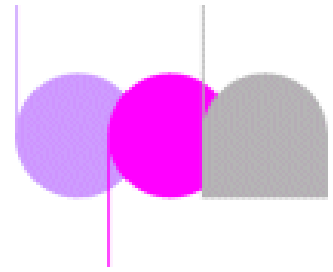


A Healthy Place

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 (Bassetlaw Partnership for Health), 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:

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

Our Progress: Key Achievements 2005

Child Safety Week 2005

An event was held in partnership with the Nottinghamshire Fire and Rescue Service and Nottinghamshire County Council Trading Standards, Nottinghamshire Police and Bassetlaw Primary Care Trust as part of Child Safety Week to raise awareness of the importance of preventing childhood accidents.

The event, held on 18th June at Worksop Market, was a successful attempt to raise awareness of Child Safety using the Child accident Prevention Week 20th-26th June 2005 material.

Written information and visual displays on a number of issues were available including:

- ▶ smoke alarms,
- ▶ home safety,
- ▶ toy safety, and
- ▶ staying safe in the sun, together with the handing out of free sun hats for young children.

Road Safety was also covered and there was a great deal of interest in the Brake Distance Testing machine and Crashed Vehicle.

Bassetlaw PCT Health Visiting Team at Manton Clinic provided a display on Child Safety and Accident Prevention, and the School Nursing Service provided a display on Sun Safety and Skin Cancer awareness. Around 200 Heat Wave leaflets were distributed to the public, and through the completion of a Child Safety questionnaire, children 0-5 years received a free sunhat provided by the Bassetlaw Health Living Centre Network. In total 76 questionnaires were completed, and feedback received from parents and carers who children received a free sunhat was encouraging and raised awareness of the Government's Heat Wave and Sun Safety campaigns. The Bassetlaw PCT Health Visiting Team was also able to offer advice on 0-5yrs health and made contact with several families that were new to the area.

For more information contact Sharon Ward, Public Health Programme Manager on email: Sharon.Ward@bassetlaw-pct.nhs.uk or telephone 01909 476563



Supported by



BLSP Accidents Conference October 2005

A successful Accidents Conference took place on the 7 October 2005 at Clumber Park. The topic of the day was "Avoidable Injury" and the purpose of the event was to develop a strategic framework and outline action plan to tackle accidental injury within Bassetlaw.

This event was organised by a multi-agency planning group with representatives from the following BLSP partners:

- ▶ Bassetlaw Primary Care Trust
- ▶ Nottinghamshire Fire and Rescue
- ▶ Nottinghamshire Police
- ▶ Nottinghamshire County Council
- ▶ Bassetlaw District Council

all of which are partners of Bassetlaw Local Strategic Partnership. The event was well attended with over 70 delegates from a cross section of organisations in the public, private, charitable, and voluntary sector.

A colleague from The Royal Society for the Prevention of Accidents opened the event with her presentation giving the national picture on the prevalence and causes of accidents. This was followed up by one of the BPCT Public Health Information Analysts who put the national picture into a local context for Bassetlaw.

A carousel workshop was then facilitated by one of our colleagues from Nottinghamshire Police, this covered specific accident hot topics such as Falls; Childhood Accidents; Community Safety; and Land Traffic Collisions. The focus of the carousel was to identify local priorities for action and how and who could take these actions forward across the partner agencies.

During lunch displays and information on local avoidable injury initiatives were show cased. Over 13 organisations took place with the highlight of the day being the arrival of the external displays, which included:

- ▶ Stopping distance brake testing vehicle and people silhouettes provided Nottinghamshire County Council Road Safety Team;
- ▶ Crashed vehicle simulator and rescue equipment, provided by Nottinghamshire Fire and Rescue;
- ▶ SAFE Scheme, provided by Nottinghamshire Police

To add a bit of fun and to promote networking on the day a short quiz took place during lunch. The winner received the prize of a meal for two donated by Clumber Park Hotel.

The event was very successful with lots of positive feedback on the day a formal evaluation revealed that 70% of those who filled in an evaluation form scored the event as overall very good/excellent.

All of the information gained during the event is currently being analysed and will be used to inform the development of the Bassetlaw Avoidable Injury Strategy and Action Plan which will be circulated in draft for comment in the New Year.

If you would like to be kept informed on the progress of the this work or to make any comments, please contact Sharon Ward, Public Health Programme Manager on email: Sharon.Ward@bassetlaw-pct.nhs.uk or telephone 01909 476563



Crashed vehicle simulator and rescue equipment, provided by Nottinghamshire Fire and Rescue

For more information on the work of the Health Sub-Group contact:
Louise Newcombe on 01777 274400, or email: 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	Lead Contact	Method of Measurement	2003/2004 Performance	2004/2005 Performance
H3	To reduce health inequalities by focusing on those in greatest need	BDC (IMD 2004)	(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 ³⁷ (a) Top 10% = 12 SOAs (over 9 wards) ³⁸ (b) Top 20% = 13 SOAs (over 9 wards) ³⁸	(1) IMD 2004 ³⁷ (a) Top 10% = 12 SOAs (over 9 wards) ³⁸ (b) Top 20% = 13 SOAs (over 9 wards) ³⁸
H4	Reduce obesity in Bassetlaw to contribute to the North Nottinghamshire target of a 1% reduction by 2004	BPfH (Obesity Strategy Group)	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.	Estimated prevalence of Obesity in Bassetlaw is 28% for adults and 16% for children aged 5 to 10 years. ³⁹
H5	Reduce the number of teenage conceptions (under 18) by 15% by 2004 and by 50% by 2010 (from 1999 level)	BPfH – NCC TP Unit	(1) The under 18 conception rate - the number of conceptions to all under 18 year olds, per 1000 females aged 15 – 17 years ⁴⁰ Baseline (1997-1999) (a) Number = 269 (b) DSR = 49.0	Figures for 2003/2004 not available. 1999-2001 (1a) Number = 254 (1b) DSR = 44.4	2004 figures not available at current time. 2001-2003 pooled data (1a) Number = 261 (1b) DSR = 42.1

BLSP Indicator	Definition	Lead Contact	Method of Measurement	2003/2004 Performance	2004/2005 Performance
H6	Reduce the use of class A drugs and use of illicit drugs among young people under 25	Nottinghamshire County DAAT – BDC Policy to source	<p>Nottinghamshire County DAAT Young Peoples KPI No. 3</p> <p>“Ensure that all young offenders are screened for substance misuse, those identified needs receive appropriate assessment within 5 working days and following assessment access to the early intervention and treatment services they require within 10 working days”</p> <p>Data monitors 3 groups of vulnerable young people:</p> <ul style="list-style-type: none"> • Pupil Referral units • Children in care of Local Authority • Young offenders on YOT caseload <p>Baseline (2002/2003) = See table in Appendix 3: References⁴¹</p>	<p>Data monitors 3 groups of vulnerable young people:</p> <ul style="list-style-type: none"> • Pupil Referral units • Children in care of Local Authority • Young offenders on YOT caseload <p>See table in Appendix 3: References⁴²</p>	<p>Data monitors groups of vulnerable young people referred to Nottinghamshire Youth Offending Service from a variety of sources.</p> <p>(Specific data for “looked after” children is still under development nationally, and is unavailable to date).⁴³</p>

BLSP Indicator	Definition	Lead Contact	Method of Measurement	2003/2004 Performance	2004/2005 Performance
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>	BPfH – PCT	<p>(1) Mortality from Accidents (All ages, all types of accidents)⁴⁴</p> <p>(a) Baseline (England - 2000) No. of instances observed = 9923 DSR = 16.24</p> <p>(b) Baseline (Bassetlaw - 2000) No. of instances observed = 26 DSR = 20.09</p> <p>(2) Rate of Serious Injury – Hospital admissions related to serious injury⁴⁵</p> <p>(a) Baseline (England – 2000/2001) No. of instances observed = 200173 DSR = 314.43</p> <p>(b) Baseline (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>	<p>(1a) No. of instances observed = 30771 DSR = 15.93 (2002-2004 pooled)⁴⁶</p> <p>(1b) No. of instances observed = 91 DSR = 22.71 (2002-2004 pooled)⁴⁶</p> <p>(2a) No. of instances observed = 213685 DSR = 327.84 (2002/2003)⁴⁶</p> <p>No. of instances observed = 218343 DSR = 330.10 (2003/2004)⁴⁶</p> <p>(2b) No. of instances observed = 506 DSR = 351.61 (2002/2003)⁴⁶</p> <p>No. of instances observed = 553 DSR = 382.90 (2003/2004)⁴⁶</p>

Health Action Plan – Our Performance

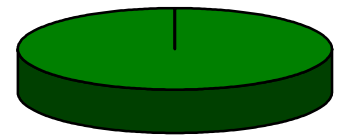
The charts below indicate how the Health Sub-Group is performing against the 'Actions' within their Action Plan. The key for the charts is as follows:

-  Red (R) = Not progressing to timetable
-  Amber (A) = Some work underway but underlying issues e.g. slippage on timetable, or funding concerns
-  Green (G) = Work underway to timetable

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. In October 2005, a new reporting mechanism was introduced for reporting Sub-Group progress at Board meetings. One element included was the introduction of the table shown below for October's performance, which provides additional information as to how the Action Plan has been progressed.

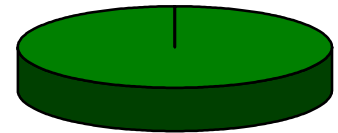
January 2005

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



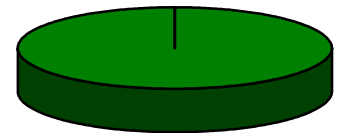
April 2005

R = 0 (0%)
A = 0 (0%)
G = 29 (100%)



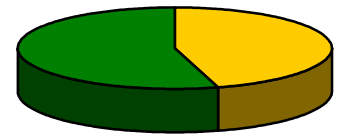
July 2005

R = 0 (0%)
A = 0 (0%)
G = 29 (100%)



October 2005

R = 0 (0%)
A = 5 (45.45%)
G = 6 (54.55%)



Total Number of Actions	Number of Actions completed and removed	Number of Actions amended	Number of new Actions added
11	18 (either taken out due to being complete, or removed since mainstreamed in other strategies/action plans e.g. BPCT Local Delivery Plan)	2	0