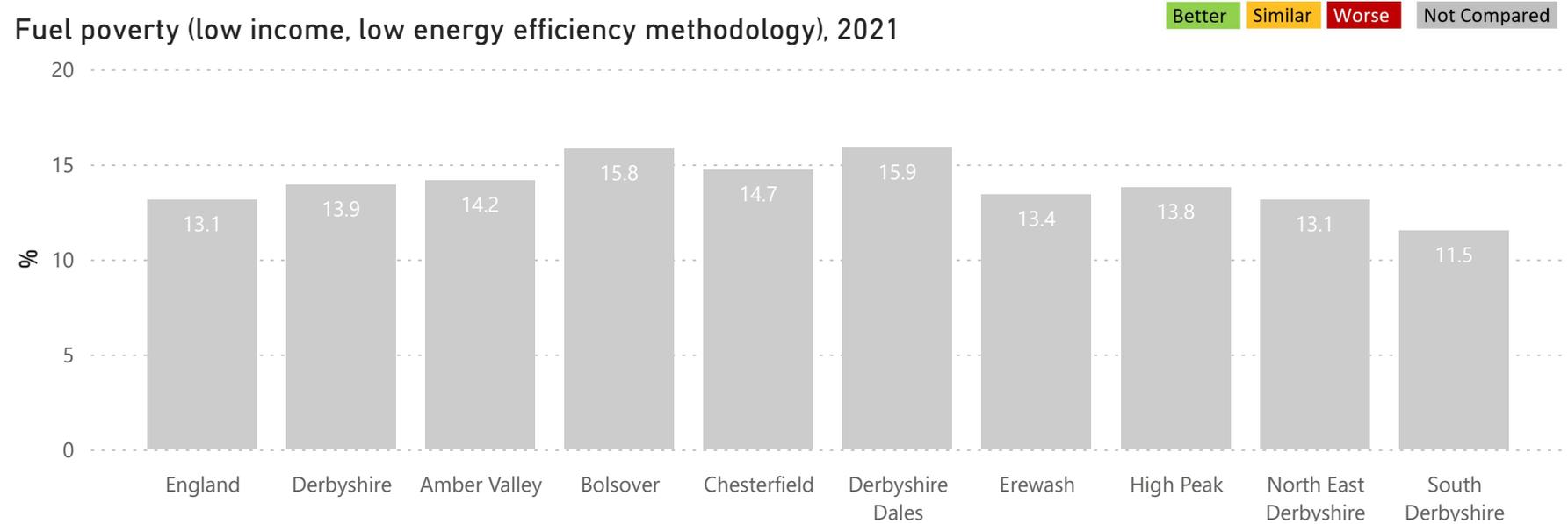
Source: OHID, Fingertips

Crime

Crime

Public health services have an important role to play in tackling violence. Directors of Public Health, located within local authorities, will be tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities.
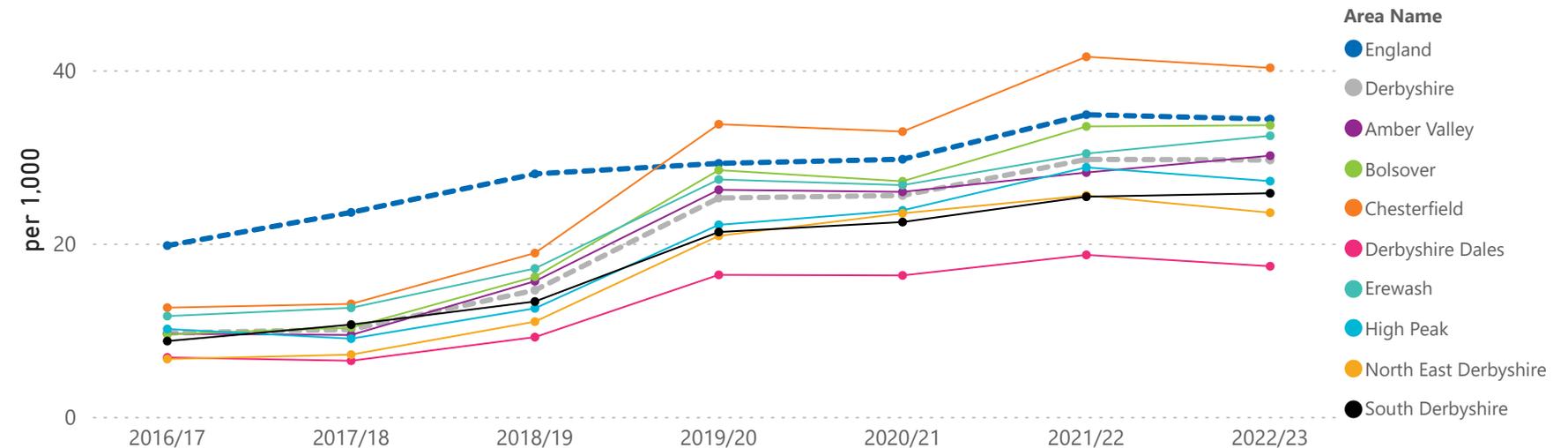
What is happening locally?

The number of violent offences has been increasing since 2016/17 across both England and in Derbyshire.

In 2022/23 there were 34.4 violent offences per 1,000 population in England, compared to 29.6 in Derbyshire. Within Derbyshire, Chesterfield had the highest proportion of violence offences (40.3) and Derbyshire Dales had the lowest (17.4).

Violent crime - violence offences per 1,000 population, 2022/23 (Persons)

Legend: Better | Similar | Worse | Not Compared

Area	Value
England	34.4
Derbyshire	29.6
Amber Valley	30.1
Bolsover	33.6
Chesterfield	40.3
Derbyshire Dales	17.4
Erewash	32.4
High Peak	27.2
North East Derbyshire	23.5
South Derbyshire	25.8
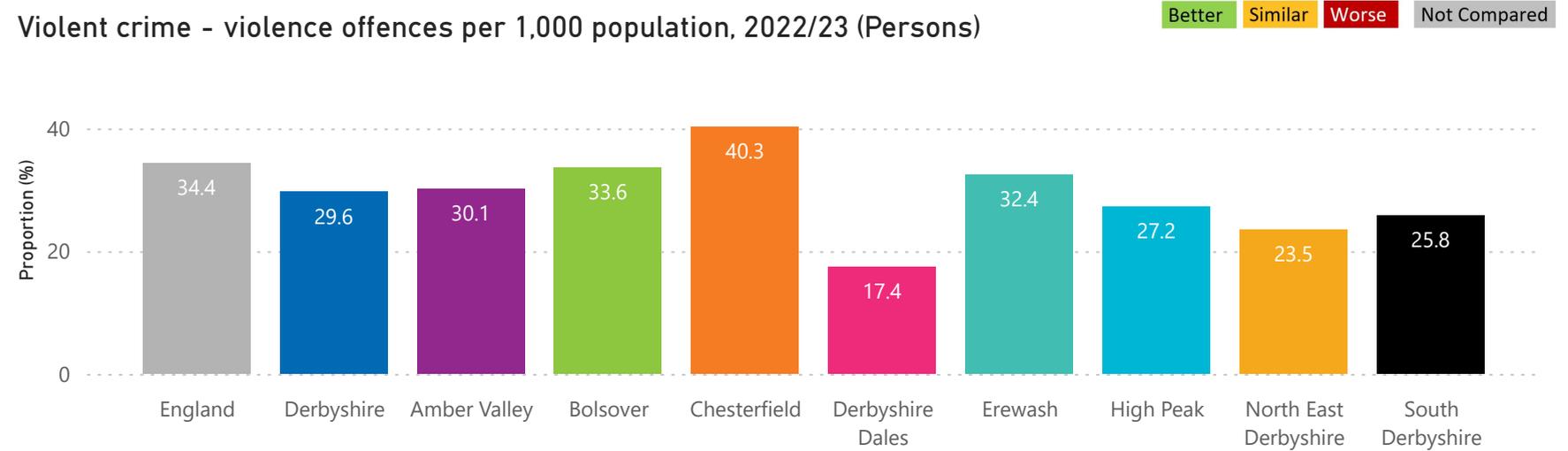
Violent crime - violence offences per 1,000 population (Persons)

Area Name:
- England
- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Source: Fingertips, OHID

Road Safety

Road Safety

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety. The need for safer roads is also linked to public health strategy, and existing government backed initiatives, to increase "active travel" and physical activity.

What is happening locally?

In 2022 488 people were Killed and seriously injured (KSI) casualties on Derbyshire's roads. This a rate of 91.2 per billion vehicle miles, it is lower than the England rate of 94.5.

In 2020-22 51 Derbyshire children age under 16 years were Killed and seriously injured (KSI) casualties in a road traffic accidents. This a rate of 10.1 per 100,000 population, it is lower than the England Rate of 16.5.

Better Similar Worse Not Compared

Killed and seriously injured (KSI) casualties on England's roads

Area Name ● England ● Derbyshire
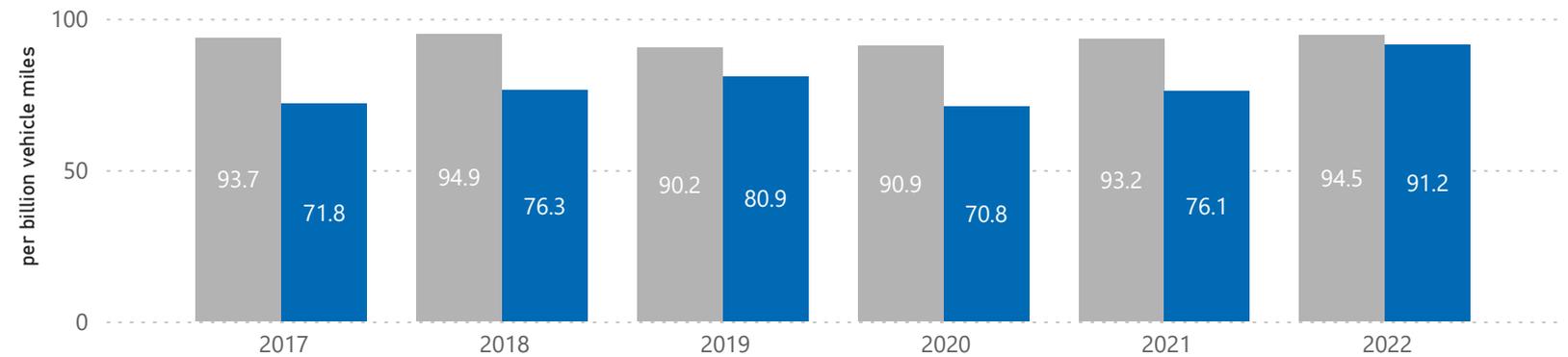
Children killed and seriously injured (KSI) on England's roads, 2020 - 22 (Persons)
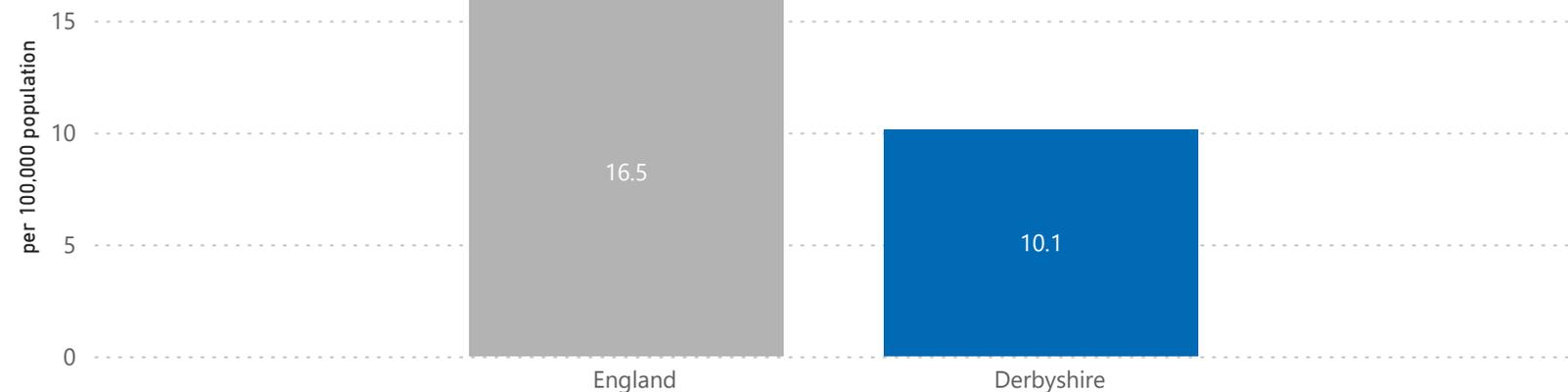
Source: OHID, Fingertips

Air pollution

Air pollution

Poor air quality is a significant public health issue. There is strong evidence that air pollution contributes to the development of coronary heart disease, stroke, respiratory disease and lung cancer, exacerbates asthma symptoms and has a contributory role in mortality (1). It has been estimated that air pollution is responsible for between 28,000 - 36,000 deaths at typical ages every year (2).

PM stands for 'particulate matter', and 2.5 refers to the size of the particulate. It is an urban pollutant which often disperses over a large area. PM consists of finely divided solids or liquids such as dust, fly ash, soot, smoke, aerosols, fumes, mists, and condensing vapours that can be suspended in the air. PM2.5 is particularly harmful to health because the small particles can easily and quickly penetrate deep into the lungs where they can cause damage to the tissue (3).

What is happening locally?

Derbyshire recorded concentration of PM2.5 lower than England. All areas saw a decrease in PM2.5 concentrations between 2019 and 2020 - likely as a result of changes to behaviour during COVID-19 lockdowns.

During 2022, 5.8% of deaths in the population aged 30+ years in Derbyshire were associated with long-term exposure to particulate air pollution, similar to 5.8% in England. This mortality burden was lower than that reported in 2019, in all areas.

References

1. PHE. Review of interventions to improve outdoor air quality and public health. London; 2019.
2. OHID. Air pollution: applying All Our Health: Guidance. 2022.
3. PHE. Estimation of costs to the NHS and social care due to the health impacts of air pollution: a summary report. London; 2018.
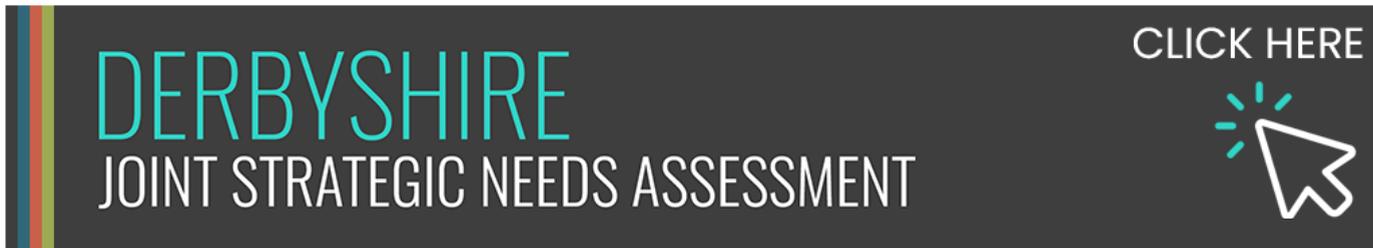
Mean concentration of PM2.5
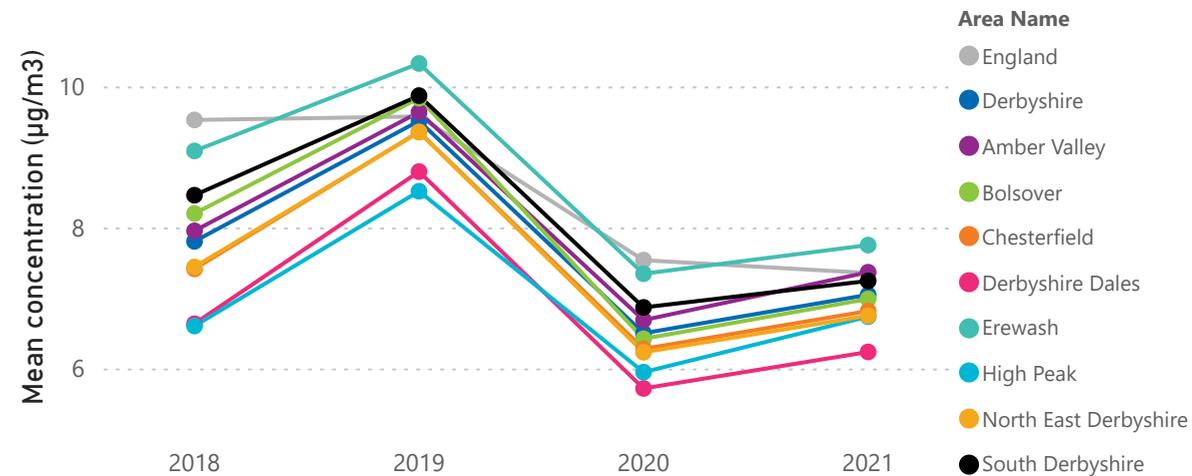
During 2022,
5.8%
of deaths in the population aged 30+ years in Derbyshire were associated with long-term exposure to PM2.5

Fraction of mortality attributable to particulate air pollution (PM2.5) (population aged 30+ years)
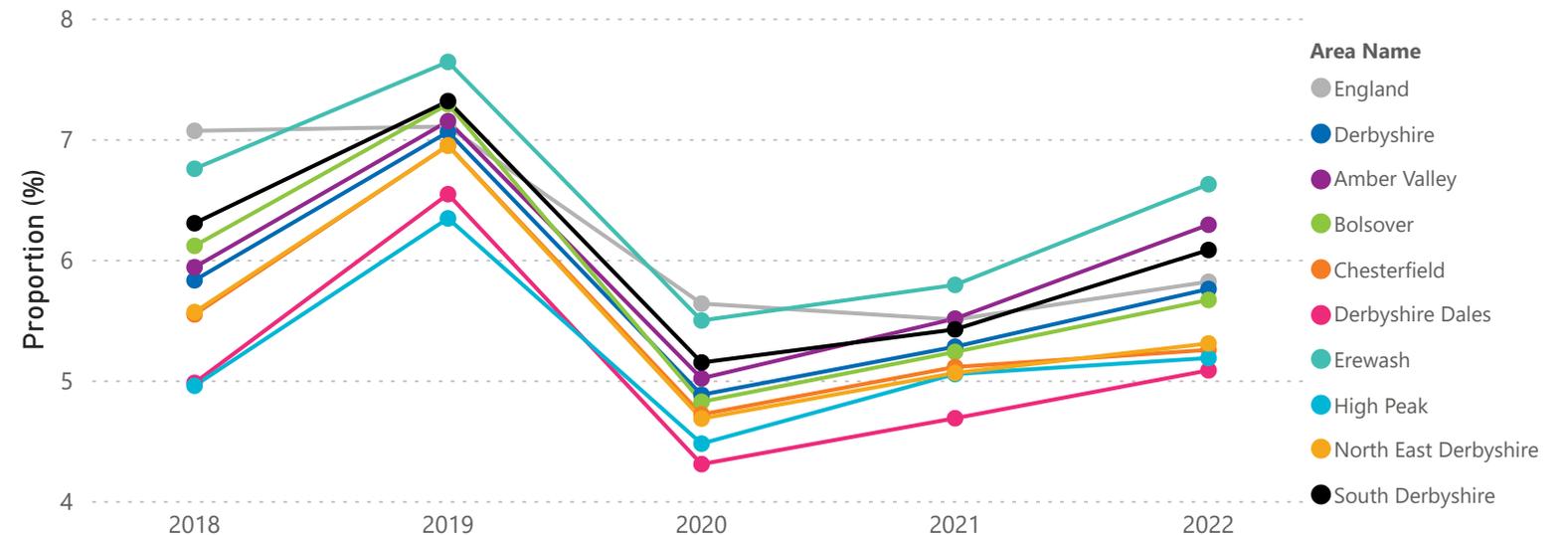
Further resources/More information

Below are links to further resources that allow exploration of Derbyshire Data :

Derbyshire are on a transformation journey of developing its Joint Strategic Needs Assessment (JSNA). We are working with leads across health to produce a JSNA that has been developed by experts in their area, which contains the latest and relevant information. As part of this journey, we have already developed Key Topic Summaries (KTS) for several health topics.
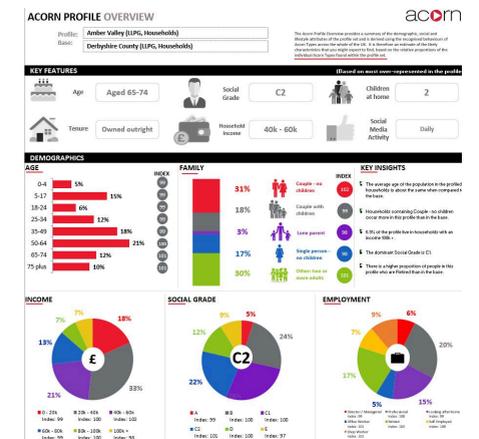
Public Health Outcomes Framework Reports

- Derbyshire
- Amber Valley
- Bolsover
- Chesterfield
- Derbyshire Dales
- Erewash
- High Peak
- North East Derbyshire
- South Derbyshire

Please note that these reports may have been updated since the creation of the Interim JSNA and therefore may display different data.

Acorn Profiles

- Amber Valley (Acorn type/Wellbeing type)
- Bolsover (Acorn type/Wellbeing type)
- Chesterfield (Acorn type/Wellbeing type)
- Derbyshire Dales (Acorn type/Wellbeing type)
- Erewash (Acorn type/Wellbeing type)
- High Peak (Acorn type/Wellbeing type)
- North East Derbyshire (Acorn type/Wellbeing type)
- South Derbyshire (Acorn type/Wellbeing type)

Derbyshire Acorn Indicator Map - LINK

Acorn Slope Index Charts- LINK

Link to metadata