



Health Impact Assessment of Derbyshire Children's Centres

Public Health
Health and Communities Directorate

February 2015

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“Children’s Centres are trusted and valued as a family resource in the community for parents and young children”

(Gamesley)

“The sessions that the Children’s Centre provides during the school holidays are invaluable, there’s always something going on every day, very little happens on the estate during the holidays”

(Gamesley)

“The Children’s Centre offers more than a social time it offers advice and support for child development and parent development”.

(Chapel en le Frith)

“Sessions are structured and planned by the worker. As a Dad who work’s full-time it’s helpful and useful to have one-to-one time with my son with activities for him to do”.

(Clay Cross)

Acknowledgements

This report could not have been achieved without the valued support of Derbyshire County Council Public Health staff, the strategic direction of staff within Children and Young Adults (CAYA) and the Children's Centres staff and users. Your assistance and contributions are gratefully received.

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1.0 Executive Summary of the Derbyshire Children's Centre review

1.1 Background

In Derbyshire County there are fifty four Children's Centres which bring services together to improve the quality of life and increase opportunities for children, families and carers. Services offered by the centres are delivered by a range of organisations working together within the centres and through outreach provision.

A major review of Derbyshire Children's Centres is currently underway as part of Derbyshire County Councils Government spending targets, resulting in budgetary cuts amounting to £157 million by 2018. As a consequence a service review of Children's Centres is considering the best possible options of effectively delivering essential services while making savings.

1.2 What are the objectives of the Children's Centre review?

The overall aim of this Health Impact Assessment (HIA) is to explore the health impacts which may result from the proposed reconfiguration of Children's Centre provision by Derbyshire County Council. The aim is to achieve these following objectives:

- Identify and profile the population groups who will be affected by the proposals.
- Identify the potential positive and negative health impacts on those who will be affected by the proposals.
- Inform CAYA's decision making regarding the reconfiguration of children centres.

1.3. Summary of Key Findings

Consultation with service users revealed that:

The Children's Centres as a whole are:

- Considered a safe, trusted place for support and information.
- Provides the ability for parent and child to socialise.
- Are valued for the support they offer on emotional well-being and mental health.
- A positive place to get health information from.
- An environment that promotes school readiness.

And that any potential impact that reduces access to services will:

- Impact on travel costs (potential higher).
- Reduce access to professionals/professional services and other services.
- Reduce access to reliable information.
- Affect social contact and networks that have formed.

- Restrict access to venues that are appropriate, child friendly and fit for purpose (e.g. clean, safe,
-

However, general mitigating factors are:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

1.4 Health Impact Assessment Key Considerations

Decisions for relocation, reducing children centre hours or closure should first plan to address the general and specific mitigating factors identified in his review. In particular, as recommended in the 4Children Sure Start Children Centres - A National Review of Sure Start Children Centres 2014 - The benefits of a HUB model and integrated working in helping Children Centres improve the impact of their work with targeted, disadvantaged and vulnerable families would be valuable in ameliorating the impact of service changes.

2.0 Health Impact Assessment

2.1 What is a Health Impact Assessment (HIA)?

A widely adopted definition of HIA, endorsed by the World Health Organisation (WHO), is as follows:

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

The main potential benefits of conducting an HIA are improvements to measurable health outcomes by maximising the positive health impacts and minimising the negative health impacts of a proposal; HIA can also help to reduce health inequalities.

2.2 Why is Derbyshire interested in the health impacts of Children's Centres?

Sure Start Children's Centres have been an integral part of early year's provision supporting children aged 0–5 and their families since they were first launched in 2004, following on from the success of Sure Start Local Programmes between 1999 and 2004¹. Since their formation they have sought to build their service around the needs of child and families providing universal and targeted provision, supporting two thirds of the half million most vulnerable families nationally².

We have now reached a critical juncture for Children's Centres, with many local authorities facing significant financial pressures on and reductions to budgets, placing Children's Centres at a decisive point in their journey – to continue to provide cost efficiencies, whilst seeking to shift the emphasis of provision towards greater partnership working, developing services that are built and integrated around the needs of children and families.

The aim is to set out a shared ambition in which local partners from health services, education, social care, the voluntary sector, and family and specialist support move towards a model of multi-agency working where Children's Centres extend their provision, acting as the conduit or 'hub' of services – enabling multiple services to work together with families as part of a team with early help and intervention at the core.

The challenge now for local authorities as commissioners is to fulfil their legal duty to work with local partners and influence a joined-up approach³ ensuring Children's Centres are pivotal in leading the reform of public service provision, focusing on the journey of the child, driving up outcomes, moving to early intervention and prevention which focuses on the needs and aspirations of children and families.

The national charity 4Children is offering support to commissioners and Children's Centres in delivering the biggest impact to disadvantaged families through the '*Reach Out*' Project, helping Children's Centres improve the impact of their work with targeted, disadvantaged and vulnerable families. For further details contact:

<http://www.4children.org.uk/Programmes/Detail/Reach-Out>

2.3 Community consultation

A Public Health team led the collection of data utilising existing Children's Centre user groups to conduct 29 focus groups across the fifteen Children's Centres affected by the proposed reconfiguration of service provision, including Arkwright, Ashbourne, Bakewell, Castle Gresley, Chapel en le Frith, Coton in the Elms, Crich, Duffield, Gamesley, Killamarsh, Langwith, Sandiacre, Tupton, West Hallam, and Wirksworth.

A broad cross section of Children's Centre service users were involved in the focus group consultations, including parents, carers, grandparents and child-minders, in total 221 users were present (not including babies, toddlers,

Children's Centre staff or facilitators), and **1,048** individual comments were collated.

A standard introduction was employed by two Public Health facilitators at the start of each focus group, explaining the rationale for the consultation. A pictorial model of the '*Wider Determinants of Health*' (Dalgren and Whitehead 1991) was displayed and explained to facilitate participants understanding of what we meant by the term 'health', and to consider the broader aspects of theirs and their families health that could be impacted on (positively and negatively), when responding to the questions.

The same sets of questions were used with all 29 focus groups (See Appendix 1) the duration of each focus group consultation took approximately one hour. Not every user answered every question, this was primarily due to the nature of the focus groups in which babies and toddlers were often present and consequently parent/carers encountered inevitable distractions during the consultation process.

The questionnaire consisted of eight questions; the first four questions measured the frequency of use of Children's Centre services by users (a quantitative measure). The second set of four questions explored the health impacts users perceived would affect them and/or their families as a result of potential changes to service provision (a qualitative measure). The responses to all 29 focus groups were compiled into one document measuring the overall frequency of use (quantitative) and themed responses (qualitative) (See Appendix 2).

¹ Abdinasir, K; Capron, L. (2014). *The right start: How to support early intervention through initial contact with families*. The Children's Society. UK.

² 4Children (2014). *Sure Start Children's Centre Census 2014. A national overview of Sure Start Children's Centres in 2104*. 4Children, UK.

³ LGA (2014). *Rewiring Public Services. Our ambition for children and young people*. LGA, London.

3.0 Derbyshire Health Indicators

3.1 Quilt table

The data in the quilt table below shows Children's Centres (affected by the current service review) by the reach area health and related outcomes compared to the Derbyshire average. The England average is also shown.

Table. Children Centre Reach Area health and related outcomes compared to the Derbyshire average

Indicator	Period	England	Derbyshire County	Children's Centres														
				Closure		Reduced Hours										Relocation		
				Ashbourne	Duffield	Arkwright	Bakewell	Crich	Tupton	Wirksworth	Chapel-en-le-Frith	Coton in the Elms	Killamarsh	West Hallam	Sandiacre	Langwith	Castle Gresley	Gamesley
1. Smoking during pregnancy	2012/13	12.7%	16.6%	8.8%	5.6%	7.2%	11.5%	8.1%	12.0%	14.5%	11.4%	17.9%	14.9%	12.3%	15.0%	37.5%	21.1%	-
2. Births to teenage women (Age <20 Years)	2010/11 - 2012/13	20.5	20.2	4.5	6.6	18.4	5.7	5.4	9.5	21.2	14.7	13.6	10.2	16.4	13.5	34.2	38.0	-
3. Breastfeeding at birth	2013/14	75.5%	74.0%	78.0%	84.5%	73.6%	96.5%	83.7%	77.6%	90.8%	87.9%	56.7%	90.2%	79.2%	82.8%	37.2%	63.3%	-
4. Breastfeeding at 10-14 days	2013/14	-	52.7%	55.4%	65.2%	47.7%	72.9%	58.3%	64.0%	68.3%	71.5%	42.5%	67.1%	63.1%	61.0%	25.9%	42.1%	-
5. Breastfeeding at 6-8 weeks	2013/14	51.1%	39.9%	42.6%	58.3%	36.4%	61.2%	48.5%	46.1%	61.9%	57.0%	32.5%	46.3%	50.7%	45.9%	20.3%	32.5%	-
6. Child Obesity in Reception (Age 4-5 Years)	2011/12 - 2013/14	9.4%	8.2%	7.3%	7.8%	5.4%	6.1%	7.4%	4.6%	7.2%	7.4%	8.2%	10.1%	10.1%	8.2%	9.0%	8.2%	13.5%
7. A&E Attendances (Age <5 Years)	2012/13	-	490.5	443.6	510.5	584.6	477.7	516.7	389.6	453.3	365.2	398.6	439.0	582.4	547.1	442.6	457.3	-
8. EM Hospital Admissions due to Injury (Age <5 Years)	2010/11 - 2012/13	-	122.5	98.4	88.7	81.3	94.9	75.4	111.8	98.1	137.7	121.9	113.9	79.2	85.2	54.2	162.3	-
9. Immunisations: Age 1 DTaP/ IPV/Hib	2011/12	94.7%	97.1%	97.1%	97.6%	97.8%	98.1%	97.0%	95.7%	97.1%	97.5%	95.2%	98.8%	95.6%	96.7%	96.9%	95.7%	97.0%
10. Immunisations: Age 2 Pneumococcal Booster	2011/12	91.5%	95.2%	95.5%	95.6%	97.0%	96.3%	96.7%	95.5%	92.3%	97.3%	92.9%	98.0%	92.0%	91.3%	93.1%	92.9%	94.9%
11. Immunisations: Age 2 Hib/Men C Booster	2011/12	92.3%	96.4%	97.0%	96.9%	96.6%	96.1%	97.4%	95.8%	94.5%	98.0%	95.5%	98.6%	94.1%	93.4%	93.9%	96.3%	93.2%
12. Immunisations: Age 2 MMR (1st Dose)	2011/12	91.2%	94.7%	95.5%	94.2%	96.9%	95.8%	94.9%	95.3%	92.4%	96.5%	93.7%	97.1%	90.4%	90.8%	94.5%	92.6%	96.6%
13. Immunisations: Age 5 DTaP/ IPV	2011/12	87.4%	93.3%	91.6%	95.6%	95.6%	95.2%	94.2%	95.8%	94.2%	96.0%	90.5%	95.5%	92.1%	82.3%	86.5%	90.9%	98.6%
14. Immunisations: Age 5 MMR (2nd Dose)	2011/12	86.0%	90.8%	88.7%	93.0%	93.2%	91.8%	90.3%	93.2%	85.4%	92.7%	89.5%	95.2%	89.5%	80.1%	85.1%	89.5%	92.8%
15. Disabled Children (Age <11 Years)	2014	-	1.8%	2.2%	1.7%	2.2%	2.2%	1.6%	2.0%	1.3%	1.6%	1.4%	2.6%	2.1%	1.9%	2.7%	1.6%	2.1%

Key:

The rates for Children Centre's in the table are shaded based upon the statistical significance (95% confidence level) compared to the Derbyshire average.

Significantly Worse than the Derbyshire Average	Significance not assessed
Not Significantly Different to the Derbyshire Average	- Data not available
Significantly Better than the Derbyshire Average	

Metadata:

1. Percentage of maternities where status known, source: DCC. 2. Rate per 1,000 females aged 15-19 years, source: SUS. 3. Percentage of maternities where status known, source: DCHS data adjusted to match NHS England rate. 4&5. Percentage of infants, Derbyshire 6-8 week target = 43%, source: DCHS. 6. Percentage of children, Derbyshire target = 8.8%, source: NCMP. 7. Rate per 1,000, source: SUS. 8. Rate per 10,000, source: SUS. 9. Children aged one who have completed immunisation for diphtheria, tetanus, polio, pertussis, Haemophilus influenzae type b (Hib), source: DCC. 10. Children aged two who have completed immunisation for pneumococcal, source: DCC. 11. Children aged two who have completed immunisation for Haemophilus influenzae type b (Hib) and meningitis C (MenC), source: DCC. 12. Children aged two who have completed immunisation for measles, mumps and rubella, source: DCC. 13. Children aged five who have completed immunisation for diphtheria, tetanus, polio, pertussis, source: DCC. 14. Children aged five who have completed immunisation for measles, mumps and rubella (MMR), source: DCC. 15. Percentage of Children, source: DCC.

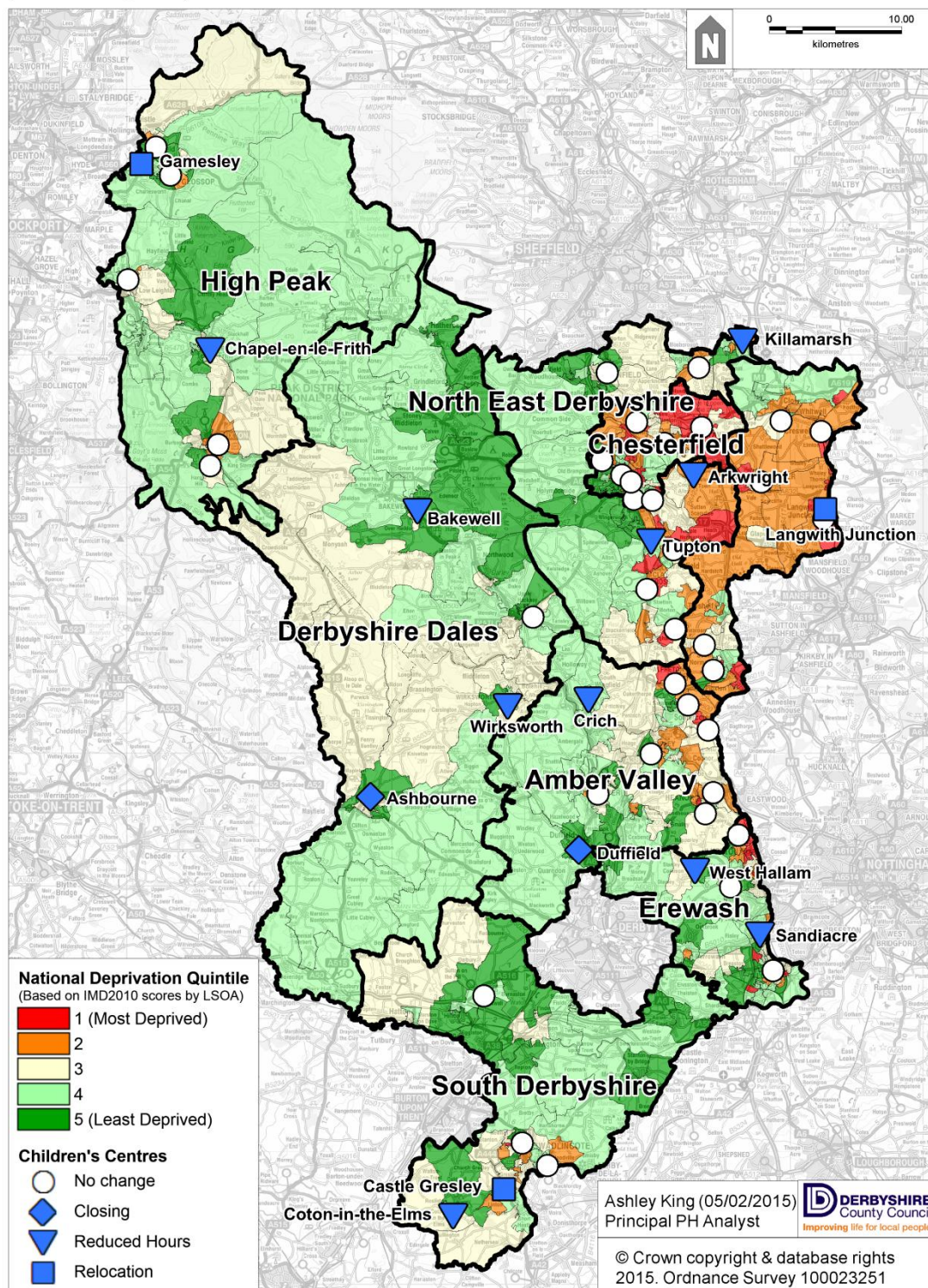
DCC = Derbyshire County Council, DCHS = Derbyshire Community Health Services, SUS = Secondary Uses Service

3.2 IMD map of Derbyshire

The map below overlays each Children's Centres location to the Index of Multiple Deprivation (IMD) national quintile at Lower Super Output Area (LSOA). Those Children's Centres affected by the current service review are indicated accordingly.

Children's Centres in Derbyshire and Deprivation

(as at February 2015)



4.0 Health impacts and mitigating actions

Section 4 considers the broad health factors identified within the scope of this assessment (Lifestyle, Social and Economic, Access to services, and Mental Well-being), together with the focus group consultation responses; information on service provision provided by the fifteen Children's Centres (See Appendix 3); and expert knowledge from Derbyshire County Council Public Health and Children and Young Adults (CAYA) Services, to inform the prevalent health impacts (positive and negative) that are probable, and the mitigating actions (general and specific) The mitigating actions identified are suggestions and not a comprehensive response.

When compiling this report, Cabinet Members requested information specific to four Children's Centres, Ashbourne, Castle Gresley, Duffield and Langwith. Section 4.1 therefore provides corresponding information relating to these four centres - Table 4.2 shows the health indicators (extracted from Tables 3.1 and 3.2). Table 4.3 extracts quotes from the consultation process, and Table 4.4 shows quantitative responses from the consultation process.

Section 4.5 goes on to consider all fifteen Children's Centres within the scope of this report.

4.1 Ashbourne, Castle Gresley, Duffield and Langwith Children's Centres

Table 4.2 Health Indicators (extracted from Tables 3.1 and 3.2)

Children's Centre	IMD by LSOA	PH Outcomes significance			Children <11yrs with known disability by CC reach area
		Better	No difference	Worse	
Ashbourne	3 to 5	2	12	0	2.20%
Castle Gresley	3	0	10	4	2.70%
Duffield	5	5	9	0	1.70%
Langwith	1	0	8	6	2.70%

Table 4.3 Qualitative feedback - quotes from the focus groups

Ashbourne
<p><i>"Newcomer to Ashbourne, not knowing anyone, centre gave me a purpose to get out – for advice, socialise with other mums, peer signposting".</i></p> <p><i>"Nowhere for babies and first time parents".</i></p> <p><i>"Other venues would involve cost".</i></p> <p><i>"Accessed breastfeeding and baby oral health groups".</i></p>

"Access to creative things – too expensive to do on household budget".

"Not enough mental health support".

"Cost of other classes expensive".

Overall interpretation was the ease of access to the children's centres that included health was positive, whereas access to direct health provision was more difficult.

Castle Gresley

"Social isolation – parent/child".

"Ease of access for health visitor advice".

"Limited internet access would cause problems if having to seek advice elsewhere".

"Access to Toy Library".

"Too far to travel to Salvation Army".

"Cannot afford other provision".

"Health advice mainly from children centre would be missed".

Respondents found it difficult to think of positive changes.

Concern re cost of public transport and that there was to be more houses built in the area, which would place a demand on services.

Note that Castle Gresley has 4 worse PH outcomes which are the prevalence of teenage mothers and breastfeeding.

Duffield

"The option to attend the Children's Centre will be missed".

"No free services, more pressure on finances to fund more expensive alternatives".

"Health advice mainly from Children's Centres workers will be missed".

"Opportunities for creative play, creating memories and recognising the importance of play will be missed".

"Duffield Children's Centre provides a small intimate and friendly environment, which is less intimidating than larger busier centre".

"Through the Children's Centre bonds and friendships are established, which means that you have someone to do things with outside the Children's Centre".

"Without the Children's Centre you would not know anything about other services".

Local and convenient service will be missed and one mum felt that she would not have time to travel to services further away.

One mum said that she would have stopped breastfeeding earlier without the support of the Children's Centre

The group could only think of the Health Visitor or phoning the GP surgery. There would be more demand for Health Visitors without children centres.

Langwith

"No positive things – community centre closed – nowhere else to go".

"Bus fare to Shirebrook £3.20 limited service".

"Nowhere for mums to meet in the community".

"Really important for Mental Health". (Respondent has Post Natal Depression).

"Safe place to play".

"Social benefit".

"Nowhere else to get experience".

Concern re no immediate facilities including lack of playing areas for infants and toddlers. Cost of transport can vary from £3.20 to £4.80, reduced bus service.

Note that Langwith has 6 worse public health outcomes around smoking in pregnancy, breastfeeding and immunisations. – suggesting the need to strengthen integrated working with Maternity and Health Visiting.

Table 4.4 Quantitative feedback

(extracted from Appendix 2)

Q1. How often do you use the Children's Centre to meet friends and socialise?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Ashbourne	10	6	3	1	0
Castle Gresley	13	4	5	2	0
Duffield	9	3	6	0	0
Langwith	14	0	14	0	0
Total	46	13	28	3	0

Q2. How often do you use education and early years services in the Children's Centre?					
	<i>n</i> =	More than once a week	Once a week	Less than once a week	Never
Ashbourne	10	6	0	2	0
Castle Gresley	13	3	5	1	1
Duffield	9	0	3	1	5
Langwith	14	0	14	0	0
Total	46	9	22	4	6

Q3. How often do you use services in the Children's Centre to get HEALTH advice, support and signposting?					
	<i>n</i> =	More than once a week	Once a week	Less than once a week	Never
Ashbourne	10	0	3	1	6
Castle Gresley	13	2	5	2	1
Duffield	9	0	0	5	4
Langwith	14	0	14	0	0
Total	46	2	22	8	11

Q4. How often do you use services in the Children's Centre to get advice?					
	<i>n</i> =	More than once a week	Once a week	Less than once a week	Never
Ashbourne	10	0	1	5	4
Castle Gresley	13	6	0	1	4
Duffield	9	0	0	0	9
Langwith	14	0	0	0	0
Total	46	6	1	6	17

4.5 All Children's Centres within scope

Tables 4.6 (Lifestyle), 4.7 (Social and economic factors), 4.8 (Access to Services) and 4.9 (Mental Well-being) below illustrate:

1. General mitigating actions applicable to all four broad health factors.
2. Focus group user response, expressing qualitative and quantitative feedback.
3. Description of impact and specific mitigating actions.

4.6 Lifestyle

Poor lifestyle can cause a range of physical and mental health problems including obesity, cancers and heart condition. Different population groups have different lifestyle experiences and different needs.

The key population groups this will cover are: Pregnancy, Mothers, Fathers, Carers, Grandparents/extended family, Pre-school children, Children, Young People.

General mitigating actions:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response:

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

How often do you use services in the Children's Centres to get HEALTH advice, support and signposting?	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none">• 36% of service users use the centre one or more times a week.• 29% of services users less than once a week.• 20% never use for health advice, support and signposting.• Overall approximately 65% of service users used Children's Centre provision to access health advice, support and signposting.	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none">• Would use more if more to do or promoted better.• Safe secure and supportive environment for children to play.• Used more when the children were younger for support.• Use as and when needed.• Access to professional support.

- Peer support for breastfeeding.
- Weighing, speech and language.
- PEEPS.
- Highlight of my week.
- Face to face advice/support in confidence.
- Age appropriate sessions.
- Outreach support (hearing, speech and language).
- Would do other things instead.
- Would not impact/affect me.

Positive quotes from focus groups:

Dads' group – ***“Activities good as allow bonding between dad and son”***. (Clay Cross)

Stay and Play – ***“The opportunity to see the Health Visitor when at the Children’s Centre”***. (Bakewell)

Stay and Play – ***“Breastfeeding in public – a no, no, felt comfortable here but not at the doctor’s surgery”***. (Bakewell)

Borrowash Clinic – ***“Mum said that they would not have breastfed without the breastfeeding group, meeting other mums in a similar situation helped them to feel more confident breastfeeding in public. Losing this support is a worry”***. (Sandiacre)

Bumps and Babies - ***“Seeing the Health Visitor for regular check-ups, e.g. weighing baby”***. (Killamarsh)

Positive collated comments from focus groups:

Borrowash Clinic – **Access to the Health Visitor respondents liked having specific times when they knew the Health Visitor would be there.** (Sandiacre)

	<p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> • HV too clinical. • Children's Centre not fully utilised. • Loss of parent networks. • Loss of access to professional support/services. • Access to vitamins and Doidy cups. • What will happen to Children's Centre specialist support (e.g. allergy, speech, breastfeeding)? <p>Negative quotes from focus groups: Gamesley Children's group – <i>"We tried a breastfeeding groups away from the Children's Centre but it did not take off as there were issues around perception of privacy and trust"</i>. (Gamesley)</p>
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Category area	Description of impact	Specific mitigating actions
Diet / nutrition Will the proposal affect access to healthy eating and breastfeeding support and services that reduce food poverty?	Negative impact <ul style="list-style-type: none"> • Reduced access to support sustaining breastfeeding. • Reduced access for families re healthy eating – including healthy fruit and snacks options (child's diet). • Reduce access to food banks and food co-operatives where delivered. • Reduced access to Healthy Start vitamins 	<ul style="list-style-type: none"> • HV/Peer Breastfeeding support and Children's Centres to work together to identify suitable venue and collaborative approaches to supporting BF. DCHS have a web page on BF support. • Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative provision could be provided locally for Healthy Start Vouchers, food banks and food cooperatives. • Collaboratively explore how to identify families who have food poverty, and the best referral

	<ul style="list-style-type: none"> Fuel poverty checks undertaken in few Children's Centres. 	<p>process to ensure that they are linked into appropriate support.</p> <ul style="list-style-type: none"> Work with DCHS/Maternity/CCGS to ensure access to Healthy Start.
<p>Physical activity Will the proposal affect access to information, advice and activities that support healthy physical development and physical fitness?</p>	<p>Negative impact</p> <ul style="list-style-type: none"> Reduced access to HENRY (Health, Exercise and Nutrition for the Really Young). Reduced access to safe outdoor play areas. Reduced access to Stay, Weigh and Play, Play and Learn, Buggy Walks, etc. Reduced access to ECAM (Every Child A Mover) Reduced access to Healthy Walks/buggy walks 	<ul style="list-style-type: none"> Alternative venues (e.g. schools) are being explored to deliver the HENRY parents/carers course. The learning from ECAM has just commenced which will support practitioners in outreach work re gross motor development. Access to Active Derbyshire web site. http://www.activederbyshire.co.uk/ <ul style="list-style-type: none"> Work in partnership with District and Borough Council Leisure Centre's - early gym groups and early years settings to take forward ECAM principles and develop associated pathways. Promote local Walking for Health Groups /Buggy Walks: <ul style="list-style-type: none"> http://www.walkingforhealth.org.uk http://www.activederbyshire.co.uk/
<p>Smoking/Alcohol and Substance Misuse (legal and illegal drugs) Will the proposal affect access to appropriate services?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Direct impact will only occur in the Children's Centre that delivers associated service directly. 	<ul style="list-style-type: none"> Ensure all staff are trained in stop smoking, and substance misuse services relevant to Tier 1 as appropriate. All staff working in MAT (Multi-agency teams) to be familiar with referral processes and where stop smoking, and substance misuse services

		<p>are located and the times of opening.</p> <ul style="list-style-type: none"> • Utilise library services more effectively to signpost to lifestyle services – PH to ensure Libraries have up to date information. • Substance misuse including illegal and legal drugs and alcohol are commissioned across the county through Adult Services. • Space4U will be developing a website. • Stop Smoking Services are commissioned by district according to need. • Stop Smoking - http://www.dchs.nhs.uk/home/healthy-you/livelifebetterderbyshire/stop_smoking1
<p>Sexual behaviour Will the proposal affect access to sexual health services?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> • Direct impact will only occur in the Children's Centres that delivers associated service directly. 	<ul style="list-style-type: none"> • All staff working in Multi-Agency Teams to be familiar with referral processes and where services are located and the times of opening. • School nursing as part of the MAT provision can provide sexual health information and advice in different venues through extended school provision. • For Sexual Health Services all signposting and a full list of clinic availability and times: http://www.derbyshiresexualhealth.nhs.uk
<p>Health promotion activities Will the proposal affect access to health promotion provision/information?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> • The Health Promotion Service and Health Visiting deliver some activity in Children's Centres, as does Children's Centre staff. The closure or reduction of hours could impact on access to provision. 	<ul style="list-style-type: none"> • Utilisation of other local venues – e.g. Health provision, DACES, pharmacies, libraries or school settings could support local delivery. • Ensure all non-health staff are trained to provide up to date, consistent, evidence based health promotion information. • Health Trainers referral into the Wellbeing Service (Health Trainers) via Children's Centre staff. Wellbeing referral form available in

		Children's Centre as part of Children's Centre referral pathways.
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4.7 Social and economic factors

The conditions in which people live can affect their health. It is recognised that those who experience poverty, low income, unemployment, and poor housing have poorer health than those living in better socio-economic conditions.

The key population groups this will cover are: Pregnancy, Mother, Fathers, Carers, Grandparents/extended family, Pre-school Children, Children and Young People.

General mitigating actions

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

How often do you use services in the Children's Centre to get advice? (Examples: Citizens Advice (CAB), Job Centre advice, training advice, budgeting advice, etc.)	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> • 8% of service users use the centre one or more times a week. • 14% of services users less than once a week. 	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> • Access to adult learning opportunities / information / training / qualifications.

<ul style="list-style-type: none"> 50% never used for this purpose. 	<p>Positive quotes from focus groups: Dads' group – "<i>Pathways to nursery group is very important</i>". (Clay Cross)</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> Cost/charges – access to other groups, transport, no car, financial pressures. Restricted access to 2 year funding. Loss of opportunity for children to develop skills, learning, stimulation, transition to pre-school routines and eating with other children and early year's education. Loss of opportunity to interact, creative play, socialises, learn, and meet other children. Limit access for older children. <p>Negative quotes from focus groups: Stay and Play – "<i>Don't qualify for free 2 year old places so services very valuable</i>". (Bakewell)</p>
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Category area	Description of impact	Specific Mitigating Actions
Poverty / income Will the proposal have an impact on information and advice that will reduce poverty?	Negative Impact <ul style="list-style-type: none"> Where credit union service, CAB, or income debt provision is delivered via the Children's Centre there will be an impact. Reduced access to inform parents of their entitlement to 2 year provision. Cost of travel for families to access information. Reduced access to Fuel Poverty Checks where they take place. 	<ul style="list-style-type: none"> Ensure other local access to information and advice in relation to poverty is in place. CAB is delivered in 90% of GP surgeries. Work closely with Health Visiting, and enable schools via School Nursing to look at joint opportunities to promote access to fuel poverty/credit unions, CAB information and checks. Utilise schools and other settings to promote information re fuel poverty and food poverty.
Employment /	No Impact	<ul style="list-style-type: none"> Consider joint working opportunities with DCHS re

<p>Volunteering Will the proposal affect employment or volunteering opportunities?</p>	<ul style="list-style-type: none"> Volunteering will continue in all areas. <p>Negative impact</p> <ul style="list-style-type: none"> Reduced access to Job Centre Plus and training could be reduced. 	<p>volunteering e.g. Peer Breast Feeding Voluntary support to consider extending roles and align with a community mother's scheme approach.</p> <ul style="list-style-type: none"> Ensure all staff has up to date information re childcare support to remove barriers to employment and training. – CIS (DCC Children's Information Service). Ensure links to Job Centre Plus.
<p>Education and Training Will the proposal impact access or create barriers to education and training opportunities or basic numeracy and literacy skills?</p>	<p>Negative Impact Reduced access to programmes that support –</p> <ul style="list-style-type: none"> - Literacy and health - Ready to Learn (school readiness groups) - Little Talkers – speech and language - PEEP - Positive Parents - Kick Start - Freedom Programme - Strengthening Parenting - Basic Skills - Family learning - Lifesaving (First Aid) - HENRY (weight reduction and healthy eating) - ECAT - Every Child A Talker - ECAM - Every Child A Mover - Job Centre Plus - Kick Start (Adult Ed) - NEET provision 	<ul style="list-style-type: none"> Maintain outreach provision to help signpost and promote skills based courses Use the expertise of Libraries to promote and engage with literacy and speech and language. Work with DACES to promote local courses Consider childcare provision to enable mothers to attend. Multi-agency teams maintain existing NEET provision Signpost to: www.derbyshiresendlocaloffer.org
<p>Housing Will the proposal reduce access to information regarding housing?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Reduced access may impact upon the Children's Centre to provide information and support, signposting and advocacy regarding housing issues. 	<ul style="list-style-type: none"> Ensure Staff are well briefed to signpost/refer and are knowledgeable regarding Housing Association support as well as District and Borough Housing support. Work in partnership with District and Borough

	<ul style="list-style-type: none"> Loss of access to Housing Support via Rykneld Homes and Acorn Group Housing Champion Worker. 	<p>Council Homeless Teams to ensure their support is widely known and how to access.</p> <ul style="list-style-type: none"> Provide links to Action Housing & Support Limited (Derbyshire).
Family cohesion Will the proposal affect family contact?	Where delivered this could reduce access to: <ul style="list-style-type: none"> Family contact service. (Social Care contact) Father/dad groups. Grandparents/extended family groups. 	<ul style="list-style-type: none"> Explore with the voluntary sector, District and Borough Councils/church associations and health venues on information sharing to enable people to access support.
Crime/Community Safety Will the proposal affect access to services and information regarding crime and safety?	Negative Impact (professional response) <ul style="list-style-type: none"> Protective environment of Children Centres facilitate information and concerns to be raised regarding – crime, neighbour disputes, Domestic violence and concerns re safeguarding Reduction in the liaison between Children's Centre workers and the Police Community Safety Officer (PCSO's) would be a deficit in early intervention. 	<ul style="list-style-type: none"> Ensure all staff has information on how and where to contact Domestic Violence provision and staff and are sensitive to facilitating DV disclosure. Ensure Safeguarding procedures are integral to all staff. Develop links to ensure information flow and dialogue between PCSO's and Children's Centres. Secure local facilities that can provide a protective environment.

4.8 Access to services

Location of services impacts on how accessible they are to communities. Lack of access is a barrier to people improving their health and well-being.

The key population groups this will cover are: Pregnancy, Mothers, Fathers, Carers, Grandparents/extended family, Pre-school children, Children, Young People.

General mitigating actions:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based

provision could be provided.

- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response:

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

The distance travelled to Children's Centres (based on focus group respondents recorded postcode).	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> • Average travelling distance 4 miles. • Furthest travelling distance 15 miles. • The least travelled distance 0.5 miles. <p>(See Appendix 4)</p>	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> • Prepared to travel for the right provision (Duffield) <p>Positive quotes from focus groups: Stay, Weigh and Play <i>"Might be a pooling of resources and meet other people at a different location"</i>. (Duffield)</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> • Cost/charges – access to other groups, transport, no car, financial pressures. <p>Negative quotes from focus groups: Borrowash Clinic - <i>"Told I am not able to use Derby city's Children's Centre – feel aggrieved"</i>. (Sandiacre)</p>
How often do you use Education and Early Year's services in the Children's Centre?	Themed comments and focus group quotes (positive and negative).

- 56% of service users use the centre one or more times a week.
- 9% of services users less than once a week.
- 22% never use for health advice, support and signposting.
- **65% of service users use the facilities to access education and early year's provision.**

Extracts from positive themed comments:

- Change of venue may result in more/pooling of resources (toys, people and space).
- Cuts have to be made somewhere/money could be spent elsewhere.
Would meet different/more people at alternative locations.
- Volunteering opportunities.
- Access to professional services and other services.
- Free access.

Positive quotes from focus groups:

Baby Coo and Do – ***“The Children’s Centres offer more than a social time and offers advice and support for child and parent development”.*** (Chapel en le Frith)

Stay and Play – ***“It’s made the transition to pre-school so much easier”.*** (Coton in the Elms)

Mixed Group (Collective comment) ***“Family Support Outreach – one mum explained how important and vital this service had been to her family, others mentioned outreach for hearing and speech and language issues”.*** (Arkwright)

Extracts from negative themed comments:

- Unaware of services offered.
- Block courses don’t run weekly.
- Lack of alternative venues.
- Part of community.
- Loss of service.

Negative quotes from focus groups:

Stay and Play - ***“Preparing your child for nursery some cuts have had an impact already”.*** (Bakewell)

	Mixed Group <i>“As a new parent it’s difficult to know what is normal – I need reassurance and the early identification and early intervention would be lost”.</i> (Arkwright)
<i>How and where would you get the support and advice you need if the Children’s Centre closed or the hours reduced?</i>	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> The impact of this is as above – 65% of service users use the centre one or more times per week to access support and information. 	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> Go to/contact health professionals/services (e.g. HV, MATs, CC Workers, GP, NHS111, CAB, community centre, Job Centre, other Children’s Centre, school, hospital, A&E, Drop-in clinic). Internet/google searches (e.g. NHS Direct), social media (Facebook) – some sites may give incorrect/inappropriate advice. Information from family/friends/others. Children’s Centre facilities really good/hub of community/supportive environment. <p>Positive quotes from focus groups: Gamesley Children’s Group - <i>“Children’s Centre is trusted and valued as a family resource in the community for parents and young children”</i> (Gamesley)</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> I don’t know/no idea/wouldn’t go anywhere. Stay at home. Service support would be lost/no face to face contact (e.g. Breastfeeding support). Nowhere to meet others for peer support. There would be nowhere for volunteers.

- No voluntary sector organisations available.
- Cost implications – bus/car/other play groups.

Negative quotes from focus groups:

Baby COO and Do group collective response - “***Proposed new housing development would mean an increase in the number of families and young children this would put added pressure to reduced service***”. (Chapel en le Frith)

Dads’ group – “***No idea, probably random research on the internet but don’t believe would find similar support***”. (Clay Cross)

Walker and Talkers Group – “***Would go literally insane if I didn’t have anything to come out to that didn’t involve travel or money***”. (Clay Cross)

Learners Can Play – “***Concern – volunteers made redundant – [being a volunteer] is valuable from a volunteer point of view***”. (Chapel en le Frith).

Learners Can Play – “***Increase demand on GPs and Health Services in the absence of Children’s Centre support***”. (Chapel en le Frith).

Borrowash Clinic – “***You would have to go to the doctors but getting an appointment is very difficult***”. (Sandiacre)

Borrowash Clinic – “***Less access to Health Visitors***”. (Sandiacre)

Gamesley Children’s Group – “***If we go elsewhere for advice we start again every time (in terms of getting to know the staff and the staff getting to know our children) If they don’t know our children personally or our parenting styles***”.

		<p><i>then it would be text book advice that is given to us. There is trust there – we are more familiar and comfortable here</i>. (Gamesley)</p> <p>Mixed Group – <i>“Peer support would be lost and it is vital”</i>. (Arkwright)</p>
Category area	Description of impact	Specific mitigating actions
Communications Will service changes affect the ability to share information with families?	Negative Impact: <ul style="list-style-type: none"> Reduced access to a trusted access point for information, support and advice for families. Reduced access to a range of information, support and advice for families with young children. 	<ul style="list-style-type: none"> Check availability of accessible information provision elsewhere that offers trusted provision – e.g. Libraries, Health Centres, GP surgeries, community centres, Citizens Advice, DACES, voluntary provision, District and Borough Councils. Signpost to: www.derbyshiresendlocaloffer.org Health Trainers referral into the Wellbeing Service (Health Trainers) via Children’s Centre staff. Wellbeing Referral form available in Children’s Centre as part of Children’s Centre referral pathways.
Health / Social Care services Will the proposal affect people’s ability to access or receive help from other services?	Negative impact <ul style="list-style-type: none"> Reduced access where services are delivered through Children’s Centres or it is their main referral route. Reduction of joint working opportunities between health, social care, housing, voluntary sector could potentially breakdown communication routes. Impact upon Health Visiting if part of their core or targeted delivery is in partnership or through 	<ul style="list-style-type: none"> Strategic agreement between services and providers to ensure sign up to effective information sharing. Joint and integrated working and information sharing pathways to be agreed, with all staff trained in pathway routes and mechanisms (IT) to ensure data /information sharing. Ensure effective referral pathways and communications for outreach support.

	<p>Children's Centres.</p> <ul style="list-style-type: none"> Partnership services currently delivered through some Children's Centres could be affected: <ul style="list-style-type: none"> Continence Clinic (Chesterfield Royal Hospital (NHS) Foundation Trust). Healthy Baby Clinics (Pennine Care/DCHS). Leap for Life (Pennine Care). Rykneld Homes and Acorn Group Housing Champion Worker. Parent Craft (Royal Derby Hospital Foundation Trust Maternity Services). ASD (Autism Spectrum Disorder) support group. Talking Mental Health (IAPT). 	<ul style="list-style-type: none"> Ensure local relocation of external provision where possible. Signpost to: www.derbyshiresendlocaloffer.org
<p>Transport</p> <p>Will the proposal make access to services prohibitive?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Reduced access to services where travel is involved. This could reduce the ability to access provision. May increase transport costs for service users if they have to travel further. 	<ul style="list-style-type: none"> Provision of outreach services. Source transport availability to advice service users. Provision of Community Transport services.
<p>Childcare</p> <p>Will the proposal affect access to appropriate/affordable childcare? (E.g. special/cultural needs)?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Reduced access to childcare provision where Children's Centres provide this. Reduced access where Children's Centre workers signpost to childcare services and provide support to access 2 year funding. 	<ul style="list-style-type: none"> Children's Centre workers signpost to childcare services and provides support to access 2 year funding. Signpost to: www.derbyshiresendlocaloffer.org

Voluntary Services Will the proposal affect access to appropriate voluntary services?	Negative Impact <ul style="list-style-type: none"> The interface with the voluntary sector groups may be weakened if there is no local Children's Centre to align to. 	<ul style="list-style-type: none"> Work with local voluntary sector organisations to provide alternatives venues. Working closely with the voluntary sector to explore what they can provide – in particular early play opportunities that could link to Children's Centre participation rates through Children's Centre staff support.
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4.9 Mental well-being

How people think and feel is affected by perception, physical health, socio-economic determinants and local environment. Poor well-being affects physical and social well-being and improving mental health reduces the risk of mental illness (e.g. depression, anxiety, schizophrenia).

The key population groups this will cover are: Pregnancy, Mothers, Fathers, Carers, Grandparents/extended family, Pre-school children, Children, Young People.

General mitigating actions:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

How often do you use Children's Centres to meet friends and socialise?	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> • 69% of service users use the centre one or more times a week. • 16% of services users less than once a week. • 4% never use for health advice, support and signposting. 	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> • Safe, secure environment to meet other and for children to play. • Age appropriate sessions (pre-birth, baby massage, Talkers) • Access during school holidays. • Emotional, practical and social support. <p>Positive quotes from focus groups: Stay and Play – <i>"It has helped me to feel OK in myself. I had some depression before having my baby. This group has helped me make friend and keep me feeling mentally OK in myself. We swap phone numbers and keep in touch in between too".</i> (Bakewell)</p> <p>Gamesley Stay and Play – <i>Helps with depression, without support of Children's Centre would struggle.</i> Gamesley</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> • Effect on mental health – confidence, social isolation, mental health, stress, post natal depression, would stay at home, no confidence to go back to work. • Familiarity of the centre – starting over again. • Loss of access to professional support. <p>Negative quotes from focus groups: Borrowash Clinic – <i>"Would use centres more if able to use Spondon in Derby City".</i> (Sandiacre)</p> <p>Mixed Group – <i>"If I didn't have the Children's Centre to come to I would go insane. It's a lifeline for me".</i> (Arkwright)</p>

		Mixed Group – “ <i>Would impact upon mental health – post natal depression</i> ”. (Arkwright)
Category area	Description of impact	Specific Mitigating Actions
Social inclusion and Emotional Well-Being Will the proposal have a direct impact on engagement in community life, social support or interaction for different groups? Will it have an effect on motivation, self-esteem, confidence, hopefulness, optimism, life satisfaction for different groups?	Negative Impact <ul style="list-style-type: none"> • Closure or reduction in provision will result in reducing contact with others, and breaking down established social networks. • Contribute to a loss of control and emotional well-being • Reduce access to support, information and advice. 	<ul style="list-style-type: none"> • Ensure all staff are trained at Tier 1 mental health/emotional well-being support. • Joint work with HVs to identify those most vulnerable and ensure outreach provision. • Ensure the cluster can respond to individual and group needs. • Work closely with local support groups. • Negotiating with Derby City Council regarding reciprocal use of Children’s Centre provision that occupy border potions.

4.10 Key Emerging themes

When analysing the focus group participant feedback it was evident that a number of consistent themes were emerging across all fifteen Children's Centres. Table 4.11 illustrates emerging themes from the feedback.

Table 4.11 Key emerging themes

The Children's Centres as a whole are:
<ul style="list-style-type: none">• Considered a safe, trusted place for support and information.• Provides the ability for parent and child to socialise.• Are valued for the support they offer on emotional well-being and mental health.• A positive place to get health information from.• An environment that promotes school readiness.
Any potential impact that reduces access to service delivery will:
<ul style="list-style-type: none">• Impact on travel costs (potential higher).• Reduce access to professionals/professional services and other services.• Reduce access to reliable information.• Affect social contact and networks that have formed.• Restrict access to venues that are appropriate, child friendly and fit for purpose (e.g. clean, safe,

4.12 Health Impact Assessment Key Considerations

Decisions for relocation, reducing Children Centre hours or closure should first plan to address the general and specific mitigating factors identified in his review. In particular, as recommended in the 4Children Sure Start Children Centres - A National Review of Sure Start Children Centres 2014 - The benefits of a HUB model and integrated working in helping Children Centre's improve the impact of their work with targeted, disadvantaged and vulnerable families would be valuable in ameliorating the impact of service changes.

5.0 Appendices

Appendix 1 Focus Group Questionnaire



Derbyshire Children's Centre Health Impact Assessment

FOCUS GROUP

Name of Children's Centre:	
Name of Group:	
Number attending group:	
Date:	
Time:	
Venue:	
Facilitators and Note Taker names:	

Quick Starter Questions (Q1, 2, 3 and 4)

Q1. How often do you use the Children's Centre to meet friends and socialise?

More than once a week	
Once a week	
Less than once a week	
Never	
Additional group comments	

Q2. How often do you use Education and Early Years services in the Children's Centre? (Examples: Parenting courses, play and learn, early years education, etc.)

More than once a week	
Once a week	
Less than once a week	
Never	
Additional group comments	

Q3. How often do you use services in the Children's Centre to get HEALTH advice, support and signposting? (Examples: Stop smoking, mental health, changing your lifestyle, eating on a budget, seeing a Health Visitor, etc.)

More than once a week	
Once a week	
Less than once a week	

Never	
Additional group comments	

Q4. How often do you use services in the Children's Centre to get advice? (Examples: Citizens Advice (CAB), Job Centre advice, training advice, budgeting advice, etc.)

More than once a week	
Once a week	
Less than once a week	
Never	
Additional group comments	

General Questions (Q5, 6, 7 and 8)

Q5. What would change for you and your family if the Children's Centre closed or the hours reduce?

A. Can you give examples of any POSITIVE changes (Example: the group/s I go to might move to a more convenient location).

B. Can you give examples of any NEGATIVE changes (Example: It will be difficult for me to meet friends or my children to meet friends).

Q6. Of the services provided by the Children's Centre, what would you say are the most important for you and your family's health and wellbeing?

Q7. How might reduce access to the Children's Centre affect you and your family's health and wellbeing?

Q8. How and where would you get the support and advice you need if the Children's Centre closed or the hours reduce?

Q9. Other points raised by this focus group.

Appendix 2

Focus group response

Q1. How often do you use the Childrens Centre to meet friends and socialise?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	3	4	2	0
Ashbourne	10	6	3	1	0
Bakewell	20	9	9	2	0
Castle Gresley	13	4	5	2	0
Chapel en le Frith	11	6	4	0	1
Coton in the Elms	11	1	6	4	0
Crich	9	3	4	2	0
Duffield	9	3	6	0	0
Gamesley	16	9	5	2	0
Killamarsh	12	7	5	0	0
Langwith	14	0	14	0	0
Sandiacre	25	1	11	10	2
Tupton	11	6	2	2	1
West Hallam	35	0	4	8	4
Wirksworth	15	8	4	0	1
Total	221	66	86	35	9
% rate of those responding to Qs.		30%	39%	16%	4%

Additional comments:

Purpose built - cost effectiveness of reducing hours?

School holidays includes older children.

Would use more if more things to do/more services/facilities/promoted better.

Group number varies.

Safe, secure, supportive environment.

Use less now child older.

As and when needed.

Q2. How often do you use education and early years services in the Childrens Centre?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	1	6	1	1
Ashbourne	10	6	0	2	0
Bakewell	20	8	10	2	0
Castle Gresley	13	3	5	1	1
Chapel en le Frith	11	3	4	0	0
Coton in the Elms	11	1	2	1	6
Crich	9	3	4	2	0
Duffield	9	0	3	1	5
Gamesley	16	15	1	0	0
Killamarsh	12	6	1	0	5

Langwith	14	0	14	0	0
Sandiacre	25	0	4	6	14
Tupton	11	5	1	3	2
West Hallam	35	0	4	0	15
Wirksworth	15	9	5	0	0
Total	221	60	64	19	49
% rate of those responding to Qs.		27%	29%	9%	22%

Additional comments:

Would use more if more things to do/more services/facilities/promoted better.

Use less now child older.

Provide home education.

Unaware of services offered.

Block courses don't run weekly.

Q3. How often do you use services in the Children's Centre to get HEALTH advice, support and signposting?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	1	4	1	3
Ashbourne	10	0	3	1	6
Bakewell	20	1	10	5	3
Castle Gresley	13	2	5	2	1
Chapel en le Frith	11	5	1	0	3
Coton in the Elms	11	0	0	6	4
Crich	9	1	2	3	3
Duffield	9	0	0	5	4
Gamesley	16	13	2	1	0
Killamarsh	12	5	0	2	0
Langwith	14	0	14	0	0
Sandiacre	25	0	1	16	7
Tupton	11	0	5	0	6
West Hallam	35	0	1	14	4
Wirksworth	15	0	3	9	1
Total	221	28	51	65	45
% rate of those responding to Qs.		13%	23%	29%	20%

Additional comments:

Would use more if more things to do/more services/facilities/promoted better.

Go elsewhere (e.g. Health Centre, other parents, GP, courses, leaflets).

As and when needed.

Use less now child older.

Unaware of services offered.

Safe, secure, supportive environment.

Q4. How often do you use services in the Children's Centre to get advice?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	0	0	0	0
Ashbourne	10	0	1	5	4
Bakewell	20	0	0	11	7
Castle Gresley	13	6	0	1	4
Chapel en le Frith	11	1	1	1	4
Coton in the Elms	11	0	0	0	10
Crich	9	0	0	0	9
Duffield	9	0	0	0	9
Gamesley	16	4	4	6	1
Killamarsh	12	0	0	0	7
Langwith	14	0	0	0	0
Sandiacre	25	0	0	1	23
Tupton	11	0	0	5	6
West Hallam	35	1	0	1	17
Wirksworth	15	0	0	0	10
Total	221	12	6	31	111
% rate of those responding to Qs.		5%	3%	14%	50%

Additional comments:

Would use more if more things to do/more services/facilities/promoted better.

Unaware of services offered.

As and when needed.

Use less now child older.

Centre provision to other support services (e.g. Speakers, CAB).

Q5. What would change for you and your family if the Children's Centre closed or the hours reduced?

Positive health impacts

- Change of venue positive may result in more/pooling of resources (toys, people, and space).
- Better publicity/promotion of groups, classes, sessions.
- Cuts have to be made somewhere/money could be spent elsewhere.
- If relocated in same area.
- Prepared to travel.
- Meet different/more people at alternative location.

Negative health impacts

- Negative impact on parent/carer/grandparent
- Loss of peer support, parent networks, socialisation, friends, communication, encouragement, inclusive, new to area, outlet for mums, build confidence, single parents, adult conversation, sharing experiences, highlight of week, loss of contact.
- Loss of access to professional support/services - CC staff, HVs, Child-minders, peer support (breastfeeding, etc.), clinic, weighing, speech and language, PEEP, baby massage, health advice, 2 year government funding,

other children's services, in confidence, vitamins, Doidy cups.

- Loss of service/access to resources, specialist services (Dads, new babies), access to centre, part of community, specialist resources (sensory equipment), links to advice /support services, a hub, purpose built, free, disabled access, safe, appropriate, clean, privacy, trust, valued, lack of alternative venues, limited sessions, sessions too busy.
- Loss of access for professionals to deliver classes/groups – HVs, Child-minders.
- Effect on mental health – confidence, social isolation, mental health support, coping, lifeline, post natal depression, PTSD, stress, stay at home, lonely, sanity, purpose, self-esteem, rural isolation, negative impact.
- Costs/charges - other venues, travel, no car, parking, financial pressures.

Negative impact on baby/child

- Loss of opportunity to interact, creative play, socialise, learn, meet others, increase confidence, independence.
- Loss of opportunity to develop, skills, learn, stimulation, transition to pre-school, routine, eating with other children, early years education.
- Effect on mental health – stress passed onto child.
- Access for older children.

Q6. Of the services provided by the Children's Centre, what would you say are the most important for you and your family's health and wellbeing?

Positive health impacts

- Access to professionals/professional services and other services.
- Face to face advice/support in confidence.
- Specialist resources (sensory room).
- Safe/secure environment to meet others/for children to play.
- Outreach support (hearing, speech and language).
- Age appropriate sessions/activities/groups (Pre-birth, Baby Massage, Talkers).
- Access during school holidays.
- Health advice (e.g. brushing teeth, fire safety, breastfeeding, weaning, health advice).
- Emotional, practical and social support.
- Adult learning opportunities/information/training/qualifications (e.g. PEEPS).
- Child learning, development, skills, pathways to pre-school.
- Volunteering opportunities.
- Free access.

Negative health impacts

- HVs too clinical.
- Children's centre not fully utilised.

Q7. How might reduced access to the Children's Centre affect you and your family's health and wellbeing?

Positive impacts

- Would do other things instead.
- Would not impact/affect me.

Negative impacts

- Effect on mental health – confidence, social isolation, mental health, stress, post natal depression, would stay at home, confidence to go back to work.
- Reduced/inequality of access/opportunities/facilities/support for families in future.
- No other baby changing and feeding facilities.
- Costs/charges – access to other groups, transport, no car, financial pressures.
- [Child] Loss of opportunity to interact - creative play, socialise, learn, meet others, increase confidence, independence.
- [Child] Loss of opportunity to develop - skills, learning, stimulation, transition to pre-school, routine, eating with other children, early year's education.
- Familiarity of the Centre – starting all over again.
- Access to professional support (staff, HVs).
- Free.

Q8. How and where would you get the support and advice you need if the Children's Centre closed or the hours reduced?

- I don't know/no idea/wouldn't go anywhere.
- Stay at home.
- Information from family/friends/others.
- Internet/google searches (e.g. NHS Direct), social media (Facebook) – some sites may give incorrect/inappropriate advice.
- Go to/contact health professionals/services (e.g. HV, MATs, CC Workers, GP, NHS111, CAB, community centre, Job Centre, other children's centre, school, hospital, A&E, Drop-in clinic).
- Service support would be lost/no face to face contact (e.g. Breastfeeding support).
- Nowhere to meet others for peer support.
- There would be nowhere for volunteers.
- No voluntary sector organisations available.
- Cost implications – bus/car/other play groups.

Q9. Other points raised by the focus group

- One group said that the questions did not reflect their needs (how it would be used if there were greater services in-situ).
- Whole health and wellbeing service across the community needs assessing.
- No outreach work if services not available.
- Bigger centres in one place/new schools should have Children's centres.
- Children's Centre facilities really good/hub of community/supportive environment.
- Proposed new housing development (Chapel en le Frith) increase in families will add pressure to reduced service.
- Children form friendships/helps transition into school.
- What will happen to children's centre specialist support (e.g. allergy, speech, breastfeeding)?
- Told I am not able to use Derby city's children's centre – feel aggrieved.
- Children's centres not publicised well/not aware of services available
- Criminal waste of resources, local government should be shed.
- Increased risk of isolation.

Appendix 3
Children's Centre Service Provision template



Information about your Children's Centre service provision

Name of Children's Centre:	
Date:	
Completed by:	

Please complete the table below for ALL services delivered by your Children's Centre. It is important that the information is current, accurate and completed in full to enable an assessment of where alternative service provision may be necessary in the future.

Do not include services that are no longer provided.

--

1. Health services for children, parents/carers and expectant parents

Services delivered by CC.	Services delivered by other agencies.		Is there a charge for the service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			
Example	Breastfeeding Peer Support	HV (DCHS)	No	Yes	Health Centre
					Add more rows if needed

2. Nursery/pre-school provision

Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			

					Add more rows if needed

3. Programmes to develop parenting skills e.g. behaviour management, attachment, healthy lifestyles

Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			

					Add more rows if needed
4. Training and employment services to assist parents/carers, expectant parents & users					
Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			
					Add more rows if needed
5. Advice, support, information and guidance services for parents/carers, expectant parents & users					
Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			

					Add more rows if needed
6. Other services not covered in the above (please state)					
Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			
					Add more rows if needed

Appendix 4

Postcodes – furthest distance travelled by Children’s Centre

Children's Centre	Venue of focus group	Name of Group	Furthest distance travelled (miles)
Arkwright	Arkwright Children's Centre	Mixed Focus Group	5.514
Ashbourne	Ashbourne Children's Centre	Baby Group	4.682
	Ashbourne Children's Centre	Messy Play, Rhythm and Rhyme	1.356
Bakewell	Bakewell Children's Centre	Bakewell Bunnies	8.536
	Bakewell Children's Centre	Stay & Play	7.61
Castle Gresley	Swadlincote Children's Centre	Toy Library	3.537
	Castle Gresley Salvation Army	Little Dragons Toddler Group	2.101
Chapel-en-le-Frith	Chapel-en-le-Frith Children's Centre	Baby Coo and Do Group	1.373
	Chapel-en-le-Frith Children's Centre	Learners Can Play	4.962
Coton-in-the-Elms	Coton in the Elms Children's Centre	Childminder Group	10.038
	Coton in the Elms Children's Centre	Stay and Play	3.571
Crich	The Glebe Centre	Stay, Weigh and Play	3.044
	The Wesley Methodist Chapel	Young Parents Group	5.654
Duffield	Duffield Children's Centre	Stay, Weigh and Play	5.917
	Duffield Children's Centre	Little Learners	15.27
Gamesley	Geoffrey Church Centre	Gamesley Childrens Group	1.678
	Gamesley Children's Centre	Stay and Play	2.256
Killamarsh	Killamarsh Children's Centre	Childminder Group	2.041
	Killamarsh Children's Centre	Bumps and Babes	7.094
Langwith	Langwith Children's Centre	Little Explorers	1.605
Sandiacre	Borrowash Youth Centre	Borrowash Clinic	1.941
	Petersham Community Centre	Stay and Play	1.294
	Methodist Hall	Sunshine Clinic	3.463
Tupton	Clay Cross Children's Centre	Men Only Group	11.034
	Tupton Children's Centre	Walkers and Talkers	0.493
West Hallam	West Hallam Children's Centre	Bright Beginnings	4.829
	Charnos Family Support Centre	Little Learners	2.333
Wirksworth	Wirksworth Memorial Hall	Toy Library	3.034
	Wirksworth Memorial Hall	Breastfeeding Club/Baby Club	2.799

AMBER VALLEY Health Profile

How health is Amber Valley

The health profile for Amber Valley has been taken from the Public Health England document Amber Valley health profile (2014) and will be referenced within the appendices.

Health in summary

The population of Amber Valley is 123,000 people. The health of people in Bolsover is varied compared with the England average. Deprivation is higher than average and about 23.2% (3,200) children live in poverty. Life expectancy for both men and women is lower than the England average.

Living longer

Life expectancy is 7.5 years lower for men and 3.4 years lower for women in the most deprived areas of Bolsover than in the least deprived areas.

Child health

In Year 6, 18.7% (127) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 51.0*. This represents 8 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 31.0% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 663*. This represents 503 stays per year. The rate of self-harm hospital stays was 232.0*, worse than the average for England. This represents 177 stays per year. The rate of smoking related deaths was 346*, worse than the average for England. This represents 149 deaths per year. Estimated levels of adult excess weight and physical activity are worse than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average. The rate of early deaths from cancer is worse than average. Rates of statutory homelessness, violent crime and long term unemployment are better than average.

Priorities for Amber Valley Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

BOLSOVER Health Profile

How healthy is Bolsover

The health profile for Bolsover has been taken from the Public Health England document Bolsover health profile (2014) and will be referenced within the appendices.

Health in summary

The population of Bolsover is 76,000 people. The health of people in Bolsover is varied compared with the England average. Deprivation is higher than average and about 23.2% (3,200) children live in poverty. Life expectancy for both men and women is lower than the England average.

Living longer

Life expectancy is 7.5 years lower for men and 3.4 years lower for women in the most deprived areas of Bolsover than in the least deprived areas.

Child health

In Year 6, 18.7% (127) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 51.0*. This represents 8 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 31.0% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 663*. This represents 503 stays per year. The rate of self-harm hospital stays was 232.0*, worse than the average for England. This represents 177 stays per year. The rate of smoking related deaths was 346*, worse than the average for England. This represents 149 deaths per year. Estimated levels of adult excess weight and physical activity are worse than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average. The rate of early deaths from cancer is worse than average. Rates of statutory homelessness, violent crime and long term unemployment are better than average.

Priorities for Bolsover

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

DERBYSHIRE DALES Health Profile

How healthy is Derbyshire Dales

The health profile for Derbyshire Dales has been taken from the Public Health England document Derbyshire Dale's health profile (2014) and will be referenced within the appendices.

Health summary

The population of Derbyshire Dales is 71,000 people. The health of people in Derbyshire Dales is generally better than the England average. Deprivation is lower than average, however about 10.7% (1,200) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is not significantly different for people in the most deprived areas of Derbyshire Dales than in the least deprived areas.

Child health

In Year 6, 15.7% (97) of children are classified as obese, better than the average for England. The rate of alcohol specific hospital stays among those under 18 was 36.9*. This represents 5 stays per year. Levels of smoking at time of delivery are worse than the England average. Levels of teenage pregnancy and GCSE attainment are better than the England average.

Adult health

In 2012, 19.5% of adults are classified as obese. The rate of alcohol related harm hospital stays was 602*. This represents 452 stays per year. The rate of self-harm hospital stays was 170.8*. This represents 104 stays per year. The rate of smoking related deaths was 216*, better than the average for England. This represents 108 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment, drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Priorities for Derbyshire Dales

Priorities include smoking in pregnancy, reducing equality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding

EREWASH Health Profile

How healthy is Erewash

The health profile for Erewash has been taken from the Public Health England document Erewash health profile (2014) and will be referenced within the appendices.

Health in summary

The population of Erewash is 113,000 people. The health of people in Erewash is varied compared with the England average. Deprivation is lower than average, however about 19.8% (3,900) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is 4.9 years lower for men in the most deprived areas of Erewash than in the least deprived areas.

Child health

In Year 6, 20.2% (207) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 31.8*. This represents 7 stays per year. Levels of breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 24.4% of adults are classified as obese. The rate of alcohol related harm hospital stays was 651*. This represents 728 stays per year. The rate of self-harm hospital stays was 157.5*, better than the average for England. This represents 177 stays per year. The rate of smoking related deaths was 292*. This represents 186 deaths per year. Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness and drug misuse are better than average.

Priorities for Erewash

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

HIGH PEAK Health Profile

How healthy is High Peak

The health profile for High Peak has been taken from the Public Health England document High Peak health profile (2014) and will be referenced within the appendices.

Health in summary

The population of High Peak is 91,000 people. The health of people in High Peak is varied compared with the England average. Deprivation is lower than average, however about 13.9% (2,200) children live in poverty. Life expectancy for men is higher than the England average.

Living longer

Life expectancy is 8.5 years lower for men and 7.3 years lower for women in the most deprived areas of High Peak than in the least deprived areas.

Child health

In Year 6, 15.2% (129) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 63.7*. This represents 12 stays per year. Levels of breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 20.0% of adults are classified as obese. The rate of alcohol related harm hospital stays was 615*. This represents 557 stays per year. The rate of self-harm hospital stays was 200.4*. This represents 179 stays per year. The rate of smoking related deaths was 281*. This represents 141 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and drug misuse are better than average.

Priorities for High Peak

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

NORTH EAST DERBYSHIRE Health Profile

How healthy is North East Derbyshire

The health profile North East Derbyshire has been taken from the Public Health England document North East Derbyshire profile (2014) and will be referenced within the appendices.

Health in summary

The population for North East Derbyshire is 99,000 people. The health of people in North East Derbyshire is varied compared with the England average. Deprivation is lower than average, however about 15.4% (2,500) children live in poverty. Life expectancy for both men and women is similar to the England average.

Living longer

Life expectancy is 11.5 years lower for men and 5.9 years lower for women in the most deprived areas of North East Derbyshire than in the least deprived areas.

Child health

In Year 6, 15.2% (149) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 47.9*. This represents 9 stays per year. Levels of breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 24.9% of adults are classified as obese. The rate of alcohol related harm hospital stays was 591*. This represents 603 stays per year. The rate of self-harm hospital stays was 205.6*. This represents 194 stays per year. The rate of smoking related deaths was 265*, better than the average for England. This represents 171 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and drug misuse are better than average.

Priorities for North East Derbyshire

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

SOUTH DERBYSHIRE Health Profile

How healthy is South Derbyshire

The health South Derbyshire has been taken from the Public Health England document South Derbyshire profile (2014) and will be referenced within the appendices.

Health in summary

The population of South Derbyshire is 96,000 people. The health of people in South Derbyshire is varied compared with the England average. Deprivation is lower than average, however about 13.3% (2,400) children live in poverty. Life expectancy for both men and women is similar to the England average.

Child health

In Year 6, 18.4% (163) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 39.3*. This represents 8 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 22.2% of adults are classified as obese. The rate of alcohol related harm hospital stays was 583*, better than the average for England. This represents 535 stays per year. The rate of self-harm hospital stays was 169.9*. This represents 160 stays per year. The rate of smoking related deaths was 269*. This represents 124 deaths per year. Estimated levels of adult excess weight are worse than the England average. Estimated levels of adult smoking are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of violent crime, long term unemployment and drug misuse are better than average.

Priorities for North South Derbyshire

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.