

**Derbyshire's
Dementia Health Equity Audit
September 2010**

**For the Derbyshire Joint Dementia Commissioning
Group**

With thanks for the data provided by the Derbyshire County NHS
Public Health Intelligence Team and Derbyshire County Council's
Needs and Intelligence Section.

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Dementia Equity Audit Executive Summary

Introduction

Tackling the determinants of health does not automatically reduce health inequalities; an overall improvement in health outcomes can mask widening local area-based inequalities. It is recognised that policy needs to focus on the unequal distribution of determinants (Graham and Kelly, 2004)

With the launch of the National Dementia Strategy, Derbyshire County NHS has identified developing older peoples mental health as one of it's priorities in the strategy:

'A Vision for Better Health and Health Care in Derbyshire' (June 2008)

The strategy commits to meeting the specific needs of older people, and that Health and Social Care will:

- Implement a dementia pathway which includes robust mechanisms for prevention and long term support;
- Review access to community mental health teams and memory assessment services in order to improve specialist services for older adults;
- Ensure that services for older people with depression are developed consistently across the County;
- Improve the skills and competencies of all staff, including in the independent and voluntary sector, in detecting and managing mental illness, amongst older people.

There has been a mass of work to gather data and it has been agreed that at present the dementia service needs improving to meet the needs of the population of Derbyshire, however, there has been limited work to identify the equity of the service and the needs of people in the different localities, age groups, genders, physical and learning disabilities and ethnic minorities. This health equity audit is intended to support the commissioning process of new dementia services to ensure equity of service is addressed.

Primary data sources used to prepare this report are:

The equity audit has used data from various sources including:

- Derbyshire Dementia Profile (2009). East Midlands Development Centre, Empho.
- Projecting Older People Population Information System (POPPI): www.poppi.org.uk
- Community Care Referrals, Assessments and Packages of care (RAP) Statistics <http://www.ic.nhs.uk/webfiles/publications/RAP06-07/>
- Derbyshire care homes directory and updated information from Adult Care purchasing section.
- JSNA Derbyshire. 2009.
- Planning4care: Learning Disability Strategic Needs Assessment for Derbyshire (2009)
- APC (Admitted Patient Care) table supplied by SUS (Secondary Users Service) for the period 01/04/08 to 31/03/09 and relates to patients registered and resident of NHS Derbyshire County. Codes Searched: ICD 10 code of F00, F01 (vascular dementia); F02 (dementia in other diseases classified elsewhere) and F03 (unspecified dementia); G30 - Alzheimer's disease and subgroups: G30.0 - Alzheimer's disease with early onset (usually before age of 65); G30.1 - Alzheimer's disease with late onset (usually after the age of 65); G30.8 - Other Alzheimer's disease; G30.9 - Alzheimer's disease, unspecified

The data has been presented to look at the equity of services both within the locality areas and at service user level including gender, age, BME groups and learning disability.

Overview of access to services

	Chesterfield	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire	Amber Valley	Erewash
Estimated No's of people 65+ with dementia (2010)	1333	1341	961	1150	1090	930	1580	1381
Predicted Prevalence of dementia per 1000 65+ popltn (2010)	70.9	65.1	70.1	71.9	69.9	64.6	69.9	70.1
% patients diagnosed with dementia in relation to estimated numbers of 65+ with dementia	49.1	35.5		31.0			40.3	36.9
No of admissions to a hospital dementia bed per 1000 dementia population 2008/09 (Primary diagnosis)	61.4	50.0	23.4	37.5	38.0	10.3	31.1	15.2
No of admissions to a hospital dementia bed per 1000 dementia population 2008/09 (secondary diagnosis +)	42.8	41.6	23.4	49.1	50.3	1.1	42.3	28.1
No of admissions to acute hosp per 1000 dementia population 2008/09 (primary diagnosis)	14.0	8.3	14.5	7.1	11.4	9.2	11.9	13.6
No of admissions to acute hosp per 1000 dementia population 2008/09 (secondary diagnosis +)	320.9	267.8	227.2	141.8	177.6	233.4	280.6	246.8
+No of dementia care/ nursing home beds per 1000 dementia patients (2010)	207.1	126.0	169.6	65.2	137.6	139.8	103.8	186.8
WTE CMHT per 1000 dementia population (2010 estimates)	9.5	6.2		3.7	13.5	17.7	15.6	14.9
No of popltn aged 65+ supported to live at home with Dementia per 1000 dementia popltn	78.8	72.3	79.1	59.1	51.4	40.9	63.3	50.7
No of Community Hospital dementia beds.	56(Walton) (48 from June 2010)			12 (Buxton)	18 (Newholme)	50 (Kingsway + serves Derby Residents= 2850)		

Table has been highlighted as follows:

Red: highest score

Amber: second highest score

Yellow: third highest score

Green: all others

Summary of key points for each locality

Chesterfield

Chesterfield has an estimated 1333 people aged 65 and over, and the second highest predicted prevalence of dementia in the county.

- **Highest rate of admission to a hospital dementia bed** with a primary diagnosis of dementia of 61.4 per 1000 dementia patients and third highest with a secondary diagnosis or more of 42.8
- **Highest rate of admission to acute hospitals with a secondary diagnosis** or more of 320.9 per 100 dementia patients and second highest with a primary diagnosis of 14.0
- **Highest number of dementia care/ nursing beds** per 1000 dementia population of 207.1.
- Second highest number of people aged over 65 with dementia supported to live at home of 78.8

NE Derbyshire

North East Derbyshire has an estimated 1341 people aged 65 and over, and the predicted prevalence rate of 65.1 per 1000 65+ population.

- Second highest rate of admission to a hospital dementia bed with a primary diagnosis of dementia of 50.0.
- **Third highest rate of admission to acute hospital** with a secondary diagnosis or more of dementia of 267.8
- **Second lowest number of WTE CMHT staff per 1000 dementia population** of just 6.2
- Third highest number of people aged over 65 with dementia supported to live at home of 72.3

Bolsover

Bolsover has an estimated 961 people aged 65 and over, and the predicted prevalence rate of 70.1 per 1000 65+ population.

- **Highest rate of admission to acute hospital** with a primary diagnosis of dementia of 14.5
- **Second lowest number of WTE CMHT staff per 1000 dementia population** of just 6.2
- Third highest number of dementia care/ nursing beds per 1000 dementia population of 169.9
- **Highest number of people aged over 65 with dementia supported to live at home** per 1000 dementia population of 79.1

High Peak

High Peak has an estimated 1150 people aged 65 and over, and the **highest** predicted prevalence rate of 71.9 per 1000 65+ population.

- **Second highest rate of admission to a hospital dementia bed with a secondary diagnosis** or more of dementia of 49.1 per 1000 dementia patients.
- Lowest rate of admissions to acute hospital with a primary diagnosis of dementia of 7.1 and lowest rate of admissions with a secondary diagnosis or more of 141.8
- **Lowest number of WTE CMHT staff per 1000 dementia population** of just 3.7
- **Lowest number of dementia care/ nursing beds per 1000 dementia population of 65.2**

Derbyshire Dales

Derbyshire Dales has an estimated 1090 people aged 65 and over, and the predicted prevalence rate of 69.9 per 1000 65+ population.

- **Highest rate of admission to a hospital dementia bed with a secondary diagnosis** or more of dementia of 50.3, third highest admissions with a primary diagnosis of 38.0
- All others areas are mid range.

South Derbyshire

South Derbyshire has an estimated 930 people aged 65 and over, and the predicted prevalence rate of 64.6 per 1000 65+ population, both **lowest numbers and lowest prevalence**.

- **Lowest rate of admission to a hospital dementia bed** with a primary diagnosis of dementia of 10.3 per 1000 dementia patients and the **lowest with a secondary diagnosis or more** of 1.1
- **Highest number of WTE CMHT staff per 1000 dementia population** of 17.7
- **Lowest number of people aged over 65 with dementia supported to live at home** of per 1000 dementia population of 40.9

Amber Valley

Amber Valley has an estimated 1580 people aged 65 and over, the **highest numbers** across the localities, and the predicted prevalence rate of 69.9 per 1000 65+ population.

- **Second highest rate of admission to acute hospital with a secondary diagnosis** or more of dementia of 280.6
- **Second highest number of WTE CMHT staff per 1000 dementia population** of 15.6

Erewash

Erewash has an estimated 1381 people aged 65 and over, and the predicted prevalence rate of 70.1 per 1000 65+ population.

- **Third highest rate of admissions to acute hospital** with a primary diagnosis of dementia of 13.6 per 1000 dementia population.
- **Second highest number of dementia care/ nursing beds** per 1000 dementia population of 186.8.
- **Third highest number of WTE CMHT staff per 1000 dementia population** of 14.9

Summary of key points for service user group

- Men under the age of 65 have a higher prevalence of dementia than women but are less likely to access all services provided or commissioned by CASSR.
- There is very limited data on both BME groups and learning disability groups

Recommendations

- Improve access to memory assessment services in order to improve the rate of diagnosis across Derbyshire.
- Provide appropriate access to short term dementia beds in order to improve equity of provision in Derbyshire.
- Provide appropriate service provision of dementia specific community health support in order to improve equity of provision in Derbyshire
- Provide appropriate access to long term dementia beds within residential care homes, in order to improve equity of provision across Derbyshire
- It is recommended that all commissioned services meet the needs of all groups including people under 65, BME groups and learning disability groups and current contracts need to be reviewed both in health and social care.
- Ensure more robust system for data collection of patient flow from hospital care to social care and vice versa, so we can identify if the services we deliver support the following people:
 - Socio-economic groups
 - Learning Disability
 - Faith
 - Sexual orientation
 - Gender
 - BME groups
 - Age

Dementia Health Equity Audit

What is a Health Equity Audit and how will it help?

A health equity audit (HEA) is a process through which local partners systematically review inequities in the causes of ill health, and in access to effective services and their outcomes, for a defined population. Actions required to make services more equitable (thereby reducing inequalities) are agreed and incorporated into local plans, services and practice. It is good practice for PCTs carry out HEAs. (HDA 2005a)¹.

There are six steps to developing a health equity audit as follows:

- **Step 1 –Agree partners and issues**, Choose issue with highest impact, relate issues to service planning and commissioning, and identify factors driving low life expectancy, scope for joining up services with local government.
- **Step 2 –Equity profile- identify the gap**, use data to compare services, provision with need, access, use and outcome. Measures include proxies for disadvantage, social class, ward in the bottom quintile, black and minority ethnic groups, gender or other populations groups.
- **Step 3 –Agree high-impact local action to narrow the gap**, Quality and quantity of primary care in disadvantaged areas, commission new services: change or amend existing contracts, holistic services through partnerships
- **Step 4 – Agree priorities for action**, Identify highest action intervention for effective local action.
- **Step 5 – Secure changes in investment and service delivery**, Secure changes in investment and service delivery, move resources to match need, develop service delivery to match need, ensure changes in contracts and commissioning are reaching areas and groups of highest need, assess impact on inequalities
- **Step 6 – Review progress and assess impact**, Ensure effective monitoring systems are in place using indicators etc, review progress, assess impact of action – has change been made, and is it fast enough, identify local areas or groups where more action is required.

¹ Making the case: health equity audit. Health Development Agency (2005).

<http://www.nice.org.uk/niceMedia/docs/Making%20the%20case-13-03.pdf>

Step one – Agree partners and issues

Step one health equity audit for people with Dementia in Derbyshire																			
What is the population, where are they located and why are they chosen?	The population is people with dementia, located across Derbyshire. This population has been chosen because at present we have a low rate of diagnosis than we would expect and as an NHS priority we will be developing new services.																		
What are the issues, health impact, drivers for poor health, scope for joined up services?	The main issue at present is a lack of access to memory assessment services that would diagnose dementia combined with the population of older people set to rise significantly by 2025. Dementia is a mental health disease that increases in prevalence with age, however people under the age of 65 can still be diagnosed with dementia as can people across all cultural backgrounds so it is important that the service is appropriate and accessible to all groups. Drivers for poor health as well as the immediate impact of dementia include: poor diet and nutrition, risk of falls, vulnerability due to walking, impact on the carer. Scope for joined services include memory assessment services linked to older peoples mental health services, intermediate care, care and nursing homes, residential community care centres (DCC), links to carers assessments and breaks for carers.																		
Who is included in the project team?	Jane Hudson-Oldroyd, Gail Maskalick , Alison Pritchard, Nicki Richmond, Sharon May, Andy Wilkinson, Steve Brearley.																		
Who is included in the stakeholder group?	<table border="1"> <tr> <td>Dementia commissioning group</td> <td>Julie Voller/ Alice</td> </tr> <tr> <td>County council</td> <td></td> </tr> <tr> <td>District council</td> <td>Sylvia Wilson, Jane Yeomans</td> </tr> <tr> <td>PCT</td> <td>Michael Vickers</td> </tr> <tr> <td>Primary care providers</td> <td>All hospitals/ MHT</td> </tr> <tr> <td>Acute providers</td> <td>James Chisholm (DCHS)</td> </tr> <tr> <td>Treatment services</td> <td>Sally Plummer</td> </tr> <tr> <td>Voluntary</td> <td>Jacqui Marsh</td> </tr> <tr> <td>Data sources</td> <td>Sharon May, Gail Maskalick, Andy Wilkinson, Steve Brearley</td> </tr> </table>	Dementia commissioning group	Julie Voller/ Alice	County council		District council	Sylvia Wilson, Jane Yeomans	PCT	Michael Vickers	Primary care providers	All hospitals/ MHT	Acute providers	James Chisholm (DCHS)	Treatment services	Sally Plummer	Voluntary	Jacqui Marsh	Data sources	Sharon May, Gail Maskalick, Andy Wilkinson, Steve Brearley
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What resources are required?	Sources of data that can detail what dementia services exist and who has been using the services.																		
Timescale of audit	To be complete September 2010																		

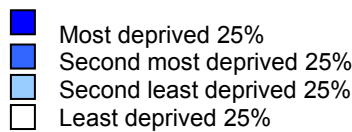
Step two – Equity profile and identifying the gaps.

The Population Profile of Derbyshire

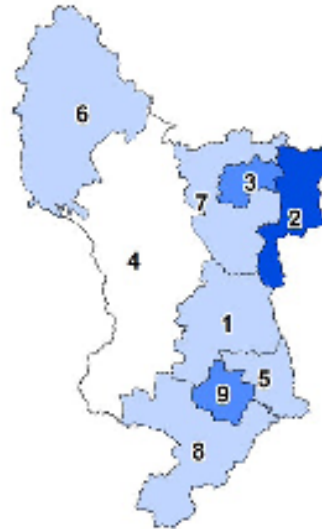
Derbyshire is a large diverse County of 985 square miles and a population of nearly 750,000. The population of the County grew by 5% between 1991 and 2005 and is projected to increase by a further 3% by 2010. Within the County are 8 districts and boroughs. It is largely rural with a number of urban areas, the largest of which is Chesterfield. The Bolsover district is within the most deprived quartile of the country and has Spearhead status.

Health Inequalities – Deprivation in Derbyshire County - Index of Multiple Deprivation

2004 District averages



- 1 Amber Valley
- 2 Bolsover**
- 3 Chesterfield**
- 4 Derbyshire Dales
- 5 Erewash
- 6 High Peak
- 7 North East Derbyshire
- 8 South Derbyshire



Population of older people in Derbyshire:

The Table below shows that the number of people aged 65 years and over is projected to increase significantly (from 133,900 to 200,600) by 2025. This increase in population in this age range will have a dramatic impact on the projected number of people with dementia within Derbyshire.

Table A: Derbyshire population aged 65 and over, in five year age bands, projected to 2025¹

	2008	2010	2015	2020	2025
People aged 65-69	38,600	42,900	52,100	46,500	50,500
People aged 70-74	31,900	33,400	40,100	49,000	44,000
People aged 75-79	26,200	26,700	29,800	36,100	44,400
People aged 80-84	19,500	19,800	21,600	25,000	30,600
People aged 85 and over	17,700	18,600	21,300	25,100	31,100
Total population 65 and over	133,900	141,400	164,900	181,700	200,600

Ethnicity

Approximately 99.2% of the Derbyshire population aged 65 years and over are White. The largest ethnic minority group is Asian/Asian British (although this comprises only 0.4% of the 65+ population).

Table B: Derbyshire population aged 65-74, 75-84, and 85 and over by ethnic group, year 2006 2

	Total	People aged 65-74	People aged 75-84	People aged 85+
White (British, Irish;Other White)	128,021 99.2%	66,564	45,031	16,426
Mixed Ethnicity (White & Black Caribbean; White & Black African; White % Asian; Other)	146 0.1%	64	63	19
Asian or Asian British (Indian; Pakistani; Bangladeshi; Other Asian or Asian British)	458 0.4%	322	109	27
Black or Black British (Black Caribbean; Black African; Other Black or Black British)	259 0.2%	154	84	21
Chinese or Other Ethnic Group	130 0.1%	97	26	7
Total	129,014 100%	67,202	45,313	16,499

1 and 2 Source: www.poppi.org.uk;

Age and Gender

Table C: Prevalence rates for dementia in the UK by age group and gender

	65-69 years	70-74 years	75-79 years	80-84 years	85+ years
Males	1.5%	3.1%	5.1%	10.2%	19.7%
Females	1.0%	2.4%	6.5%	13.3%	25.2%

These prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2025.

Prevalence

Dementia is a clinical syndrome characterised by a widespread loss of mental function, including memory loss, language impairment, disorientation, change in personality, self-neglect and behaviour which is out of character.³

Overall, about 5% of the population over 65 has dementia, and the prevalence increases markedly with age

In 2008 it is estimated that 3260 men and 6135 women aged 65+ had dementia, this figures is set to increase to 6043 men and 9171 women by 2025.

However, from the Qof data the total number of people diagnosed with dementia in 2008 was 3,461. This clearly does not correlate with expected numbers and indicates under diagnosis.

For further information and a breakdown of the prevalence see '*Derbyshire Dementia Profile*' (2009): Empho and East Midlands Development Centre.

Services for people with Dementia

Social care

The Derbyshire dementia profile highlights that during 2007/08

There were 23,875 existing clients with completed reviews. Most of these (86%) had a primary diagnosis of "physical disability". Only **1,095 (5%)** had a primary diagnosis of dementia. This indicates that approximately one third of people with a diagnosis of dementia are being supported.

10,210 new clients had assessments completed (**820** of these had a primary diagnosis of dementia). The number of new clients with a primary diagnosis of dementia is significantly higher than in 2006/7 which may indicate an increased awareness

During 2007/8 a total of 13,710 older people aged 65+ years were helped to live at home. **The rate of 106 per 1,000 population was significantly higher than for the East Midlands and England as a whole** (81 and 82 per 1,000 respectively). The number of households receiving intensive home care was also higher than for the East Midlands and England.

³ Source: Department of Health. National Service Framework for Older People, 2001
www.poppi.org.uk

Analysing local data

Table 1: Prevalence and diagnosis of dementia

	Chesterfield	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire	Amber Valley	Erewash
Estimated Number of people aged 65+ per (2008) (% of popltn)	18100 (17.9%)	19300 (19.7%)	13000 (17.4%)	15200 (16.3%)	14700 (21.0%)	13500 (14.4%)	21200 (17.4%)	18800 (17.0%)
Estimated Number of people aged 65+ per (2010) (% of popltn)	18800 (18.4%)	20600 (20.8%)	13700 (18.0%)	16000 (16.9%)	15600 (22.1%)	14400 (14.9%)	22600 (18.3%)	19700 (17.6%)
*Estimated No's of 65+ with dementia (2008)	1287	1322	898	1121	1053	874	1511	1321
Estimated No's of 65+ with dementia (2010)	1333	1341	961	1150	1090	930	1580	1381
*Predicted Prevalence of dementia per 1000 65+ popltn (2010)	70.9	65.1	70.1	71.9	69.9	64.6	69.9	70.1
No of people diagnosed with dementia from practice profiles data 2008/09	632.0	788.0 (includes Bolsover)		577.0 (includes North Dales)		368.0 (includes south Dales)	609.0	487.0
% patients diagnosed with dementia in relation to estimated numbers of 65+ with dementia	49.1	35.5			31.0		40.3	36.9

Data sources: Derbyshire Dementia Profile (2009). East Midlands Development Centre, Empho. Projecting Older People Population Information System (POPPI): www.poppi.org.uk
Office of national statistics: Sub- national population projections: Data for areas within England at www.statistics.gov.uk/snpp

Limitations: High Peak, Derbyshire Dales and South Derbyshire has been combined due to the way data has been collected.

- Amber Valley has the highest number of people aged 65+, Bolsover has the lowest.
- Amber Valley has the highest estimated number of people 65+ with dementia, South Derbyshire has the lowest.
- High Peak has the highest prevalence of dementia per 1000 65+ population, South Derbyshire has the lowest.
- Chesterfield has the highest proportion of patients diagnosed with dementia in relation to the estimated numbers of people 65+ with dementia.

Table 2: Access to dementia health services such as MAS, community hospital beds, mental health teams

	Chesterfield	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire	Amber Valley	Erewash
Accessed MAS (2009/10)	Clinic at Chesterfield and Bakewell, outreach at Clay cross and Bolsover. Total Number 218				No data gathered, assessment carried out by CMHTs			
No of community hospital	1	0	1	1	3	0	3	1
No of Community Hospital dementia beds.	56(Walton) 48 from June 2010			12 (Buxton)	18 (Newholme)	50 (Kingsway – mental health hospital) + serves Derby Residents= 2850)		
No of beds per 1000 dementia population (2010 estimates)	15.4 13.2 from June 2010			10.4	16.5	7.4		
WTE in older peoples mental health team	12.72	14.20		4.22	14.76	16.50	24.60	20.62
WTE per 1000 dementia population (2010 estimates)	9.5	6.2		3.7	13.5	17.7	15.6	14.9

Data sources: Combined mapping framework: Care Services Improvement Partnership (CSIP)

- North Derbyshire has access to a memory assessment clinic with data gathered, whereas Southern Derbyshire doesn't have a memory assessment clinic.
- Derbyshire Dales and Amber Valley has the highest number of community hospitals. There are no community hospitals in either South Derbyshire or North East Derbyshire.
- Derbyshire Dales has the highest ratio of dementia beds per 1000 dementia population; Southern Derbyshire has the lowest.
- South Derbyshire has the highest ratio of community mental health team staff per 1000 dementia population, whereas High Peak has the lowest. However the limitation of this data is that Glossop is within the locality of High Peak but outside Derbyshire County NHS area. Therefore there may be additional services not counted.

Table 3: Access/ Admissions to secondary health care services for patients with a primary diagnosis of dementia (using 2008/09 admission rates with 2008 estimated dementia rates)

	Chesterfield	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire	Amber Valley	Erewash
No of admissions to com hosp	77	65	20	40	37	1	9	5
No of admissions to com hosp per 1000 dementia population	59.8	49.2	22.3	35.7	35.1	1.1	6.0	3.8
No of admissions to acute hosp	18	11	13	8	12	8	18	18
No of admissions to acute hosp per 1000 dementia population	14.0	8.3	14.5	7.1	11.4	9.2	11.9	13.6
No of admissions to mental health hops	2	1	1	2	3	8	38	15
No of admissions to MH Hops per 1000 dementia population	1.6	0.8	1.1	1.8	2.8	9.2	25.1	11.4

Data sources for table 3 and 4: provided by commissioning analysts NHS Derbyshire County: APC (Admitted Patient Care) table supplied by SUS (Secondary Users Service) for the period 01/04/08 to 31/03/09 and relates to patients registered and resident of NHS Derbyshire County.

Data Search for Table 3 and 4: ICD 10 code of F00; F01 (vascular dementia); F02 (dementia in other diseases classified elsewhere) and F03 (unspecified dementia) and codes G30 and sub-groups.

Limitations of data for table 3 and 4: The numbers relate to admissions only and not patients numbers i.e. a patient could have been admitted twice in the same year and counted both times. All data has been screened to eliminate double counting ie if a patient has a diagnosis of both Alzhiemer's and dementia.

- South Derbyshire has the lowest rate of admissions to a community hospital.
- Chesterfield has the highest number of admissions to community hospitals per 1000 dementia population of 59.8
- Bolsover has the highest number of admissions to acute hospital per 1000 dementia populations of 14.5
- High Peak Derbyshire has the lowest number of admissions to acute hospital per 1000 dementia population of 7.1
- Amber Valley has the highest number of admissions to a mental health hospital per 1000 dementia population of 25.1
- North East Derbyshire and Bolsover had the lowest number of admissions to a mental health hospital per 1000 dementia population of 0.8

Table 4: Access/ Admissions to secondary health care services for patients with a secondary, tertiary or subsidiary diagnosis of dementia. (using 2008/09 admission rates with 2008 estimated dementia rates)

	Chesterfield	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire	Amber Valley	Erewas h
No of admissions to com hosp	54	54	21	55	53	1	62	36
No of admissions to com hosp per 1000 dementia population	42.0	40.8	23.4	49.1	50.3	1.1	41.0	27.3
No of admissions to acute hosp	413	354	204	159	187	204	424	326
No of admissions to acute hosp per 1000 dementia population	320.9	267.8	227.2	141.8	177.6	233.4	280.6	246.8
No of admissions to mental health hops	1	1	0	0	0	0	2	1
No of admissions to MH Hops per 1000 dementia population	0.8	0.8	0	0	0	0	1.3	0.8

- Derbyshire Dales has highest rate of admission to community hospital per 1000 dementia patients with a secondary or more diagnosis of dementia of 50.3
- South Derbyshire has the lowest rate of admission to community hospital per 1000 dementia patients with a secondary or more diagnosis of dementia of 1.1
- Chesterfield has the highest rate of admissions to acute hospitals per 1000 dementia patients with a secondary or more diagnosis of dementia of 320.9
- High Peak has the lowest rate of admissions to acute hospitals per 1000 dementia patients with a secondary or more diagnosis of dementia of 141.8
- Amber Valley has the highest rate of admissions to mental health hospital per 1000 dementia patients with a secondary or more diagnosis of dementia at 1.3

Table 5: Access to community support services for dementia

	Chesterfield	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire	Amber Valley	Erewash
No of 50+ forums	2	2	1	1	0	6	1	1
No of day services	3	1	3	5	4	2	3	2
Other health support programmes/ teams available			Unique care project			Unique care started Dec 2008 supported 115 episodes of MH in people 65+. Specialist home help team.	Red cross respite & MH Support. This service is included in the groups below.	
No of self help groups	2	0	0	1	2	0	3	1

- South Derbyshire has additional community support programmes including Unique Care and the Specialist Home Help Team.
- Bolsover has additional community support programme of Unique Care
- Amber Valley and Erewash have additional community support from Red Cross.
- All organisations have access to support from Alzheimer’s society.

Table 6: Access to health and social care support

	Chesterfield	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire	Amber Valley	Erewash
+No of beds available in the care homes for dementia care (2010)	276	169	163	75	150	130	164	258
+No of dementia care/nursing home beds per 1000 dementia patients (2010)	207.1	126.0	169.6	65.2	137.6	139.8	103.8	186.8
No of popltn aged 65+ supported to live at home with Dementia	105	97	76	68	56	38	100	70
No of popltn aged 65+ supported to live at home per 1000 dementia popltn	78.8	72.3	79.1	59.1	51.4	40.9	63.3	50.7

Data source: Community Care Referrals, Assessments and packages of care (RAP) Statistics

<http://www.ic.nhs.uk/webfiles/publications/RAP06-07/>

Derbyshire care homes directory and updated information from Adult Care purchasing section applied to data from Table 2 above as at May 2010. Derbyshire Dales data has been estimated by using 38% of High Peak and Dales and 28% of South Derbyshire and Dales numbers to create a best estimate due to the system and boundaries of data collection.

- Chesterfield has the highest number of beds per 1000 dementia population of 207.1
- High Peak has the lowest number dementia care beds per 1000 dementia population of 65.2
- Bolsover has the highest number of 65+ population supported to live at home per 1000 population of 79.1
- South Derbyshire has the lowest number of 65+ population supported to live at home per 1000 population of 40.9

Table 7: Table to demonstrate access to services and treatments by specific groups

	Dementia groups					
Accessing following services or treatments	Men over 65	Women over 65	Men under 65	Women under 65	BME groups	Learning disability groups
Anti- dementia drugs	Data not yet available					
Anti-Psychotic drugs	Data not yet available					
Memory assessment services	No breakdown of data for groups.					
Admissions to com Hops 2008/09 with a primary diagnosis of dementia	122	131	3	0	Not available	Not available
Admissions to com Hops 2008/09 with a secondary diagnosis or more of dementia	108	236	0	4		
Admissions to acute hops 2008/09 with a primary diagnosis of dementia/	43	71	1	2	Not available	Not available
Admissions to acute hops 2008/09 with a secondary diagnosis or more of dementia/	880	1499	24	23		
Receiving services provided or commissioned by CASSR	371	606	19	30	Not available for dementia specific	101 over 65+ (not dementia specific support)
Number of people estimated with dementia (2010)	3491	6279	130	89	Estimated 5% of BME 65+ population = approx 50	438 (inc early onset)*

Data sources: as outlined before for hospital admissions and social care data.
Planning4care: Learning Disability strategic needs assessment for Derbyshire (2009)

- Men under the age of 65 have a higher prevalence of dementia than women but are accessing services commissioned by CASSR less.
- Women over the age of 65 have a higher prevalence of dementia than men over 65 yet they are accessing the community hospital service at a similar rate with a primary diagnosis of dementia or Alzheimer's.
- There is very limited data on both BME groups and learning disability groups

Step three – Agree high impact local action to narrow the gap.

Strengths and Improvements

From the audit we can identify what we are doing well and what we need to improve:

Areas of strength:

- Significantly higher than the England average number of people aged 65+ years were helped to live at home.
- The number of new clients with a primary diagnosis of dementia is significantly higher in 2007/08 than in 2006/7 which may assume an increased awareness.
- Some projects around the county (in South Derbyshire and Bolsover) to support the co-ordination of services for people aged 65+ - It would be beneficial to explore further the health outcomes of these projects for people with dementia and their carers.

Areas for improvement:

Diagnosis

- Improve access to memory assessment services in order to improve the rates of diagnosis of dementia across Derbyshire.

Highest to lowest rates

% patients diagnosed with dementia in relation to estimated numbers of 65+ with dementia (2008/09)

Chesterfield	Amber Valley	Erewash	NE Derbyshire	Bolsover	High Peak	Derbyshire Dales	South Derbyshire
49.1	40.3	36.9	35.5			31.0	

Access to dementia health care

- Provide appropriate access to short term dementia beds in order to improve equity of provision in Derbyshire.

Highest to lowest rates

No of short term dementia beds per 1000 dementia population (2010 estimates)

Derbyshire Dales	Chesterfield	Bolsover	NE Derbyshire	High Peak	Amber Valley	Erewash	South Derbyshire
16.5	15.4			10.4		7.4	
Reduced to 13.2 from June 2010							

- Provide appropriate service provision of dementia specific community health support in order to improve equity of provision in Derbyshire.

Highest to lowest rates

WTE, CMHT staff per 1000 dementia population (2010 estimates)

South Derbyshire	Amber Valley	Erewash	Derbyshire Dales	Chesterfield	NE Derbyshire	Bolsover	High peak
17.7	15.6	14.9	13.5	9.5	6.2		3.7

Residential and Nursing Care Homes

Provide appropriate access to long term dementia beds within nursing and residential care homes, in order to improve equity of provision across Derbyshire.

Highest to lowest rates

No of long term dementia care/ nursing home beds per 1000 dementia patients (2010)

Chesterfield	Erewash	Bolsover	South Derbyshire	Derbyshire Dales	NE Derbyshire	Amber Valley	High Peak
207.1	186.8	169.6	139.8	137.6	126.0	103.8	65.2

Admissions to acute hospitals

It is recommended to explore further the reasons for admissions to hospitals with a primary diagnosis and investigate further the primary reasons of those admitted on a secondary or subsidiary diagnosis. This analysis could help to develop the information required for people with dementia and their carers to prevent an admission or help improve services to prevent admissions. It must be noted that improving the diagnosis of dementia will statistically increase the number of admissions recorded because of improved coding rather than an increase in incidents.

Improved integration in the community and co-ordination of services.

Both Bolsover and South Derbyshire have commissioned a team 'Unique Care' that co-ordinates services for 65+ in the community. It is a similar model as the dementia advisor. Erewash and Amber Valley have support from Red Cross; High Peak and Derbyshire Dales have a higher number of day services. Overall there seems to be less opportunity for community integration and co-ordination of services in North East Derbyshire particularly and further support needed in Chesterfield.

However, a better understanding and mapping of community, voluntary and third sector organisations that support people with dementia and their carers across each locality would be recommended.

Equity of services for specific groups

At present community mental health teams either offer a service for adults with severe mental illness or a service to older adults with severe mental illness or dementia. Therefore adults under 65 with dementia have limited access to a community mental health service. Furthermore, there is less take up of support than expected from men under 65 of services provided or commissioned by CASSR

- It is recommended that all commissioned services meet the needs of all groups including people under 65, BME groups and learning disability groups and current contracts need to be reviewed both in health and social care. Social care also needs to find ways of promoting their services to all groups.

Data Collection

It is recommended that:

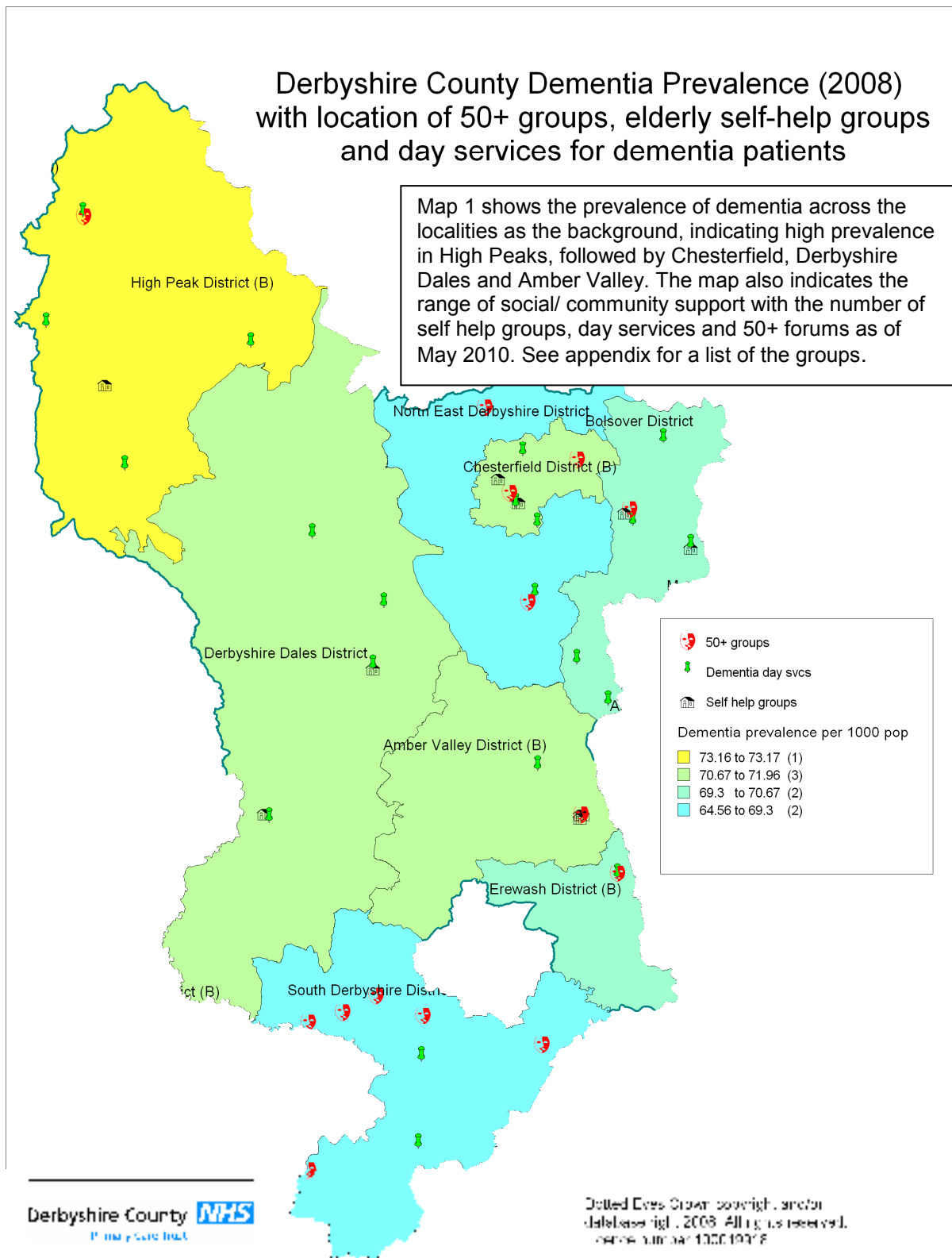
- There is a more robust system for data collection about dementia patients so we can identify if the services we deliver support the following people:
 - Socio-economic groups
 - Learning Disability
 - Faith
 - Sexual orientation
 - Gender
 - BME groups
 - Age
- Ensure both Community Mental Health Team registers and GP registers for dementia are aligned.
- Ensure more robust system for data collection of patient flow from hospital care to social care and vice versa.

References:

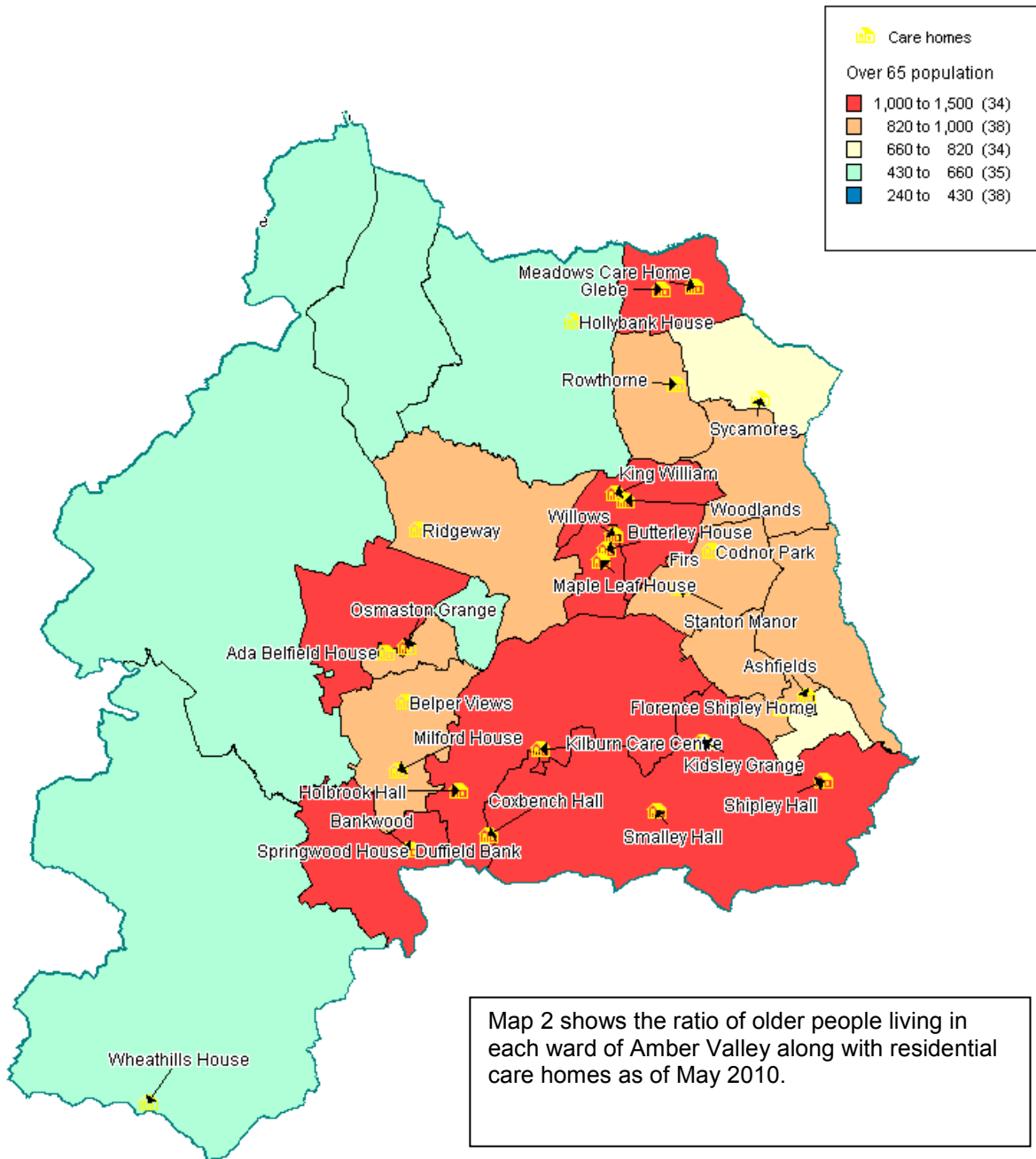
1. Goodrick, J and Pottle M.(2005) Making the case: health equity audit. London: health Development Agency.
2. <http://www.nice.org.uk/niceMedia/docs/Making%20the%20case-13-03.pdf>
3. Graham,H and Kelly, M.P(2004) Health inequalities: concepts, frameworks and policy. London: health Development Agency. www.hda-online.org.uk/documents/health-inequalities-concpets.pdf
4. Derbyshire Dementia profile (2009). East Midlands Development Centre, Empho.
5. Derbyshire planning for care: learning disabilities (2009)
6. Information taken from the Referrals Assessments and Packages of Care (RAP) data collected for the period 1st April 2009 to 31st March 2010. This is client based information that is collected annually by the Health and Social Care Information Centre.
7. Derbyshire care homes directory and updated information from Adult Care purchasing section applied to data from Table 2 above as at May 2010.
8. JSNA Derbyshire. 2009.
9. APC (Admitted Patient Care) table supplied by SUS (Secondary Users Service) for the period 01/04/08 to 31/03/09 and relates to patients registered and resident of NHS Derbyshire County.

Appendix 1- Dementia Health Equity Audit Maps

Map 1



Amber Valley Over 65 population and care homes with dementia beds 2008-09



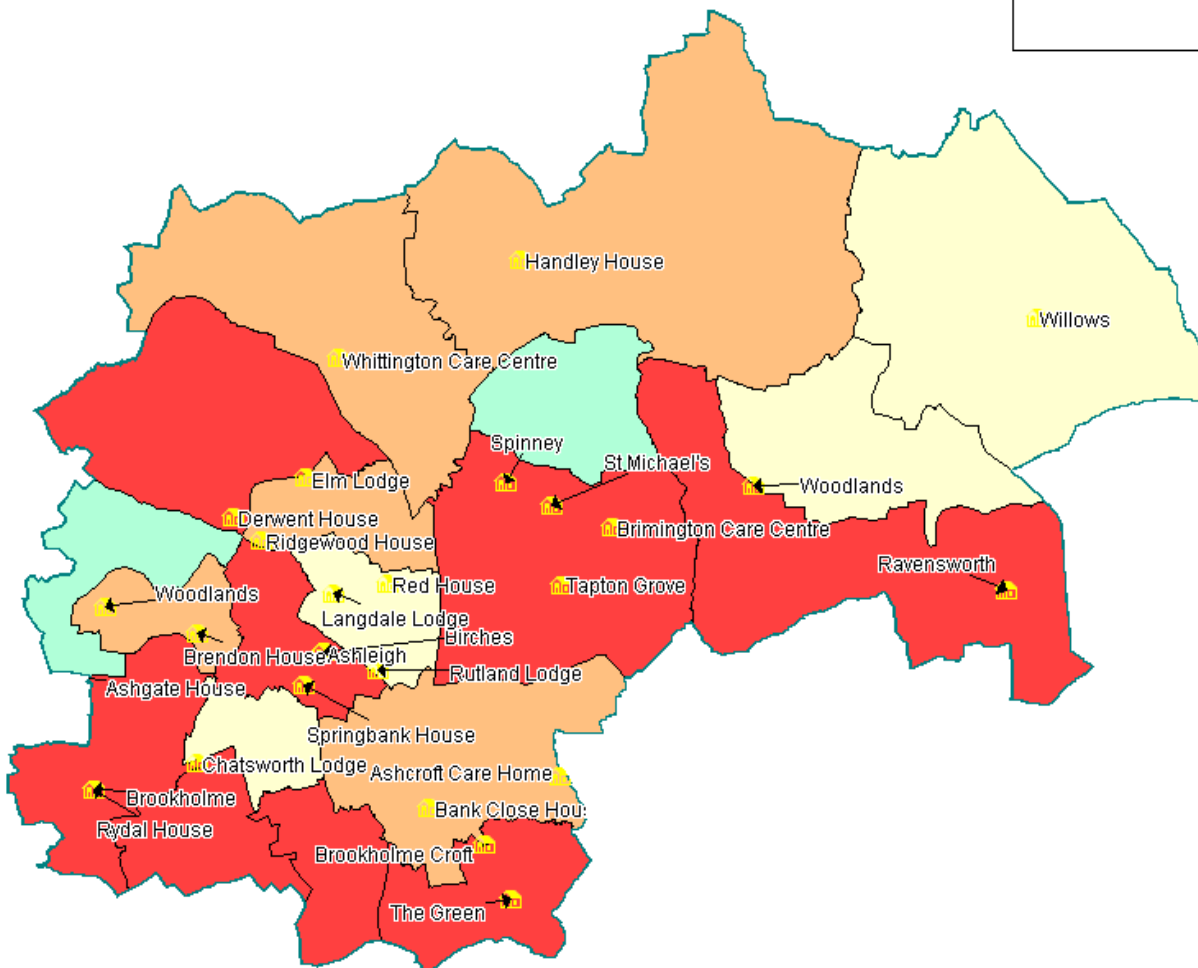
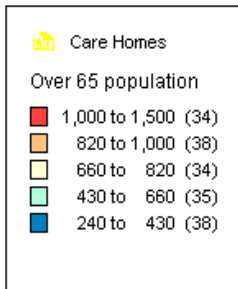
Map 2 shows the ratio of older people living in each ward of Amber Valley along with residential care homes as of May 2010.

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Map 3

Chesterfield Over 65 population and care homes with dementia beds 2008-09

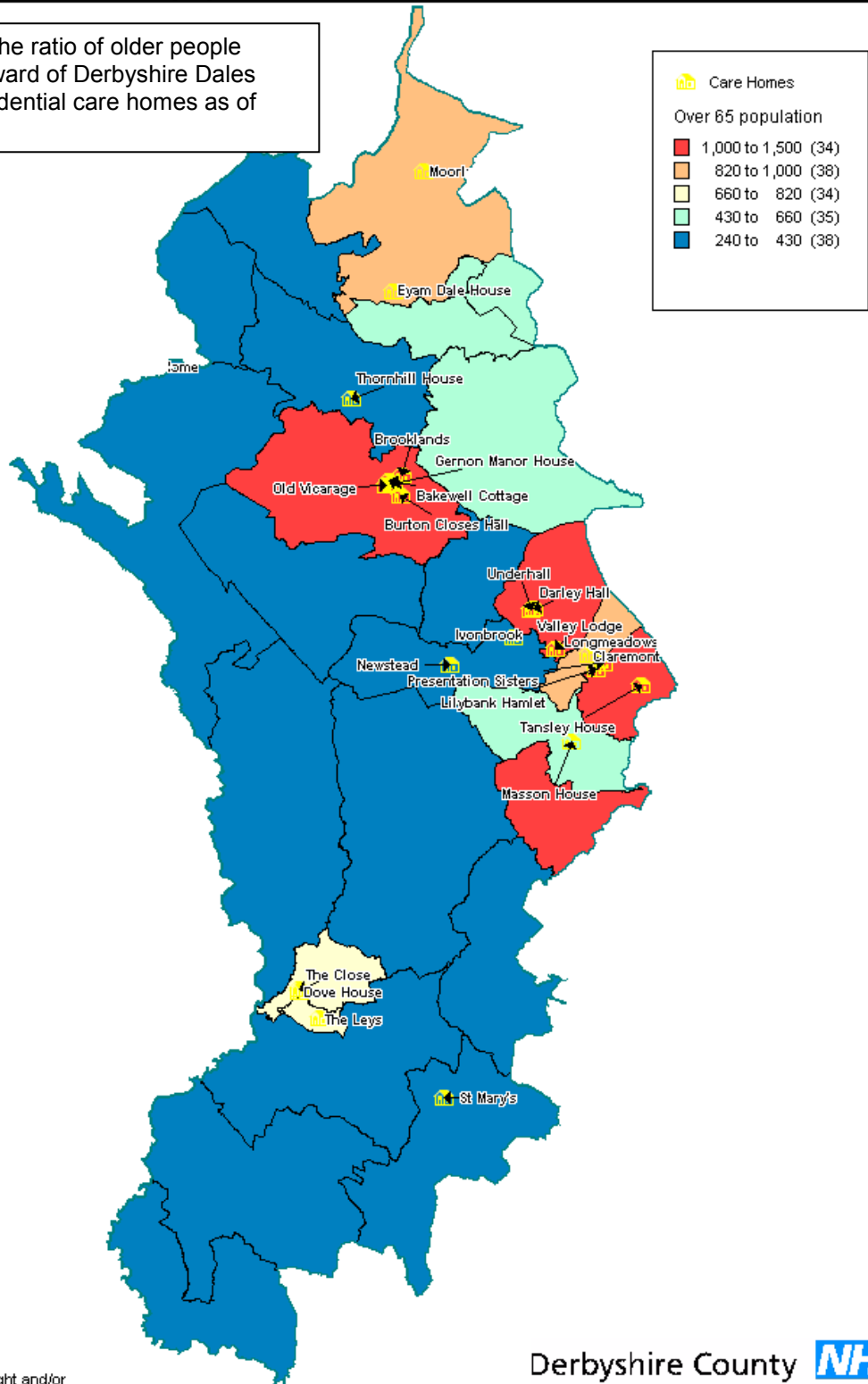
Map 3 shows the ratio of older people living in each ward of Chesterfield along with residential care homes as of May 2010.



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Derbyshire Dales Over 65 population and care homes with dementia beds 2008-09

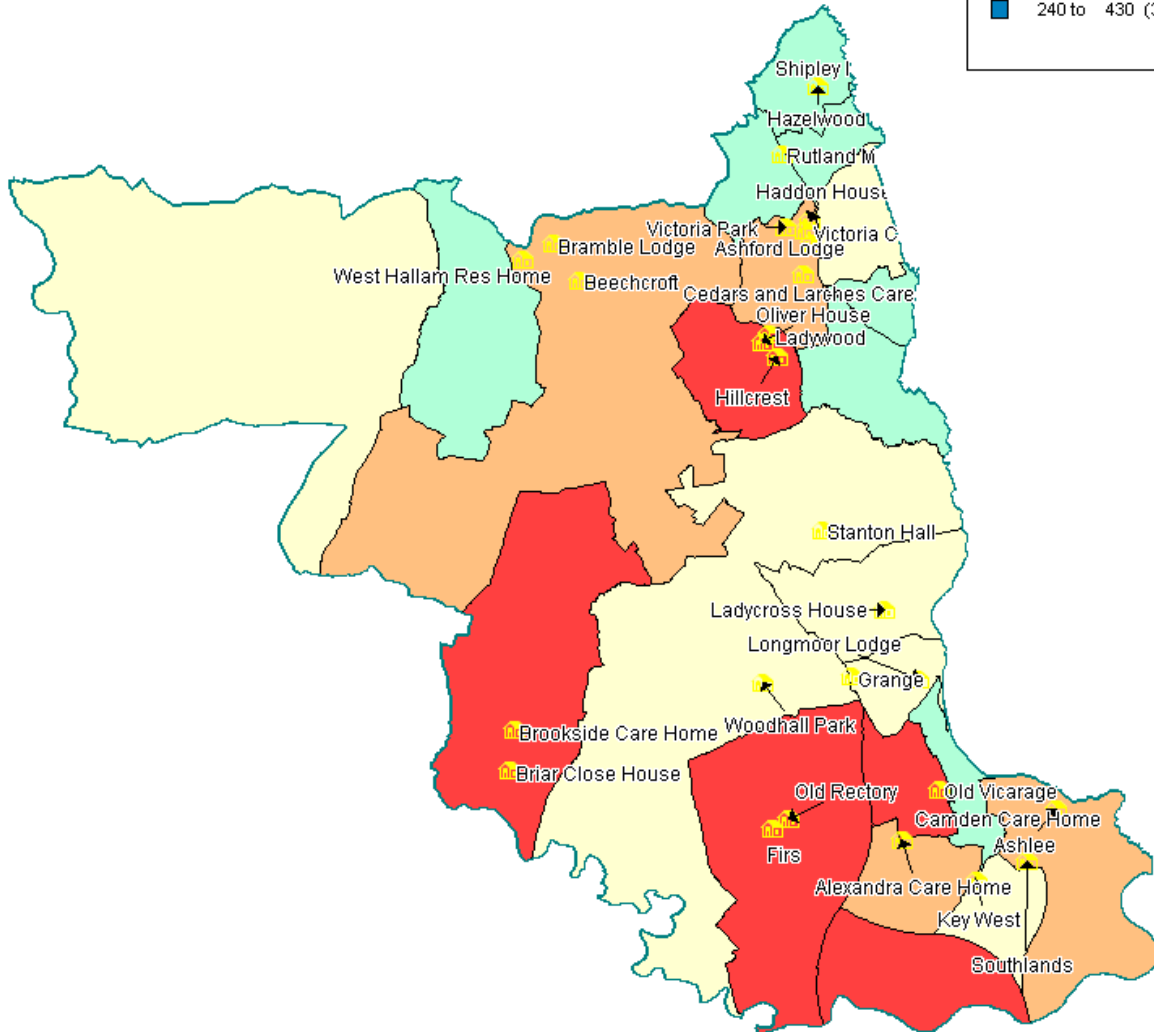
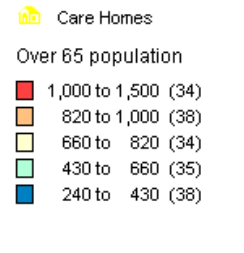
Map 4 shows the ratio of older people living in each ward of Derbyshire Dales along with residential care homes as of May 2010.



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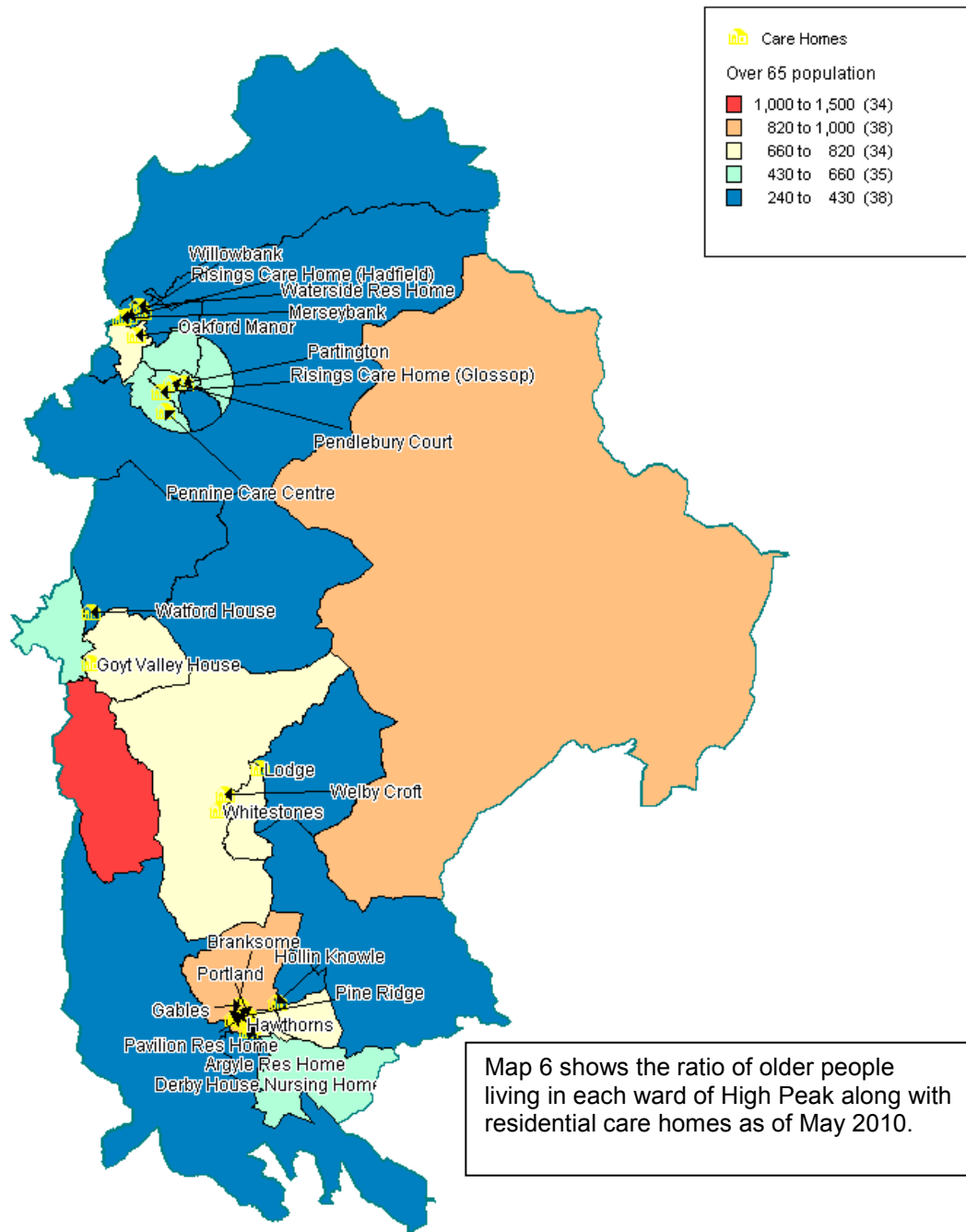
Erewash Over 65 population and Care homes with dementia beds 2008-09

Map 5 shows the ratio of older people living in each ward of Erewash along with residential care homes as of May 2010.



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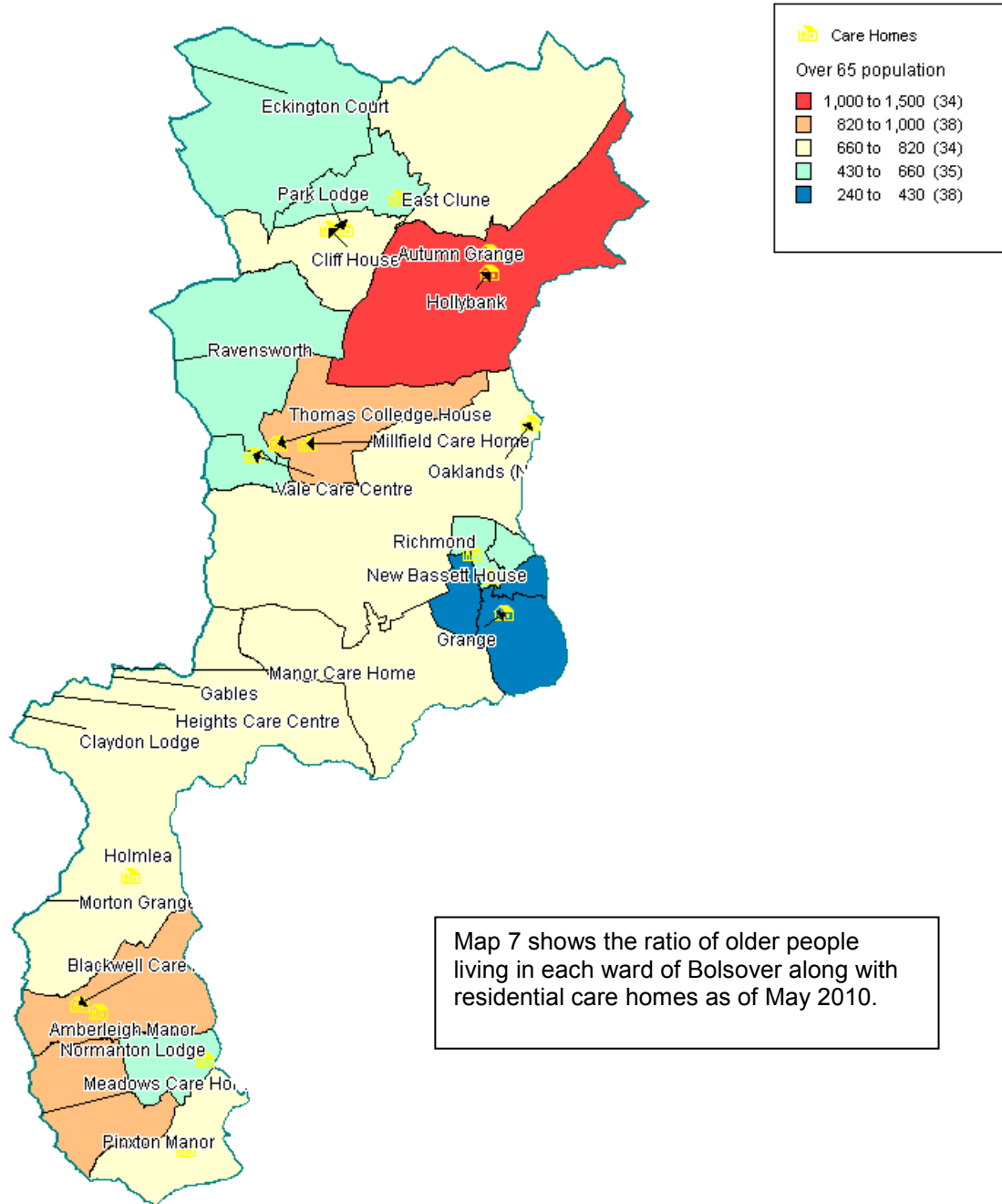
High Peak Over 65 population and care homes with dementia beds 2008-09



Map 6 shows the ratio of older people living in each ward of High Peak along with residential care homes as of May 2010.

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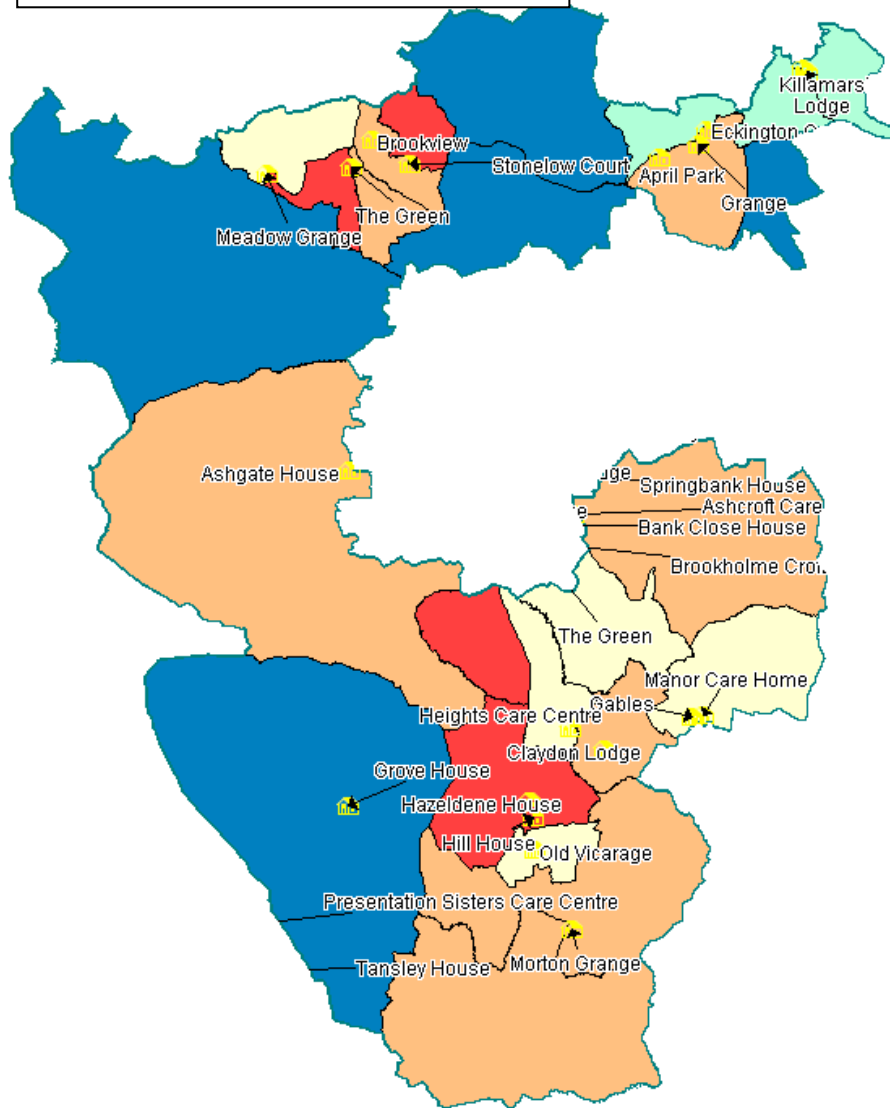
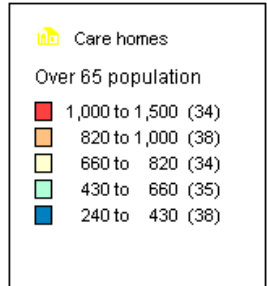
Bolsover Over 65 population and care homes with dementia beds 2008-09



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**North East Derbyshire Over 65 population and Care homes
with dementia beds 2008-09**







Map 8 shows the ratio of older people living in each ward of North East Derbyshire along with residential care homes as of May 2010.

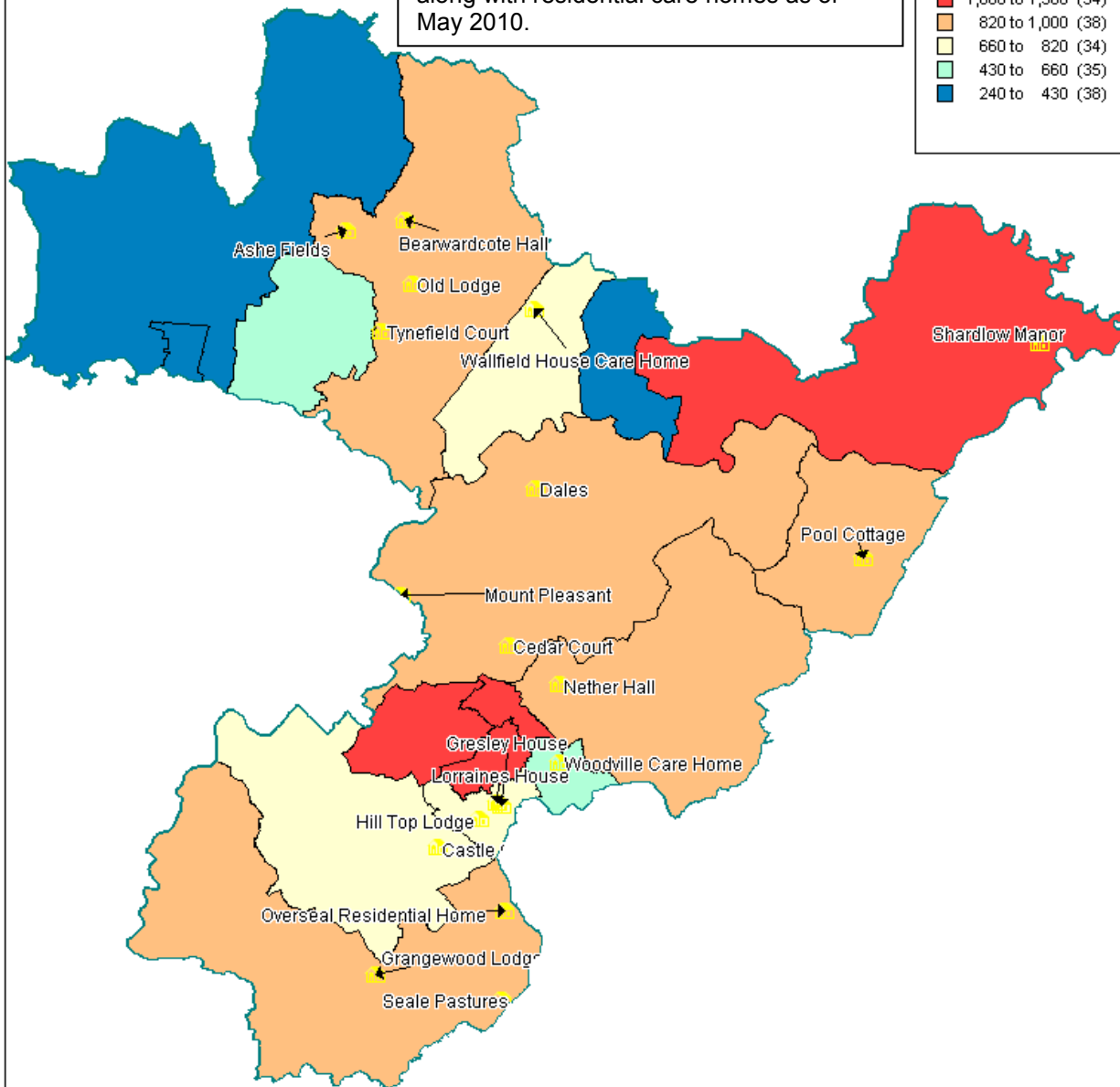


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South Derbyshire Over 65 population and care homes with dementia beds 2008-09

Map 9 shows the ratio of older people living in each ward of South Derbyshire along with residential care homes as of May 2010.

-  Care Homes
- Over 65 population
-  1,000 to 1,500 (34)
-  820 to 1,000 (38)
-  660 to 820 (34)
-  430 to 660 (35)
-  240 to 430 (38)



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Appendix 2 : Tables of local information

Day services
<p>Ashbourne: The Leys, Old Derby Road, Ashbourne. DE6 1BT Tel: 01335 238007 Derbyshire County Council</p>
<p>Bakewell: Age Concern Day Centre, Granby Mews, Bakewell. Tel: 01773 768240 Age Concern</p>
<p>Blackwell: Blackwell Day Care, Gloves Lane, Blackwell, Derbys. DE55 5JJ Tel: 01773 819875 Derbyshire County Council</p>
<p>Chapel-en-le-Frith: Eccles Fold, Manchester Road, Chapel en le Frith. SK23 9TJ Tel: 01298 308181 Derbyshire County Council</p>
<p>Chesterfield: Chesterfield Care Group, Tontine Road, Chesterfield. Tel: 01246 274812 Independent</p>
<p>Chesterfield: Hasland Resource Centre, Heathervale Road, Hasland, Chesterfield. S41 0HZ Tel: 01246 347505 Derbyshire County Council</p>
<p>Chesterfield: Whittington Care Group, Glossop Croft, Old Whittington, Chesterfield. Tel: 01246 455790 Independent</p>
<p>Clay Cross: Clay Cross Resource Centre, Clay Cross Hall, Market Street, Clay Cross. S45 9LX Tel: 01246 347300 Derbyshire County Council</p>
<p>Clowne: East Clune, West Street, Clowne, Chesterfield. S43 4NW Tel: 01246 348104 Derbyshire County Council</p>
<p>Fairfield: Queens Court Day Services, Queens Road, Fairfield, Buxton. SK17 7ES Tel: 01298 308070 Derbyshire County Council</p>
<p>Glossop: Age Concern Day Centre, Bradbury Community House, Market Street, Glossop. Tel: 01773 768240 Age Concern</p>
<p>Heanor: Stepping Stones, The Community Hall, Ilkeston Road, Heanor. Tel: 01773 710939 Independent</p>
<p>Hillstown: Valley View Day Centre, Pleasant Avenue, Hillstown, Bolsover. S44 6NR Tel: 01246 348525 Derbyshire County Council</p>
<p>Hope: Caroline Court, Anchor Housing, Marsh Avenue, Hope, Hope Valley. Tel: ? Independent</p>
<p>Hulland Ward: Hulland Ward Day Centre, Millenium Hall, Hulland Ward, Ashbourne. Tel: 01773 768240 Age Concern</p>
<p>Ilkeston: The Flamstead Centre, Albert street, Ilkeston. Tel: 01159 440331 Independent</p>
<p>New Mills: Jubilee Day Services, Jubilee Street, New Mills, High Peak. SK22 4NX Tel: 01663 508202 Derbyshire County Council</p>
<p>Pinxton: Pinxton Day Centre, Pinxton Village Hall, Pinxton. Tel: 01623 658044 Independent</p>
<p>Repton: Monsal Elderly Resource Centre, Fisher Close, Repton. DE6 6GS Tel: 01283 238200 Derbyshire County Council</p>
<p>Ripley: Ambervale Resource Centre, Long Close, Cemetery Lane, Ripley. DE5 3HY Tel: 01773 728160 Derbyshire County Council</p>

Shirebrook: [Shirevale Centre, Rockley Way, Shirebrook. NG20 8PD](#) Tel: 01623 588020

Derbyshire County Council

Swadlincote: [Lincote Resource Centre, Wideshaft, Swadlincote. DE11 8LQ](#)

Tel: 01283 238135

Derbyshire County Council

Two Dales: [Underhall Resource Centre, Chesterfield Road, Two Dales, Matlock. DE4 2SD](#)

Tel: 01629 778511

Derbyshire County Council

Total 23 day centres

Contacts for 50+ Forum Network in Derbyshire

Alfreton, Ripley Districts 50+ Forum

Chair – Jean Pass, 1 Peveril Court, Sandham Lane, Ripley Telephone: 01773-744551 or e-mail: Jean.pass@tiscali.co.uk

Secretary – position unfilled at this time

Supported by: – Nicci Robinson Wellbeing Team, DCC Telephone: 01629 532094

Ashbourne and District 50+ Forum - Started: March 2005

Chair – Andrea Cooke, 4 Forshaw Close, Ashbourne, DE6 1NF Telephone: 01335-345269 or e-mail: Acdcfour4@uwclub.net

Vice-chair – Peter Cook, 63 Sudbury Park, Sudbury DE6 Telephone: 01283-585693

Supported by: – Nicci Robinson, Wellbeing Team, DCC Telephone: 01629 532094

Belper and District 50+ Forum - Started: March 2005

Chair Brian Milhench, 11A Knowle Avenue, Belper, DE56 2TL

Telephone: 01773 822242 or e-mail: b.milhench@btinternet.com

Vice-Chair – Olive Martin, 5 New Breck Road, Belper DE56 1PH Telephone: 01773-825005

Supported by: Nicci Robinson Wellbeing Team, DCC Telephone: 01629 532094

Bolsover Older Peoples Forum Started: Oct/Nov 2003

Chair – June Griffiths, 83 Moorfield Avenue, Bolsover, S44 6EL Telephone: 01246-825049 or email: Bolsover50plus@yahoo.co.uk

Vice-chair – Sylvia Hawkins

Supported by: Janet Hodsdon, Wellbeing Team, DCC Telephone: 01629 532466

Buxton 50+ Forum

A development day happened on the 30 March and it was agreed by participants that Buxton would have a 50+ Forum. However this forum is yet to be constituted. An inaugural steering group will meet during June to start the process.

Supported by: Villa Webster, Wellbeing Team, DCC Telephone: 01629 532446

Chesterfield 50+ Inspired Group Started: March 2004

Chair – Mrs Shirley Flint, Shirley Flint, Inkersall, Chesterfield, S43 3RR

Telephone: 01246 471077 or e-mail: shirleyflint@talktalk.net or Inspired50plus@yahoo.co.uk

Vice Chair – Mr Reginald Llondt

The Corner House, 1 Queen Street, Newbold, Chesterfield, S40 4SF Telephone: 01246 238417 or e-mail: rlondt@aol.com

Supported by: Villa Webster, Wellbeing Team, DCC Telephone: 01629 532446

Clay Cross 50+ forum **Started: 25th March 2009**

Chair - Peter Frakes, 5 Queens Walk, New Tupton, Chesterfield S42, 6EY

Telephone: 01246-251838 or e-mail: Pcf.4@tiscali.co.uk

Secretary – Ann Burnham, 41 Wenlock Walk, Grassmoor, Chesterfield S42 5BJ

Telephone: 01246-853258 or e-mail: burnhamann@sky.com

Supported by: Tony Reddish, Wellbeing Team, DCC

Dronfield 50+ forum **Started: 29th October 2008**

Chair – Keith Glossop, 28 Holborn Avenue, Dronfield, Derbyshire, S18 2NA, 01246 415356

Vice Chair – Geoffrey Speed, 93 Holmley Way, Dronfield, Derbyshire, S18 2HQ, 01246 413841

email: kglossop2001@yahoo.co.uk

Supported by: Villa Webster, Wellbeing Team, DCC Telephone: 01629 532446

Glossop Action for Older People (GALOP) **Started: May 2004**

Chair – Mr John Searle, 21 Cliffe Road, Glossop, SK13 8NY Telephone: 01457-863791 or e-mail:

patandjohnsearle@aol.com

Vice-chair- Mrs Joyce Ashley 49 Werneth Road, Simmondly, SK13 6NF

Telephone: 01457 861879

Supported by: Janet Hodsdon, Wellbeing Team DCC Telephone: 01629 532466

Heanor and District 50+ Forum **Started: March 2005**

Chair – Glenys Tucker, 19 Mundy Street, Heanor, DE75 7EB Telephone: 01773-717572 or e-mail:

glenystucker@talktalk.net

Secretary – John Flinders, 5 Wilmot Street, Heanor DE75 7EF Telephone: 01773-715219 or e-

mail: Johnflinders40@hotmail.com

Supported by: Tony Reddish, Wellbeing Team, DCC Telephone: 01629 532049

High Peak and North Dales Older Peoples Congress

Clair Shipley 01298 212271

PALS, The Bungalow, Buxton Hospital, London Road, Buxton. Derbyshire SK17 9NJ.

Telephone: 01298-212271 or email: clair.shipley@derbyshirecountypct.nhs.uk

Ilkeston and District 50+ Forum **Started: October 2004**

Chair – Rita Leverton, 4 Charles Close, Ilkeston, DE7 5AF Telephone: 0115 9328409 or e-mail:

rita.leverton@ntlworld.com

Secretary – Jane Wilson, 32 Skevingtons Lane, Cotmanhay, Ilkeston, Derbyshire DE7 8SW

Telephone: 07747-165926 or e-mail: jane.wilson56@btinternet.com

Supported by: – Janet Hodsdon Wellbeing Team, DCC Telephone: 01629 532446

Long Eaton and District 50+ Forum **Started: Feb 2005**

Chair - Pete Wearn, 17 Elm Avenue, Sandiacre NG10 5EJ

Telephone: 0115-9395635 or e-mail: petewearn@hotmail.com

Secretary – Ian Neill, 10 Pennine Close, Long Eaton NG10 4JT Telephone: 0115-972-6057 or e-

mail: ian.neill3@ntlworld.com

Supported by: Janet Hodsdon, Wellbeing Team DCC Telephone: 01629 532446

Matlock & Surrounding Communities 50+ Forum

Started: May 2006

Chair – John Simmons, Sunnybank, Whitworth Road, Darley Dale, Matlock

Telephone: 01629 732363 or e-mail: jandi.simmons@tiscali.co.uk

Secretary – Maudie Behrens, 223 Chesterfield Road, Matlock, Derbyshire, DE4 3QB, Telephone:

01629 584063 or e-mail: maudie.behrens@uwclub.net

Supported by: – Tony Reddish, Wellbeing Team DCC Telephone: 01629 532049

Staveley Seniors Started: 2004

Chair – John Moorhen, 28 White Road, Staveley, S43 3UF Telephone: 01246-473313
Secretary – Mrs Jackie Stanton, 103 Chesterfield Road, Staveley, Chesterfield S43 3QQ or e-mail:
jackienalan@talktalk.net

Supported by: Nicci Robinson, Wellbeing Team, DCC Telephone: 01629 532094

Swadlincote and District 50+ Forum Started: Nov 2004

Chair Mrs Gill Farrington, 66 Wilmot Road, Swadlincote, Derbyshire. DE1 9BH
Telephone: 01283 219996 E-mail: wg.farrington@tiscali.co.uk
Vice – Chair Eddie Key, 188 Burton Road, Woodville, Swadlincote, Derbyshire,
DE11 7SR, Telephone: 01283 216041

Supported by: Villa Webster, Wellbeing Team, DCC Telephone: 01629 532446

Wellbeing Team – Contact E-mails

Nicci Robinson – e-mail: Nicola.robinson@derbyshire.gov.uk

Louise Hiron – e-mail: Louise.hiron@derbyshire.gov.uk

Janet Hodsdon – e-mail: Janet.hodsdon@derbyshire.gov.uk

Tony Reddish – e-mail: tony.reddish@derbyshire.gov.uk

Jem Brown – Telephone: 01629-532068 or e-mail: jem.brown@derbyshire.gov.uk

Diana Higton – Telephone: 01629-532069 or e-mail: Diana.higton@derbyshire.gov.uk

Jo Ellis – Telephone: 01629-532493 or e-mail: Jo.ellis2@derbyshire.gov.uk

Hilary Doherty – Telephone: 01629-532483 or e-mail: Hilary.doherty@derbyshire.gov.uk

Louise Cope – Telephone: 01629-532469 or e-mail: louise.cope@derbyshire.gov.uk

Self help groups

Age Concern – Chesterfield and District: S40 1XL
Age Concern – Derby and Derbyshire: DE75 7EG
Alzheimer's Society – Ashbourne Alzheimers café DE6 1BW
Alzheimer's Society – Chesterfield and NE Derbys Branch S41 8EW
Alzheimer's Society – Derby :DE22 3LZ (also supports activities in South Derbyshire)
Alzheimer's Society – North West Derbyshire: SK22 3EL
British Red Cross Mental Health Support Services (older People) : DE75 7EF –(also has
groups in Belper and Ilkeston – manor farm)
DYNAMAH (home repair scheme): S44 6BD
Elderly Self help group: Bainbridge Hall S44 6PS
Luncheon Club – Doe Lea: NG20 8PD
Steeping Stones day care : DE75 7AG
The Henmore Centre, King Edward Street, Ashbourne
Tuesday Group Eccles Fold Resource Centre: SK23 9TJ
Voluntary Community Mental Health Support (Older People); DE75 7EF

Hospital admissions for patients with primary, secondary and subsidiary diagnosis of dementia 2008/09

Hospital admissions of all NHS Derbyshire County patients with Alzheimer's and Dementia (codes G30 and sub-groups and F00; F01; F02; and F03 with sub-groups) in 2008-09.

	No of admissions to community hospitals			No of admissions to acute hospitals		
	Primary	Secondary	Subsidiary	Primary	Secondary	Subsidiary
By Locality:						
Chesterfield	64	29	6	12	51	85
NE Derbyshire	66	29	13	22	81	117
Bolsover	0	0	0	0	0	0
High Peaks	48	42	29	9	44	64
Derbyshire Dales	0	0	0	0	0	0
Erewash	5	7	12	17	75	99
Amber Valley	7	10	2	13	83	100
South Derbyshire	1	4	0	14	44	59
By groups: Men 65+	82	38	19	31	124	172
Women 65+	108	52	40	55	225	334
Men under 65	1	2	0	0	6	3
Women under 65	0	1	3	1	6	5
BME groups	Not available	Not available	Not available	Not available	Not available	Not available
Learning disability groups	Not available	Not available	Not available	Not available	Not available	Not available

	No of admissions to mental health hospitals		
	Primary	Secondary	Subsidiary
By Locality:			
Chesterfield	1	0	0
NE Derbyshire	1	0	0
Bolsover	0	0	0
High Peaks	1	0	0
Derbyshire Dales	0	0	0
Erewash	9	0	0
Amber Valley	19	2	0
South Derbyshire	7	0	0
By groups: Men 65+	16	14	0
Women 65+	20	23	1
Men under 65	1	4	0
Women under 65	1	0	0
BME groups	Not available	Not available	Not available
Learning disability groups	Not available	Not available	Not available