

# A Healthy Place

## Helping you to improve your health and well-being

**Our Vision:** Improve the health and well-being of the people of Bassetlaw.

Everyone wants to enjoy good health and take a full and active part in society. Through the Health Sub-group of the Local Strategic Partnership, it's our aim to make Bassetlaw a center for healthy living, by tackling the causes of ill health and improving access to health education and services.

### Our Goals:

- u Improve the health of children and young people
- u Reduce the incidence of accidental death and injury
- u Promote the health and independence of older people
- u Reduce the number of people who are overweight and obese
- u Monitor the development and implementation of a Local Health Improvement Plan

### Our Progress: Key Achievements 2003/2004

#### Bassetlaw Healthy Living Centre – Step 2 it Bassetlaw (Diabetes)

Norma Bell was a very fit active woman who played squash on a very regular basis and took part in weight training. At the age of 30 Norma began to get symptoms such as craving sweet foods and being thirsty and soon after was diagnosed as being diabetic. For a year she tried to control her condition with her diet and exercise, for three years after this she was on medication and another year after that she was then put on to insulin. Norma found that her level of physical activity declined, she changed jobs and found that her diabetes was largely dependant on her insulin.

Norma then moved to Retford and 4 years ago went along for her routine appointment and saw a leaflet advertising a GP Referral scheme. Her nurse referred her to the scheme where she began to take up exercise again.

Two years on from that, Norma heard about a health walk scheme which was to be launched in Retford and decided to go along and see what it was about. Having had an interest in walking when she was younger she thought she would enjoy it, and so she has! Norma has been walking for two years and is a volunteer walk leader on the Step 2 It Bassetlaw Health Walk Scheme.



Norma says “ Without the walking scheme I would not have made as many friends as I have, it is such a social activity. My health status has improved no end and my insulin would have had to be increased if I had not started to take part in activity again. I have a feeling of freedom when I am out walking and it gives me a great sense of well-being. I am so thankful for the scheme and am sure many others are too.”

**For more information on activity schemes run locally phone Richard Keaton, Exercise & Physical Activity Development Officer, Bassetlaw District Council on 01909 533480.**

## Bassetlaw Peer Mentoring Scheme – READY, STEADY, GO

Helping adults over 50 improve their health by becoming more physically active – that’s the aim of Bassetlaw’s Senior Peer Mentoring Programme.

The Programme – now known as Ready, Steady, Go – will enable older people maintain and improve their health with the help of volunteers who can speak from personal experience about the benefits of healthy lifestyles and their importance in reducing accidents – especially falls.

“The Partnership for Health is very conscious that falls prevention is high on its list of priorities and this is a very simple, cost-effective way of helping to tackle this particular problem,” commented Andrew Tatham (District Partnership Officer).

The Programme, which is currently funded by Nottinghamshire County Council’s Social Services and Regeneration Departments, has now trained 11 volunteers and the New Year will see them working in a variety of scenarios across the District.

Chief priority for the scheme in 2005 will be to obtain funding for a part-time Co-ordinator and general operating costs.

**For more information on this project, and other similar schemes contact Andrew Tatham, District Partnership Officer, BCVS on 01909 476118 ext.23**

## Annual Event

Nearly 100 delegates from statutory, voluntary and private agencies met at Christchurch, Worksop, recently for what is reckoned to be the biggest Partnership for Health Event on record.

The Partnership members use the event to check out its performance and plans with a wider constituency and this year there was an opportunity to do this more systematically through a variety of thematic workshops including Independence and Older People, Young People’s Health Obesity and Alcohol and Substance Misuse.



Chaired by Louise Newcombe (Chief Executive, Bassetlaw Primary Care Trust), the event also included speeches from Michael Newstead (Director, BCVS) and Andrew Tatham Partnership Officer, BCVS); and a special afternoon seminar on Transport issues in a Health and Care context chaired by Mike Smith (Doncaster and Bassetlaw Hospitals NHS Foundation Trust – Patient and Public Involvement Forum).

“There seemed to be a real buzz on the day and it was gratifying that so many people clearly valued the opportunity to network”, commented Andrew Tatham.

**For more information contact Andrew Tatham, District Partnership Officer, BCVS on 01909 476118 ext.23**

For more information contact:

Louise Newcombe on 01777 274400, or email: [louise.newcombe@bassetlaw-pct.nhs.uk](mailto:louise.newcombe@bassetlaw-pct.nhs.uk)

## Key Targets

The table below outlines the five key targets agreed by the Sub-Group, as outlined in the Community Strategy Summary that will be used to measure progress against key health indicators across the District. They indicate both the added value achieved by the partners of BLSP working to common goals, and the overall health improvement of Bassetlaw residents. These are monitored closely throughout the year and reported on annually.

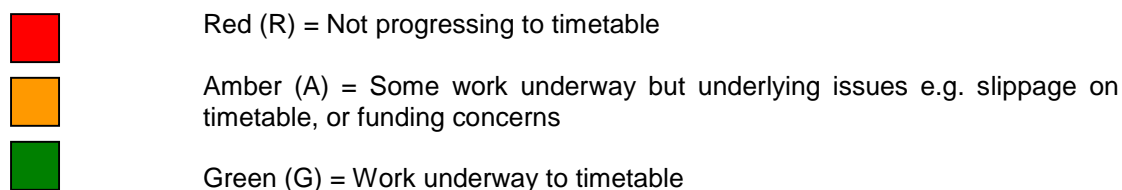
Our long term goal... to reduce health inequalities by focusing on those in greatest need

BLSP Indicator	Definition	Method of Measurement	2003/2004 Performance
H3	To reduce health inequalities by focusing on those in greatest need	(1) National Index of Deprivation – 10% and 25% most deprived wards (Rank of Health Deprivation and Disability Score)  Baseline (IMD 2000) (a) Top 10% = 6 wards (b) Top 11-25% = 8 wards	(1) IMD 2004 <sup>26</sup> (a) Top 10% = 12 SOAs (over 9 wards) <sup>27</sup> (b) Top 20% = 13 SOAs (over 9 wards) <sup>27</sup>
H4	Reduce obesity in Bassetlaw to contribute to the North Nottinghamshire target of a 1% reduction by 2004	Baseline estimated by using Health Survey for England data. Prevalence of adult obesity in North Nottinghamshire estimated as 23%.	Obesity (as measured by BMI over 30) is not routinely collected at present. The Bassetlaw Obesity Task Group is working on a Tackling Obesity Strategy, which will include a recommendation that BMI is recorded in GP records. Timescale for completion of strategy is March 2005.
H5	Reduce the number of teenage conceptions (under 18) by 15% by 2004 and by 50% by 2010 (from 1999 level)	(1) The under 18 conception rate - the number of conceptions to all under 18 year olds, per 1000 females aged 15 – 17 years <sup>28</sup>  <b>Baseline</b> (1997-1999) (a) Number = 269 (b) DSR = 49.0	Figures for 2003/2004 not available.  1999-2001 (1a) Number = 254 (1b) DSR = 44.4

BLSP Indicator	Definition	Method of Measurement	2003/2004 Performance
H6	Reduce the use of class A drugs and use of illicit drugs among young people under 25	<p>Nottinghamshire County DAAT Performance Management data on Vulnerable Young People</p> <p>Data monitors 3 groups of vulnerable young people:</p> <ul style="list-style-type: none"> <li>• Pupil Referral units</li> <li>• Children in care of Local Authority</li> <li>• Young offenders on YOT caseload</li> </ul> <p><b>Baseline</b> (2002/2003) = See table in Appendix 3: References<sup>29</sup></p>	<p>Data monitors 3 groups of vulnerable young people:</p> <ul style="list-style-type: none"> <li>• Pupil Referral units</li> <li>• Children in care of Local Authority</li> <li>• Young offenders on YOT caseload</li> </ul> <p>See table in Appendix 3: References<sup>30</sup></p>
H7	<p>Contribute to the national target to reduce the death rates from accidents by at least one-fifth and to reduce the rate of serious injury by at least one-tenth by 2010</p> <p>National baseline for death rates = 1995-97 average</p> <p>National baseline for serious injury = 1996/97 (1995/96 data not available)</p>	<p>(1) Mortality from Accidents (All ages, all types of accidents)<sup>31</sup></p> <p><b>(a) Baseline</b> (England - 2000) No. of instances observed = 9923 DSR = 16.24</p> <p><b>(b) Baseline</b> (Bassetlaw - 2000) No. of instances observed = 26 DSR = 20.09</p> <p>(2) Rate of Serious Injury – Hospital admissions related to serious injury<sup>32</sup></p> <p><b>(a) Baseline</b> (England – 2000/2001) No. of instances observed = 200173 DSR = 314.43</p> <p><b>(b) Baseline</b> (Bassetlaw – 2000/2001) No. of instances observed = 500 DSR = 363.59</p>	<p>(1a) No. of instances observed = 20058 DSR = 15.89 (2001-2002 pooled)</p> <p>(1b) No. of instances observed = 69 DSR = 26.03 (2001-2002 pooled)</p> <p>(2a) No. of instances observed = 201986 DSR = 313.90 (2001/2002 pooled)</p> <p>(2b) No. of instances observed = 665 DSR = 469.31 (2001/2002 pooled)</p>

## Health Action Plan – Our Performance

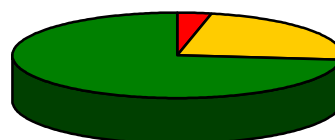
The charts below indicate how the Health Sub-Group is performing against the 'Actions' within their Action Plan. The key for the charts is as follows:



This 'traffic light' system was piloted by the Health Sub-Group in October 2003 and January 2004. This was then rolled out to all the Sub-Groups for April 2004, and included in the Interim Report May 2004.

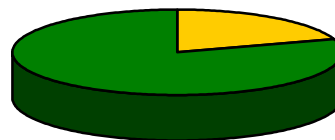
### October 2003

R = 1 (3.3%)  
A = 7 (23.3%)  
G = 22 (73.3%)



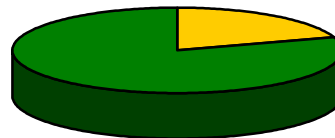
### January 2004

R = 0 (0%)  
A = 6 (20%)  
G = 24 (80%)



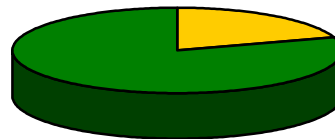
### April 2004

R = 0 (0%)  
A = 6 (20%)  
G = 24 (80%)



### July 2004

R = 0 (0%)  
A = 6 (20%)  
G = 24 (80%)



### October 2004

R = 0 (0%)  
A = 0 (0%)  
G = 30 (100%)

