

Public Document Pack



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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 2 February 2022

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 10 February 2022** in Council Chamber, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink that reads 'Helen E. Barrington'.

Helen Barrington
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Agenda (Pages 1 - 2)
2. Declarations of interest and apologies for absence
To receive declarations of interest and apologies for absence (if any)
3. Minutes (Pages 3 - 8)
To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 30 September 2021.

4. Health and Wellbeing Board Strategy Update (Pages 9 - 24)
5. Physical Activity in Derbyshire Update (Pages 25 - 32)
6. Homelessness Strategy Update
7. Update on ICS
8. Better Care Fund (Pages 33 - 52)
9. Health and Wellbeing Round Up (Pages 53 - 56)
10. Any Other Business

DERBYSHIRE HEALTH AND WELLBEING BOARD

10am-12noon, 10 February 2022

Council Chamber, County Hall, Matlock, DE4 3AG

AGENDA

Time	Time allocated	Items	Presenter
10:00	5 minutes	1. Declarations of interest and Apologies for absence 2. Minutes of the last meeting held on 30 September 2021	Cllr Hart
10:05	15 minutes	3. Health and Wellbeing Board Strategy Update	Dean Wallace
10:20	20 minutes	4. Physical Activity in Derbyshire update	Helene Denness
10:40	15 minutes	5. Homelessness Strategy update	Lee Pepper
10:55	15 minutes	6. Update on ICS	Helen Jones
11:10	10 minutes	7. Better Care Fund	Helen Jones
11:20	5 minutes	8. Health and Wellbeing Round Up (Report)	Helen Jones
11:25	5 minutes	9. AOB	Cllr Hart

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MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 30 September 2021 at County Hall, Matlock, DE4 3AG.

PRESENT

Councillor C Hart (Derbyshire County Council)
(In the Chair)

H Bowen	Chesterfield Borough Council
T Campbell	Derbyshire Health United HealthCare
C Clayton	Derby & Derbyshire CCG
I Fleming	Derbyshire County Council
N Hoy	Derbyshire County Council
H Jones	Derbyshire County Council
J Patten	North East Derbyshire District Council
S Scott	Erewash CVS
A Smithson	Chesterfield Royal Hospital
D Wallace	Derbyshire County Council
C Wright	Derbyshire Healthcare NHS Foundation Trust

Also in attendance – E Houlston (Derbyshire County Council), and L Pepper (North East Derbyshire District Council).

Apologies for absence were submitted on behalf of S Bateman (Derbyshire Health United HealthCare), A Foster (Police and Crime Commissioner), C Prowse (NHS Tameside And Glossop CCG), J Simmons (Healthwatch Derbyshire), and T Slater (East Midlands Ambulance Service).

19/21 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 08 July 2021 be confirmed as a correct record.

20/21 **LOCALITIES PROGRAMME** The Public Health Locality Programme was made up of 8 partnerships across the county that aligned to the district/borough boundaries and contributed to improving health, wellness and reducing health inequalities at a local level. These partnerships were sub-groups of the Health and Wellbeing Board.

The Locality Programme as a whole had recently undergone a review and one of the recommendations was to strengthen the profile and performance management of the programme by establishing regular reporting arrangements to the Health and Wellbeing board.

The programme took a Thriving Communities approach by facilitating the involvement of local partners and people through a collaborative approach to

identify and address local health issues that impacted on public health outcomes related to Housing, Leisure, Health, Children's Services, Physical Activity, Mental Wellbeing and more. The partnerships worked closely with statutory partners, CVS/Infrastructure organisations, other local VCSE organisations and local communities directly supporting and complementing the wider work of DCC in the local area.

The activities of the partnerships varied considerably depending on local need. The presentation had been shared to the Health and Wellbeing Board to give examples of good practice from around the county, and hear from partners involved in delivery at a local level.

RESOLVED to (1) follow the presentation, discuss the future potential of the programme as part of the Integrated Care System (ICS); and (2) agree to a regular reporting arrangement for the Localities Programme into the Health and Wellbeing Board.

21/20 **HOMELESSNESS IN DERBYSHIRE** The Covid-19 pandemic had given partners in Derbyshire the biggest test, and the efforts put into protecting the most vulnerable in our communities had been a good example of partnership working.

The paper sought to highlight to all Health and Wellbeing Board members the very difficult challenges that laid ahead, and the need for continued partnership working and accepting that homelessness was 'everyone's business' as had been done throughout the pandemic.

Since the first lockdown in March 2020 partners across Derbyshire had achieved a great deal together, with housing and health sectors collaborating closely. Projects such as the Mount Cook winter homeless provision set a high bar for what could be achieved by pooling funding and sharing resources. 91 people were housed in the project and everyone benefitted from the many services that came together over the three months including drug/ alcohol services, NHS GP practices, mental health and dental services, rough sleeper support teams and housing & debt specialists.

RESOLVED to (1) recognise that continued rough sleeping and an increase in homelessness in general would affect services cutting across the health spectrum in the next few years; (2) agree as a partnership to work collectively on the coming challenges in the same way as we met the challenge of the pandemic; and (3) agree to work with Derbyshire Homelessness Officers Group collaboratively to develop the county wide strategy in order to develop and commission new services to help those with severe and complex needs.

22/20 **LONG COVID** A presentation had been shared to give details on Long Covid. The slides showed a summary of latest available

evidence. The studies were using data from different populations. Although, it had been noted that real world evidence may reflect different causes of the disease with different groups presenting with different symptoms.

The presentation outlined the symptoms of Long Covid, the time period individuals were impacted by Long Covid as well as the demographic of those impacted. People aged under 70 were more commonly and more adversely affected. The Office for National Statistics (ONS) suggested that prevalence of self-reported long COVID was greatest in people aged 35- 69 years.

There was no clinical definition on a clear treatment pathway due to the evolving evidence base. Support included:

- Treatment of symptoms
- Rehab support
- Mental health support
- Self-management

It had been clear that bespoke community based support was critical to people living well with long COVID and there were now issues such as the impact on workforce productivity, as well as the gap in healthy life expectancy being considered to consider wider Public Health impact.

23/20 BOUNDARY UPDATE PAPER / STAKEHOLDER BRIEFING

Earlier this year, the Department of Health and Social Care (DHSC) asked NHS England to set out options for boundary alignment in Integrated Care Systems (ICS) in specific geographies where upper-tier local authorities currently had to work across more than one ICS footprint and to assess the impact of changes to deliver alignment in each case. Over the last 6 months NHS England had worked with stakeholders to develop advice and analysis for each of the affected areas to inform the Secretary of State for Health and Social Care's decision.

This work had now concluded, with advice provided to the Secretary of State for Health and Social Care. A final decision had been taken for the six areas in scope, one of which was Glossop, Derbyshire.

It was crucial that partners worked together on this transition and so there would be a joint transition group involving key leads from across the two systems that coordinated and oversaw the key areas of work.

24/20 HEALTH & WELLBEING STRATEGY UPDATE The refresh of the Health and Wellbeing Strategy (HWBS) was now underway with work in the background to review and link in the evidence which was shared at

the 1 April Health and Wellbeing Board on the impact of Covid-19 locally and nationally.

In addition, the strategy was also being updated to reflect the emerging Integrated Care System structures and priorities. It had been clear that the HWBS continued to focus on priorities related to primary prevention and the wider determinants of health, whilst the Integrated Care System would focus on secondary and tertiary prevention.

In addition to incorporating evidence demonstrating the impact of the pandemic locally, the wider evidence base would be refreshed and updated to reflect the health and wellbeing status of communities and individuals across Derbyshire mid-way through the five-year strategy period. Partners were encouraged to share any key documentation which could be incorporated. A survey would also be circulated after the Board meeting to capture feedback and comments from partners.

The Health and Wellbeing Strategy 2018 outlined five priority areas on which the Health and Wellbeing Board had focused activity, and it had been proposed that these remained. Views would be ascertained on whether COVID response and recovery should be added as a stand-alone priority or blended across the five priority areas. The Strategy would continue to highlight particular areas and population subgroups that had been identified as opportunities for focused work to improve the health and wellbeing of the population of Derbyshire against the priority areas.

Throughout the autumn, the strategy would be finalised to incorporate the current changing policy context in relation to emerging ICS structures and other national developments, such as development of the UK Health Security Agency, the Office for Health Promotion and wider reforms associated with the White Paper. A draft strategy would be presented to the January meeting.

RESOLVED to note the progress on the refresh of the Health and Wellbeing Strategy for Derbyshire

25/20 **TERMS OF REFERENCE** The terms of reference for the Health and Wellbeing Board had been updated to reflect recent changes in job titles and Cabinet member titles at the County Council.

The governance chart had been reviewed and updated to align with the latest Joined Up Care Derbyshire arrangements and position the Joint Strategic Needs Assessment as a shared evidence base that informed work across the range of groups and organisations represented in the governance chart.

The terms of reference would need to be regularly reviewed as the development of the Integrated Care Partnership took place over the next six

months. It was therefore proposed that the terms of reference were reviewed again in Spring 2022 to reflect these emerging arrangements.

A report would be presented to Full Council to ask them to note the new terms of reference and ensure the council constitution was updated accordingly.

RESOLVED to (1) approve the revised terms of reference; (2) provide any further feedback by 14 October 2021; and (3) agree a final version was presented to Full Council in due course.

26/20 **HEALTH AND WELLBEING ROUND UP** HJ had provided HWB members with a written report containing a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

RESOLVED to note the information contained in the round-up report.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

10 February 2022

Report of the Director of Public Health

Derbyshire Health and Wellbeing Strategy - Refresh 2022

1. Purpose

1.1 The Health and Wellbeing Board are asked to:

- a) Review and discuss the refreshed Health and Wellbeing Strategy, attached in Appendix 1.
- b) Provide comment and feedback on the draft strategy document by Thursday 10 March, so that a final version of the document can be approved at the Health and Wellbeing Board meeting on 31 March 2022.
- c) Agree to have the 2022 refresh of the 'Health and Wellbeing Strategy' as a live document in preparation for the full strategy refresh in 2023.

2. Information and Analysis

2.1 Appendix 1 presents the refreshed Derbyshire 'Health and Wellbeing Strategy' in draft format. The strategy continues to focus around 5 priority areas:

1. Enable people in Derbyshire to live healthy lives.
2. Work in lower levels of air pollution.
3. Build mental health and wellbeing across the life course.
4. Support our vulnerable population to live in well-planned and healthy homes.

5. Strengthen opportunities for good quality employment and lifelong learning.

2.2 For each priority the strategy describes:

- Why this is a priority in Derbyshire?
- How we will achieve our ambitions?
- Has the Covid-19 pandemic changed anything?
- What are the priorities for the next 24 months?
- What we have achieved?
- How will we continue to measure success and track progress?

2.3 The refreshed 2022 'Health and Wellbeing Strategy' will be a live document and we will update governance structures to make sure it fully aligns with emerging Integrated Care System arrangements throughout 2022.

2.4 The strategy will be fully reviewed with an ambition to have a new strategy in place from the end of 2023 onwards. For this review officers will fully engage with Board members and local residents to inform the development of new priorities and outline a longer vision which formalises arrangements between the Integrated Care System and the Health and Wellbeing Board once all governance is fully in place.

3. Consultation

3.1 The Board are invited to review the refreshed document and provide feedback by 10 March. Feedback should be emailed to director.publichealth@derbyshire.gov.uk

4. Appendices

4.1 Appendix 1

4.2 Appendix 2 – Health and Wellbeing Strategy.

5. Recommendation(s)

That the Health and Wellbeing Board:

- a) Review and discuss the refreshed Health and Wellbeing Strategy, attached in Appendix 1.
- b) Provide comment and feedback on the draft strategy document by Thursday 10 March, so that a final version of the document can be approved at the Health and Wellbeing Board meeting on 31 March 2022.
- c) Agree to have the 2022 refresh of the 'Health and Wellbeing Strategy' as a live document in preparation for the full strategy refresh in 2023.

6. Reasons for Recommendation(s)

- 6.1 To note the updated 'Health and Wellbeing Strategy' which outlines progress made since the first version was published and takes into account the impact of Covid-19.
- 6.2 To allow partners to comment on the refresh in light of emerging governance arrangements linked to the Integrated Care System and other system wide changes.
- 6.3 To allow continued updates throughout the year to allow a good basis structure for the full 2023 'Health and Wellbeing Strategy' refresh.

Report Author: Ellen Langton

Contact details: ellen.langton@derbyshire.gov.uk

Implications

Financial

- 1.1 There are no financial implications associated with the refresh of the strategy. Organisations will need to use existing budgets to drive forward work in relation to the strategy priority areas.

Legal

- 2.1 The Health and Wellbeing Strategy is a statutory requirement under the Health and Social Care Act (2012).

Human Resources

- 3.1 No implications



FOR PUBLICATION

**DERBYSHIRE COUNTY COUNCIL
HEALTH AND WELLBEING BOARD**

10 February 2022

Report of the Assistant Director of Public Health

**Developing a whole system approach to physical activity and movement
in Derbyshire**

1. Purpose

- 1.1 To request the Health and Wellbeing Board support the development of a whole system approach to physical activity and movement in the county and to engage them in the process of developing Walk Derbyshire.

2. Information and Analysis

- 2.1 Regular physical activity is important for health and wellbeing, reducing the risk of cardiovascular disease, certain cancers, type 2 diabetes, falls and mental ill health. It has wide benefits for people of all ages, ranging from helping children to maintain a healthy weight to reducing conditions such as hip fractures in older people. Physical activity can also improve the health outcomes and quality of life of people who already have long-term conditions, for example, it can lead to reduced weight and improved insulin sensitivity in people with type 2 diabetes.
- 2.2 Derbyshire County Council has a long tradition of investing in physical activity and has worked with a range of partners including Active Derbyshire, Shift and the district and borough councils to deliver a range of interventions aimed at reducing inactivity levels.
- 2.3 The current physical activity system includes a successful Jog Derbyshire programme delivered by Shift, an exercise by referral

scheme that is delivered through district and borough councils and Walk Derbyshire led groups programme. These programmes are funded through Derbyshire County Council Public Health Grant and a link to the latest annual report can be found in the background papers section of this report.

- 2.4 The Covid-19 pandemic has made it more challenging for people to be active and there are now one in four people inactive in Derbyshire. There are also widening inequalities, driven by Covid-19, which means that the number of inactive people is rising.
- 2.5 Physical activity behaviour changed in the pandemic, for example:
- A quarter of all 'active minutes' now come from gardening and over a third comes from walking for leisure.
 - 78% of all minutes, up from 70%, have been provided by walking, cycling, and gardening during the pandemic.
 - Traditional sport and fitness activities have reduced from providing 30% of all 'active minutes' to 22% during the pandemic.
- 2.6 Derbyshire's work on physical activity and movement dovetails with national and regional work. In January, Sport England launched 'Uniting the Movement', which provides a 10-year vision to transform lives and communities through sport and physical activity, with a mission to tackle deep-rooted inequalities and unlock the advantage of being active for everyone.
- 2.7 Derbyshire's new physical activity strategy, 'Making our Move', was launched in October 2021, and aims to address inequalities and empower everyone to be active in a way that works for them. The strategy sets out an approach that will help focus the efforts and resources to empower communities and unlock their potential.

There are two relevant priorities outlined within the strategy and they are:

- To create accessible, safe, and inclusive places and environments for physical activity.
- To maximise the potential of walking.

The strategy outlines that most physical activity takes place outdoor, within 20 minutes of people's homes, and that all population groups walk more than they do any other type of activity whether to keep fit, for leisure or for travel.

2.8 There is an opportunity to further integrate the physical activity provision across the county and a new commissioning model is in development which will form part of the whole system approach to physical activity. This will ensure that commissioned services contribute to strategic objectives, namely increasing rates of physical activity and reducing rates of inactivity.

2.9 Why is walking so important?

According to Sport England Active Lives Survey (8), walking is by far the greatest activity undertaken in England with 18.6 million people doing at least two sessions of walking a week for leisure and 14.5 million people doing at least two sessions of walking for transport. If we increased walking by 10% this would lead to an additional 6.6 million sessions of activity. Increasing walking participation is one of the most cost-effective interventions to increase physical activity levels.

Walking can have the biggest impact on population activity:

“Brisk walking has the greatest potential for increasing the overall activity levels of a sedentary population and is most likely to be adopted by a range of ages, socioeconomic and ethnic groups.”

Hillsdon and Thorogood (1996)

The UK Chief Medical Officers’ highlighted walking as one of:

“the easiest and most acceptable forms of physical activity...that can be incorporated into everyday life”.

2.10 Current insight has shown that walking can have a significant impact on people’s physical and mental wellbeing and is accessible to all. A range of new partners and organisations are promoting walking, would like to be involved in promoting walking and/or able to use walking as a way of engaging with the communities. For example, there has been an emergence of Voluntary and Community Sector led buddy schemes and ‘walk and talk’ sessions aiming to reduce social isolation and improve people’s mental health. There has also been an increase in the number of young people walking and in more family-based activity.

2.11 In the context of increased interest in walking across the county, Derbyshire County Council Public Health are working with Active Derbyshire to develop, ‘Walk Derbyshire. A Whole System Approach’ to walking across the County. The whole systems approach will build on existing exemplary work that districts and boroughs have led through

delivering Walking for Health and will build on the opportunity provided through COVID-19 to better promote and develop everyday walking and help to increase levels of physical activity particularly in disadvantaged communities. Walking is the most accessible physical activity and addresses many of the reported barriers to being more active, such as time, money, poor health, and physical limitations. It is also accessible to people from groups who could most benefit from being active such as older people and those on low incomes thus helping to reduce health inequalities.

2.12 Walk Derbyshire's aim is to make every-day walking the norm for all residents of Derbyshire, with a specific focus on those who are inactive. Creating a culture of walking, as part of everyday life, will help improve both physical and mental wellbeing. Walk Derbyshire will be a social movement in which Derbyshire becomes a Walking County and where people can easily find accessible, walking routes right from their doorstep.

2.13 Specifically, Walk Derbyshire aims to:

- Bring together key partners in an alliance to coordinate and project manage the development of Walk Derbyshire.
- Develop and manage a County forum for walking.
- Create and manage a marketing and communications plan including, developing a Walk Derbyshire website which will be populated with information about local walks, maps, campaigns, toolkits, family activities, walk and talk ideas, films, and festival information etc.
- Develop toolkits to encourage walking for individuals, families, workplaces, groups, and services providers.
- Develop and facilitate a network of walk champions in local communities.
- Develop and facilitate a suite of walk training packages for voluntary sector and communities across Derbyshire which will be flexible and more wider reaching than current options.
- Develop and deliver four Active Neighbourhoods Pilots, which will create better linked up and signed neighbourhoods to make it easier to walk for enjoyment or travel. The Active Neighbourhood Pilots will link a range of partners including Derbyshire County Council (Public Health and Planning), District/Borough (Planning, Leisure, Parks) and VCS (Community and Voluntary Sector Infrastructure Group) to engage the community and develop a network of signed and safe walking routes identified by the

community and supported and activated by the planners and local authority and VCS partners.

- 2.14 The Walk Derbyshire programme will be managed by Active Partners Trust (Active Derbyshire) and Public Health but will be delivered as part of a multiagency approach.

3 Implications

- 3.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

4 Consultation

- 4.1 A consultation was conducted in the initial phase of the work and there has been a number of stakeholder events that led to the initial funding application. Further stakeholder discussions have led to more partners and organisations being ready to implement and be part of the project
- 4.2 The key findings were outlined above and have led to the development of the Walk Derbyshire project.

5 Background Papers

- 5.1 Physical Activity Cabinet Paper - Investment in population nutrition and physical activity programmes 09 July 2020
- 5.2 Walk Derbyshire Public Health Investment Funding – Cabinet Paper July 2021
- 5.3 Physical Activity Cabinet Paper - Investment in Physical Activity programmes – 10 December 2021
- 5.4 [Jog Derbyshire Annual Report 2020 - 2021](#)

6 Appendices

- 6.1 Appendix 1 – Implications.

7 Recommendation(s)

- 7.1 The Health and Wellbeing Board is asked to:
- a) Engage in the work of developing a whole system approach to physical activity

b) Support the Walk Derbyshire programme and its implementation

8 Reasons for Recommendation(s)

8.1 To engage the Board and its members in the development of a whole system approach to physical activity and Walk Derbyshire

Report Author: Helene Denness
Helene.denness@derbyshire.gov.uk

Contact details:

Appendix 1

Implications

Financial

1.1 No financial implications have been identified. If any financial implications are identified at a later stage, finance colleagues will be asked for advice, and any actions will be taken in line with Derbyshire County Council's policies and procedures.

All the funding will come from the Public Health Budget 2021/22 to fund Walk Derbyshire which has previously been agreed at Cabinet.

Legal

2.1 No legal implications have been identified. If any legal implications are identified at a later stage, legal colleagues will be asked for advice, and any actions taken in line with Derbyshire County Council's policies and procedures.

Human Resources

3.1 No Human Resources (HR) implications have been identified. If any HR implications are identified at a later stage, HR colleagues will be asked for advice, and any actions taken in line with Derbyshire County Council's policies and procedures.

Information Technology

4.1 No Information Technology implications have been identified.

Equalities Impact

- 5.1 In preparing this report the relevance of the following factors has been considered: equality of opportunity, health, environmental, transport, property and crime and disorder considerations

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**North East
Derbyshire**
District Council

Derbyshire Homelessness Strategy

Lee Pepper

Housing Strategy & Homelessness Manager

**Update to the Health and
Wellbeing Board**



Making Homelessness Everyone's Business

Aims of the Strategy

The basis for a coordinated strategic partnership response to homelessness across Derbyshire and Staffordshire Moorlands

- Building upon the positive partnership working that has emerged in response to the pandemic.
- Developing a regional approach to tackling homelessness across Derbyshire.
- Reducing and preventing homelessness across Derbyshire.
- Providing a platform for future commissioning of services.
- Development of shared services and increased collaboration.
- Securing system-wide commitment and buy-in amongst multiple organisations, in recognition that homelessness is everyone's problem.

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Making Homelessness Everyone's Business



**North East
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Multi- Agency Engagement

County Council and Wider Partners

- Wide recognition that the response to the pandemic has strengthened partnership working.
- Engagement and commitment from the County Council and Health is critical.
- Full buy-in to the Strategy is needed from wider partners in terms of both development and, critically, delivery.
- Need to remove some of the current blockages within the system.
- Need to ensure the improved access to key services for clients with complex and multiple needs.

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**North East
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Making Homelessness Everyone's Business

Understanding System Blockages

- Drug and alcohol services
- Mental Health, wider health, and the NHS
- Adult social care
- Criminal justice system
- Local Authority/Housing

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**North East
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Making Homelessness Everyone's Business

Drug & Alcohol Services

- Limited, or lack of, flexibility around appointments and adapting to the particular needs of an individual service user.
- **Difficulty getting and keeping people on scripts who, due to chaotic lifestyles, miss their appointments.**
- Length of time between referral and appointment – often small windows of opportunity for engagement.
- Long waiting times for prescriber appointments.
- **There is often a lack of options for people with serious alcohol addictions who display similar symptoms to that of dementia.**
- Cases being closed due to periods of non-engagement on behalf of the individual.
- Lack of dedicated resource to focus on engaging with rough sleepers and those with multiple and complex needs.

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**North East
Derbyshire**
District Council

Mental Health & Wider Health

- Dual diagnosis – service users falling between services and often getting no assistance from either.
- Neurodivergent conditions (e.g., autism/ADHD) are rarely diagnosed amongst the homeless population – clients often have high support needs but are falling through the cracks.
- Personality disorders are not recognised as established mental health conditions.
- Over-reliance on emergency health care services such as A&E by individuals experiencing multiple and complex needs.

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**North East
Derbyshire**
District Council

Making Homelessness Everyone's Business

Adult and Children's Social Care

- Transition arrangements between children's and adult's social care for those aged 17.
- Vulnerable adults with social care needs who are deemed to have capacity make poor choices and are often quickly discharged.
- Cases closed due to perceived lack of engagement.
- Limited time invested in building relationships with clients which is essential with the homeless community who may be distrusting of statutory organisations.
- Social care act assessments are not designed for individuals with complex and chaotic needs.
- The need for and benefits of a dedicated homeless mental health practitioner has been demonstrated through the COVID-19 response.

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**North East
Derbyshire**
District Council

Making Homelessness Everyone's Business

Criminal Justice System

- Individuals consistently released from custody with no fixed abode.
- Short sentences can result in accommodation being lost.
- Short sentences impact upon engagement with mental health and substance misuse services.
- Assessment of suitable accommodation for individuals under MOSOVO makes it difficult to secure private sector accommodation.
- Individuals on licence are often penalised with a recall to custody for missing an appointment with their offender manager – this doesn't recognise the needs or behaviours of those with multiple and complex needs.
- Arbor project can not meet the identified need for high-risk offenders.

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**North East
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District Council

Making Homelessness Everyone's Business

Local Authority Housing

- Housing teams don't always take a pragmatic approach when making homeless determinations, and there can be a lack of consistency across local authorities.
- Supported housing providers refuse referrals for clients whose needs are perceived to be too high.
- Former evictions can act as a barrier for other providers to accommodate.
- Challenges in sourcing private sector accommodation, particularly for single people.
- Lack of specialist supported accommodation, especially for those with multiple and complex needs.

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**North East
Derbyshire**
District Council

Making Homelessness Everyone's Business

Emerging Priorities

- Prevention of homelessness through early intervention.
- Ending rough sleeping.
- **Establishment of a 'Multi-Disciplinary Team' to work with those with multiple and complex needs wish list of Approved Mental Health Professional (AMHP) with background of social work and mental health & Substance Misuse Outreach workers**
- Supported accommodation for those with multiple and complex needs.
- Expansion of Housing First.
- **COVID-19 recovery.**
- Supported housing commissioning and regulation.
- Improved use of the private rented sector through development of an effective landlord offer.
- Domestic abuse – increased choice and options.
- **Development of a 'Homelessness Charter'.**



**North East
Derbyshire**
District Council

Making Homelessness Everyone's Business

Questions for the Health and Wellbeing Board



Derbyshire
Homelessness
Officers Group

Question 1.

How can HWB partners support the implementation of the strategy?

Question 2.

There is an opportunity to Kickstart a MDT team via Gov funding. Are there any opportunities to streamline work and join up approaches to support the bid?

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Question 3.

Are there any gaps in the emerging priorities? or other items we need to consider including in the strategy?

Question 4.

Is the HWB happy to receive regular updates on the strategy implementation via the DHHSO?



**North East
Derbyshire**
District Council

Making Homelessness Everyone's Business

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FOR PUBLICATION

**DERBYSHIRE COUNTY COUNCIL
HEALTH AND WELLBEING BOARD**

10 February 2022

Executive Director Adult Social Care and Health

Report of the Executive Director Adult Social Care and Health

Derbyshire Better Care Fund 2021-22 Plan

1. Purpose

- 1.1 To provide a summary of the 2021-22 Better Care Fund (BCF) Planning Requirements; and
- 1.2 To present the 2021-22 Better Care Fund Plan for Derbyshire to the Derbyshire Health and Wellbeing Board.

2. Information and Analysis

- 2.1 On 30 September 2021 the Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England published the Better Care Fund (BCF) planning guidance for 2021-22. The details of allocations of funding for the BCF 2021-22 were made available in February 2021 as per the guidance the planning template was submitted nationally on the 16 November 2021. Approval of the plan was granted from 9 January 2022 and the Section 75 agreement needs to be signed by 31 February 2022.
- 2.2 **Planning requirements**
The BCF planning requirements for 2021-22 are still moving towards a light touch approach due the pressures within Central and Local Government and the wider health and social care system as a result of Covid-19. There are four national conditions set out in the Policy

Framework that must be achieved to ensure a BCF plan can be approved and funding accessed:

- i. Plans covering all mandatory funding contributions to be agreed by HWB areas and minimum contributions for CCG minimum and iBCF pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006)
- ii. The contribution to social care from the CCG via the BCF be agreed, and meet or exceed the minimum expectation
- iii. Spend on CCG commissioned out of hospital (OOH) services to meet or exceed the minimum ring fence.
- iv. Managing transfers of care where by local partners have agreed to support timely and safe discharges from hospital and the inclusion of a home first approach.

2.3 Confirmation of funding contribution

NHS England has published individual HWB level allocations of the BCF for 2021-22. This includes an uplift in contributions in line with CCG revenue growth. The minimum contributions required for Derbyshire from partners for 2021- 22 are:

CCG	Minimum Contribution 2021-22
NHS Tameside and Glossop CCG	£2,621,880
NHS Derby and Derbyshire CCG	£60,216,002
Total Minimum Contribution	£62,837,882

- 2.4 The iBCF funding made available to Derbyshire during 2021-22 is provided below, along with the Winter Pressures grant for 2021-22 which is now part of the BCF Pooled Budget.

Funding Source	2021-22
iBCF	£31,054,728
Winter Pressures Grant	£3,627,306
Total iBCF Funding available	£34,682,034

2.5 Disabled Facilities Grant

Following the approach taken in previous years, the Disabled Facilities Grant (DFG) will again be allocated through the BCF. The funding made available for the District & Borough Councils in Derbyshire is £7,898,005 which includes additional allocations announced in January 2021

2.6 Former Carers' Break Funding

Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes (e.g. reducing delayed transfers of care). In Derbyshire £2,207,452 has been allocated for services to support Carers in 2021-22, .

2.7 In summary the Derbyshire BCF Pooled Budget for 2021-22 is:

Source of funding	2021-22
CCG Minimum	£62,837,882
LA Additional (Community Equipment)	£2,258,667
CCG Additional Contribution	£928,015
iBCF	£31,054,728
Winter Pressures Grant	£3,627,306
DFG	£7,898,005
TOTAL	£108,604,203

2.8 National metrics

The national metrics used to monitor the BCF are detailed below: this is a change to previous years and the first 3 metrics are new reporting requirement for 2021. The emphasis is reduce and avoid hospital admission, reduce length of stay and discharge people to their normal residency. The two local authority indicators remain the same

- Avoidable admissions for unplanned ambulatory care conditions
- Length of stay in hospital 14 and 21 days
- Discharge to normal place of residency
- Admissions to residential homes;
- Effectiveness of reablement;

2.9 Local plan development, sign off and assurance

This year the plan has been agreed locally at the BCF programme board as per the guidance. The submission includes the completion of a narrative plan and spend for 2021-221.

2.10 The Derbyshire BCF 2021-22 Plan

The Derbyshire 2021-22 BCF Plan is, in effect, a continuation of the 2020-21 plan. The overarching vision and aims of the plan remain the same as they did in 2015-16.

2.11 There is a continued focus on community services being funded through the plan to reflect the work of the Joined Up Care Derbyshire Place workstream. This includes services such as Community Nursing, Therapy, Matrons, Evening Nursing, Clinical Navigation, Intermediate

Care Teams (North), Social Care support packages, Reablement, Hospital Social Work Teams etc.

- 2.12 Some preventative services have also been included to promote self-management and to reduce the demand on secondary health and care services. These include: Carers services, Community Equipment service, Disabled Facilities Grants and Local Area Co-ordinators.
- 2.13 The full 2021-22 expenditure plan is attached as an appendix to this report.
- 2.14 The Plan has been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan was approved by the Joint BCF Programme Board, a delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB), at its meeting on 27 January 2022, the Section 75 agreement will be updated in February 2022.

3. Appendices

- 7.1 Appendix 1 – Better Care Fund 2021-22 Planning Template

4. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the summary of the 2021-22 Better Care Fund Planning Requirements;
- b) Note the 2021-22 Better Care Fund Plan for Derbyshire

5. Reasons for Recommendation(s)

- 9.1 The Board is asked to note the Better Care Fund Planning Requirements for information
- 9.2 Note the Better Care Fund Plan as it is part of the governance requirements for the programme.

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Derbyshire Better Care Fund 2021-22 Planning Template

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Income

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board:

Derbyshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Derbyshire	£7,898,005
DFG breakdown for two-tier areas only (where applicable)	
Amber Valley	£1,454,493
Bolsover	£1,134,054
Chesterfield	£1,371,747
Derbyshire Dales	£601,736
Erewash	£1,062,242
High Peak	£554,969
North East Derbyshire	£819,693
South Derbyshire	£899,071
Total Minimum LA Contribution (exc iBCF)	£7,898,005

iBCF Contribution	Contribution
Derbyshire	£34,682,034
Total iBCF Contribution	£34,682,034

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Derbyshire	£1,647,028	Integrated Community Equipment
Derbyshire	£430,806	P1 Home Care Capacity and Amber Valley Team
Derbyshire	£180,433	Local Area Coordinators
Total Additional Local Authority Contribution	£2,258,267	

CCG Minimum Contribution	Contribution
NHS Derby and Derbyshire CCG	£60,216,002
NHS Tameside and Glossop CCG	£2,621,880
Total Minimum CCG Contribution	£62,837,882

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	Yes
---	-----

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Derby and Derbyshire CCG	£651,015	Additional Community Support Beds
NHS Derby and Derbyshire CCG	£277,000	P1 Home Care Capacity
Total Additional CCG Contribution	£928,015	
Total CCG Contribution	£63,765,897	

	2021-22
Total BCF Pooled Budget	£108,604,203

Expenditure

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board:

Derbyshire

Running Balances	Income	Expenditure	Balance
DFG	£7,898,005	£7,898,005	£0
Minimum CCG Contribution	£62,837,882	£62,837,882	£0
iBCF	£34,682,034	£34,682,034	£0
Additional LA Contribution	£2,258,267	£2,258,267	£0
Additional CCG Contribution	£928,015	£928,015	£0
Total	£108,604,203	£108,604,203	£0

Required Spend

	Minimum Required Spend	Planned Spend	Under Spend

NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£17,695,368	£24,342,226	£0
Adult Social Care services spend from the minimum CCG allocations	£35,579,112	£36,215,662	£0

Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
Mental Health Enablement	Social model providing preventative and recovery-focussed support to people living with a mental health condition	Prevention / Early Intervention	Mental Health/Wellbeing	Mental Health	LA	Local Authority	Minimum CCG Contribution	£592,340	Existing
Integrated care teams	Core teams of Adult Care staff who support clients through working with health colleagues at GP surgeries	Integrated Care Planning and Navigation	Care navigation and planning	Primary Care	LA	Local Authority	Minimum CCG Contribution	£1,687,654	Existing
Care packages to maintain clients in a social care setting	Provision of social care packages to help and support clients to remain outside of an acute setting and within their local community	Home Care or Domiciliary Care	Domiciliary care packages	Social Care	LA	Local Authority	Minimum CCG Contribution	£8,113,447	Existing
Falls Recovery	Alternative response to non-urgent fallers, to reduce the burden on emergency services	Prevention / Early Intervention	Physical Health/Wellbeing	Social Care	LA	Local Authority	Minimum CCG Contribution	£156,970	Existing
Mental Health Triage	Provision of out of hours AMHP service, to co-ordinate and contribute to assessment of individuals under MHA	Prevention / Early Intervention	Mental Health/Wellbeing	Social Care	LA	Local Authority	Minimum CCG Contribution	£106,885	Existing

Mental Health Acute Based Social Worker Support	Provide inpatients in acute mental health wards with access to social work services and support and to introduce discharge planning on admission	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum CCG Contribution	£106,885	Existing
Mental Health - Recovery and Peer Support	Targeted support; with peer-led support opportunities	Other	Mental Health Recovery & Support	Social Care	LA	Local Authority	Minimum CCG Contribution	£283,346	Existing
Community Support Beds	Provision of intermediate, reablement crisis support and step down services	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Social Care	LA	Local Authority	Minimum CCG Contribution	£4,426,901	Existing
Community Support Beds	Provision of intermediate, reablement crisis support and step down services	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Social Care	LA	Local Authority	Additional CCG Contribution	£651,015	Existing
ICS - Hospital Teams	Out of Hospital Team to co-ordinate and support timely discharge of clients from hospital	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	Minimum CCG Contribution	£1,148,318	Existing

Dementia Support	Trained Dementia Support Workers available to help people with dementia and their carers to access further information, support and advice	Prevention / Early Intervention	Advice & Information	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£420,949	Existing
Assistive Technology (Telecare)	Provision of equipment to support people to maintain their independence in the community	Assistive Technologies and Equipment	Telecare	Social Care	LA	Private Sector	Minimum CCG Contribution	£700,495	Existing
Pathway 1 home care	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	CCG	Local Authority	Minimum CCG Contribution	£589,835	Existing
Local Area Coordinators	Systematic effort in partnership with local communities to ensure that people can prevent their ordinary needs from becoming major problems, to avoid crisis	Prevention / Early Intervention	Social Prescribing	Social Care	LA	Local Authority	Additional LA Contribution	£180,433	Existing
Carers	Help delivery of the Carers Strategy through Carer personal budgets, commissioned Carer Service and emergency home-based respite	Carers Services	Respite services	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£2,207,452	Existing

Disabled Facilities Grant	Adaptations, including statutory DFG grants	DFG Related Schemes	Adaptations, including statutory DFG grants	Social Care	LA	Local Authority	DFG	£7,898,005	Existing
Integrated Community Equipment Service	Community based equipment	Assistive Technologies and Equipment	Community based equipment	Social Care	LA	Private Sector	Minimum CCG Contribution	£4,886,160	Existing
Integrated Community Equipment Service - additional	Community based equipment	Assistive Technologies and Equipment	Community based equipment	Social Care	LA	Private Sector	Additional LA Contribution	£1,647,028	Existing
Autism Support	Improve adult element of the all age pathway for people with autism; increasing acces to peer support/befriending/short term skills development	Other	Pathway Development	Social Care	LA	Local Authority	Minimum CCG Contribution	£680,011	Existing
Workforce Development - Talent Academy	Identification, planning and delivery across health and social care to ensure workforce development is fit for purpose; ACP training programme	Enablers for Integration	Workforce development	Social Care	LA	Local Authority	Minimum CCG Contribution	£261,000	Existing
Programme Management (BCF & TCP)	Support delivery of BCF and delivery of the Transforming Care Programme	Other	Enabler	Social Care	LA	Local Authority	Minimum CCG Contribution	£438,790	Existing

Information sharing across health	Delivery of nationally-prescribed Data Sharing/Information Governance conditions	Enablers for Integration	System IT Interoperability	Social Care	LA	Local Authority	Minimum CCG Contribution	£112,510	Existing
Care Act	Support continued implementation of the Care Act	Care Act Implementation Related Duties	Various - Advocacy, Prisoners, Safeguarding	Social Care	LA	Local Authority	Minimum CCG Contribution	£2,304,472	Existing
(iBCF) Enablers (System and Service Redesign for Capacity)	Staffing support responsible for adult care case management and delivery of delayed transfers of care and discharge to assess programmes	Enablers for Integration	Implementation & Change Management capacity	Social Care	LA	Local Authority	iBCF	£6,424,883	Existing
(iBCF) Supporting the Care Market	Fund impact of national living wage in independent sector; increase fees in independent sector to cover training and nursing provision	Personalised Care at Home	Care Market Sustainability	Social Care	LA	Private Sector	iBCF	£7,937,693	Existing
(iBCF) Preventative Services (inc. PH, and Housing)	Promote prevention and early intervention; including falls pathway and increasing community resilience	Prevention / Early Intervention	Health & Housing	Social Care	LA	Local Authority	iBCF	£1,867,000	Existing
(iBCF) Reduce Budget Savings to Protect Social Care	Maintenance of social care workforce and hospital based social work teams	Residential Placements	Adult Social Care Delivery	Social Care	LA	Local Authority	iBCF	£11,351,652	Existing
(iBCF) Support to Improve System Flow	Support flow of patients through health and social care system	Integrated Care Planning and Navigation	Care navigation and planning	Social Care	LA	Local Authority	iBCF	£3,473,500	Existing

Home Care Short Term Services	Reablement service accepting community and discharge referrals	Reablement in a persons own home	Reablement service accepting community and discharge referrals	Social Care	LA	Local Authority	Minimum CCG Contribution	£9,861,073	New
Amber valley team dchs	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	NHS Community Provider	Additional LA Contribution	£153,806	New
P1 Home Care Capacity - LA	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Social Care	LA	NHS Community Provider	Additional LA Contribution	£277,000	New
P1 Home Care Capacity - NHS	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Social Care	LA	NHS Community Provider	Additional CCG Contribution	£277,000	New

Community Nursing	Delivery of care in the home to prevent situations from deteriorating	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£9,984,659	Existing
Integrated Teams	Community Matrons and Care Co-ordinators working proactively with primary care team	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£486,127	Existing
Evening Nursing Services	Provision of nursing care to adults within their own home due to an urgent problem related to a long term chronic disease/condition	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£1,245,579	Existing
Care Co-ordinators	Improve co-ordination and provision of packages of care for adults with complex care needs and their families	Other	Care Co-ordination	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£760,490	Existing
Community Matrons	Provision of proactive and holistic approach to managing patient's long-term conditions	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£2,366,998	Existing
Community Therapy	Provision of highly skilled assessment and intervention to patients with physical problems, affecting their functional abilities	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£3,822,401	Existing
Senior Medical Input	ACPs delivering senior assessment and intervention to patients within their own home	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£390,386	Existing

	and within community support beds								
Primary Care Hubs	Clinical management of primary care hubs	Prevention / Early Intervention	Access to Primary Care	Primary Care	CCG	NHS Community Provider	Minimum CCG Contribution	£134,313	Existing
Care Home Support Service	"Ward rounds" carried out in care homes by multi-disciplinary team to improve care and reduce number of acute interventions	Other	Healthcare Services to Care Homes	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£486,147	Existing
Glossopdale neighbourhood Team	Transformation of Community services, to improve patient experience and reduce avoidable readmissions	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£534,370	Existing
Intermediate Care Team Chesterfield	Integrated service for people who need an intensive, responsive and joined up approach	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£45,106	Existing
Intermediate Care Team BSV	Integrated service for people who need an intensive, responsive and joined up approach	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£220,330	Existing
Intermediate Care Team NED	Integrated service for people who need an intensive, responsive and joined up approach	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£1,085,928	Existing

Community IV Therapy	Service to facilitate timely discharge from acute and community hospital care	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£164,996	Existing
Clinical Navigation Service	Provision of single point of contact to a multi-disciplinary team	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£936,339	Existing
Wheelchairs	Assessment for people with permanent mobility problems and provision of equipment	Assistive Technologies and Equipment	Community based equipment	Community Health	CCG	Private Sector	Minimum CCG Contribution	£1,088,222	Existing
Winter Pressures	Provision of health and social care capacity to support wider system	Other	Care Market Sustainability	Social Care	LA	Local Authority	iBCF	£3,627,306	Existing

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

10 February 2022

**Report of the Executive Director for Adult Social Care and Health
Derbyshire County Council**

HEALTH AND WELLBEING ROUND UP REPORT

1. Purpose

- 1.1 To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

2. Round-Up

2.1 The state of health care and adult social care in England 2020/21

The [CQC's annual assessment](#) of the state of health and social care in England looks at the quality of care over the past year. This year's is the first of these reports to cover a full year of the pandemic.

2.2 Assessing the impact of COVID-19 on the clinically extremely vulnerable population

The [Health Foundation briefing](#) shows the scale of the challenges of ensuring the most clinically vulnerable to COVID-19 are kept safe, and in providing high-quality health and social care during the pandemic. It also indicates that there are substantial unmet needs that should be prioritised to ensure that the mental and physical health of this group does not deteriorate further.

2.3 The state of the adult social care sector and workforce in England

The [Skills for Care's 2020-21 annual report](#) looks at the impact of the pandemic on the workforce based on data provided by sector employers.

2.4 Making the case for prevention

A [research review](#) completed by the University of Cambridge and funded by the Health Foundation investigates prevention as the driver of mortality and morbidity improvements.

2.5 Integrated health and care for people experiencing homelessness

The National Institute for Health and Care Excellence has created [draft guidelines](#) to improve access to and engagement with health and social care. This draft guideline highlights that more effort and targeted approaches are often needed to ensure that people experiencing homelessness have access to the same standard of health and social care as the general population.

2.8 Putting it into practice: tools to support tackling inactivity through system change

Sport England have co-produced a [new resource](#) that brings to life some of the approaches, models and tools shared as part of the '[People and Places: The story of doing it differently](#)' to support local places and partners to develop sport and physical activity in their area, as well as trying to learn more about the location-specific barriers and inequalities people face when trying to get active.

2.9 Developing a capacity and demand model for out of hospital care

The LGA has published a [report](#) which considers a commissioned piece of work to support several health and social care systems in England to look at how they might develop their out of hospital discharge arrangements. The programme focused on the arrangements to support the recovery of older people (aged 65 plus) who were discharged from acute hospitals.

3. Notification of Pharmacy Applications

3.1 Under the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the NHS Commissioning Board must notify the HWB of all relevant applications to provide pharmaceutical services, including the relocation of existing pharmacies. Notification of the following application has been received:

3.2 With effect from 1st October 2021 the pharmacy at 24 Market Place, Wirksworth, Matlock, Derbyshire, DE4 4ET will be operated by PCT Healthcare Ltd and the pharmaceutical list for the area of Derbyshire Health and Wellbeing Board will be amended with effect from that date. Details are as follows: PCT Healthcare Ltd t/a B. Payne & Son Ltd. 24 Market Place, Wirksworth, Matlock, Derbyshire, DE4 4ET.

3.3 With effect from 29th November 2021 the Pharmacy at Kingfisher Lane, Willington, Derby, DE65 6QT will be operated by Saffron Apothecaries (Leicester) Limited and the pharmaceutical list for the area of Derbyshire Health and Wellbeing Board will be amended with effect from that date.

4. Background papers

4.1 Pharmaceutical notifications are held electronically on file in the Public Health department at Derbyshire County Council.

5. Recommendation(s)

That the Health and Wellbeing Board:

a) Note the information contained in this round-up report

6. Reasons for Recommendation(s)

6.1 To provide the Health and Wellbeing Board with a summary of the latest policy information to enable the development of the work plan for the board.

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