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PUBLIC

To: Members of Health and Wellbeing Board

Tuesday, 17 January 2023

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Wednesday, 25 January 2023** in Committee Room 1, 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. Declarations of Interest and Apologies for Absence

 To receive declarations of interest and apologies for absence (if any).
2. Minutes (Pages 1 - 6)

 To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 06 October 2022.
3. Looking After Our People - Derbyshire

4. Update on Warm Spaces and Household Support Fund
5. Health and Wellbeing Board development and ICP update (Pages 7 - 32)
6. Carers Strategy (2020 - 2025) Refresh 2022 (Pages 33 - 74)
7. Health Protection Board Update (Pages 75 - 80)
8. Healthwatch Derbyshire Update (Pages 81 - 90)
9. Health and Wellbeing Round Up (Pages 91 - 102)
10. Housing - Stock Condition Survey Update
11. Any Other Business

PUBLIC

MINUTES of a meeting of **HEALTH AND WELLBEING BOARD** held on Thursday, 6 October 2022 at Committee Room 1, County Hall, Matlock, DE4 3AG.

PRESENT

Councillor C Hart (in the Chair)

Councillors H Froggatt (Derbyshire Dales District Council), A McKeown (High Peak Borough Council), P Maginnis (Erewash Borough Council) J Patten (Derbyshire County Council) , T Spencer (Amber Valley Borough Council), and C Clayton (Derbyshire ICB), H Henderson-Spoors (Healthwatch Derbyshire).

Also in attendance was A Appleton, C Cammiss, H Denness, E Houlston, H Jones, E Langton, I Little, and R Sinclair (Derbyshire County Council), T Broad (Derbyshire Dales District Council), M Holford (South Derbyshire District Council), K Monk (Amber Valley Borough Council), G Smith (Erewash Borough Council), and I Waller (Chesterfield Borough Council).

Apologies for absence were submitted for Councillors M Dooley (Bolsover District Council), and J Mannion-Brunt (Chesterfield Borough Council), H Barnett (Derbyshire Police), and K Hanson (Bolsover District Council).

26/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

27/22 MINUTES

RESOLVED that the minutes of the meeting of the Board held on 07 July 2022 be confirmed as a correct record.

28/22 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE AND MEMBERSHIP

The Health and Wellbeing Board had been asked to agree the Health and Wellbeing Board membership and terms of reference following consultation, and note the revised draft terms of reference, which would be adopted by Derbyshire County Council.

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 and had both set functions and a core membership. The statutory requirements of the Board had been outlined in the terms of reference.

RESOLVED to:

- 1) Agree the Health and Wellbeing Board Membership and Terms of Reference following consultation, attached as appendix 2;
- 2) Note the revised draft Terms of Reference, which would be adopted by Derbyshire County Council.

29/22 COMBATting DRUGS

The Health and Wellbeing Board had been provided with an update to give an overview of the current national context and local drivers in relation to substance misuse as well as an overview of local plans to reduce harmful alcohol and drug consumption.

RESOLVED to:

- 1) Note the drivers and strategic direction of travel in planning to reduce drug and alcohol-related harm in Derbyshire;
- 2) Note the plans for using new grant investment to deliver improvements to treatment and recovery services in Derbyshire; and
- 3) Agree to receive an annual update on this shared partnership agenda.

30/22 HEALTH PROTECTION BOARD UPDATE

The Health and Wellbeing Board were provided with an update of the key messages arising from the Derbyshire Health Protection Board from its meeting on 12 August 2022.

RESOLVED to:

- 1) Note the update report from the Health Protection Board.

31/22 PUBLIC QUESTION

Question received from Mr Dobbs:

I note that in section 2.5 of the Health Protection Board Update, Mr Little states that “Four Air Quality Management Areas and accompanying action plans are in place in the County.” In fact for one of those AQMAs, in Ashbourne, the Action Plan is NOT yet in place. Also the draft action plan, largely based on suggestions from County Highways, is widely regarded as unlikely to achieve any reduction in NOx levels in the next four years. Qn. What input, if any, have those that report to this board had in shaping this draft plan? If there has been no input why is this, when air quality is the second highest priority for this Board?

responded as follows:

The processes for establishing an Air Quality Management Area and associated requirements are set out in legislation, and in County Council areas it is the responsibility of the relevant district or borough council to follow the process as outlined by the Department for Environment, Food and Rural Affairs. Officers from Derbyshire Dales District Council have confirmed that a draft Air Quality Action Plan has been developed for the Air Quality Management Area in Ashbourne, and that it is currently subject to initial consultation with key stakeholders, prior to wider public consultation. The draft Action Plan is the product of technical expertise, feasibility considerations and partner input. Further details on the status of the Action Plan relating to the Air Quality Management Area in Ashbourne should be directed towards Derbyshire Dales District Council, via envhealth@derbyshiredales.gov.uk with Air Quality included in the subject line.

The Air Quality Working Group is a sub-group of the Derbyshire County Health and Wellbeing Board, established to support delivery of the Air Quality priority of the County Health and Wellbeing Strategy. For information, the priorities included in the strategy are not presented in ranking order, and therefore air quality is one of 5 priorities, rather than the second highest priority for the Health and Wellbeing Board. The Air Quality Working Group does not have a statutory role in relation to Air Quality Management Areas. Members of the Group will provide advice and technical expertise where required to inform and advise on the establishment of an Air Quality Management Area, development of an accompanying Air Quality Action Plan, and revocation of an Air Quality Management Area. Air quality levels in Air Quality Management Areas will be considered by the Air Quality Working Group as part of wider consideration of air quality across all monitoring sites in Derbyshire. The purpose of the Air Quality Working Group is to bring together partners from across Derbyshire to identify and implement collective action that can be taken to improve air quality across the county. As outlined in the priorities and deliverables of the Air Quality Strategy for Derby and Derbyshire, this is broader in scope than the elements of air quality subject to legislation, and includes actions relating to facilitating travel behaviour change, reducing sources of air pollution and mitigating against the health impacts of air pollution.

32/22 AIR QUALITY STRATEGY

The Health and Wellbeing Board were provided with information on air quality and the Air Quality Strategy 2020 2030.

The presentation gave an overview on what air pollution is, the sources of pollutants and how air pollution impacts on health, the roles of each District and Borough as well as what was next for the Strategy.

The Health and Wellbeing Board partners were asked to:

- Ensure Health and Wellbeing Board partners were represented at the AQWG, and implemented the strategy;
- Contribute to a refresh of the Strategy in 2023/24;
- Influence planning, housing, transport, County Deal;
- Address health inequalities and vulnerable populations;
- Support clean air campaigns;
- Role model / exemplar / assurance / secure funding; and
- Influence Government policy

33/22 UPDATE REPORT ON WORK OF THE SHADOW DERBY AND DERBYSHIRE INTEGRATED CARE PARTNERSHIP

The Health and Wellbeing Board were provided with an update on activity in the last quarter from the Derby and Derbyshire Integrated Care Partnership that was relevant to the Derbyshire Health and Wellbeing Board, it's development and strategy implementation.

RESOLVED to:

- 1) Note the development work of the Integrated Care Partnership and development of the Integrated Care Strategy; and
- 2) Consider whether there was an opportunity to align the operational delivery work associated with the Health and Wellbeing Strategy priorities with the County Place Partnership so there was a combined 'engine room' working to deliver health, wellbeing, and care priorities for the county.

34/22 COST OF LIVING UPDATE AND CONSIDERATION OF HEALTH IMPACTS

The Health and Wellbeing Board were provided with a summary of the health impacts of the cost-of-living pressures caused by rising inflation and proposed that the Derbyshire Health and Wellbeing Board received quarterly updates on this issue until summer 2023 when the position was reviewed. Health and Wellbeing Board partner agencies were encouraged to actively share intelligence and information on this key issue. This would enable a broad partnership response to mitigate and reduce health impacts.

RESOLVED to:

- 1) Highlight, monitor and respond to the health impacts of the cost-of-living pressures and proposed that the Derbyshire Health and Wellbeing Board

received quarterly updates on this issue until summer 2023 when the position is reviewed.

2) Agree that Health and Wellbeing Board members actively shared intelligence and information on this key issue to enable a broad partnership response to mitigate and reduce associated health impacts.

35/22 HEALTH AND WELLBEING ROUND UP

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

RESOLVED to:

1) Note the information contained in the round-up report.

36/22 WORK PROGRAMME 2022/23

The Health and Wellbeing Board were provided with the anticipated work programme for the period 2022/23.

RESOLVED to:

1) Note the anticipated work programme for the period 2022/23.

37/22 PHARMACEUTICAL NEEDS ASSESSMENT - FORMAL RATIFICATION OF FINAL VERSION FOLLOWING VIRTUAL APPROVAL

Health and Wellbeing Boards must publish a revised Pharmaceutical Needs Assessment every three years. Revised assessments were due to be published by April 2021 but due to the Covid 19 pandemic this had been extended and publication must now be by 1 October 2022. Board members were referred to Appendix 3, the report presented to them at the 7 July 2022 meeting, for further information and legislation background. Since 7 July 2022 the statutory consultation had been completed. The responses received were summarised in Appendix 1 to the report.

The updated Pharmaceutical Needs Assessment was circulated to the board and was virtually approved by a majority of the board. Following this approval, the Pharmaceutical Needs Assessment was published by 1 October 2022.

RESOLVED to:

1) Note that on 7 July 2022 the Board agreed that following statutory consultation a final version of the draft, updated, Derby and Derbyshire

Pharmaceutical Needs Assessment (“draft PNA”) would be shared with Board members and, if approved by a majority of Board members, would be published by 1 October 2022;

2) Note the summary of the responses to the consultation at Appendix 1;

3) Note the draft PNA at Appendix 2, prepared in response to the consultation; and

4) Indicate whether they each approved the draft PNA by using the voting buttons on the covering email or emailing director.publichealth@derbyshire.gov.uk by 16 September 2022.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

25 January 2023

Report of the Director of Public Health

Health and Wellbeing Board Development and ICP Update

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note performance reporting arrangements have been refreshed for the Health and Wellbeing Board and a summary of the latest performance is summarised in paragraph 2.3.
 - b) Note the proposed approach to developing a revised Joint Local Health and Wellbeing Strategy for Derbyshire throughout 2023 and agree nominees to the working group.
 - c) Note the latest update from the Integrated Care Partnership for Derby and Derbyshire.
 - d) Agree proposals to utilise the Derbyshire Place Partnership Board as a forum to coordinate work between the Integrated Care Partnership and the Health and Wellbeing Board.
 - e) Agree nominees from the Health and Wellbeing Board to attend the Derbyshire Place Partnership Board from February 2022 onwards.
 - f) Provide comment and feedback on Health and Wellbeing Board role profiles which summarise the main responsibilities of Board members.
 - g) Agree that the Board participates in the development activity as proposed by the Local Government Association.
 - h) Agree the format for development sessions for the Health and Wellbeing Board.

2. Information and Analysis

2.1 There have been a number of Health and Wellbeing Board development activities that have taken place throughout the autumn and this report summarises these for the Boards' consideration and discussion. 2023/2024 will be a transition phase for the Board, with sessions planned which will develop the joint working with the ICS and Board members. The updated JSNA will be utilised to identify needs to inform the new Joint Local Health and Wellbeing Strategy and the Integrated Care Strategy will outline system wide priorities. To ensure the Board is well positioned the following actions and activities are proposed.

2.2 **Performance reporting to the Health and Wellbeing Board**

An update on performance indicators for the current priorities can be found at appendix 2. A formal update on performance indicators was last presented to the board in July 2019. Whilst formal performance has not been reported on since July 2019 (due to the response to Covid-19), there have been progress updates on the work taking place for all priorities outlined in the Health and Wellbeing Strategy. Performance indicators are in place for the current strategy priorities, and these will be reported on a quarterly basis until a new strategy is in place.

2.3 **Performance indicators of concern**

The following indicators show that data for Derbyshire is significantly worse than data for England:

- Life expectancy for both males and females are significantly worse in Derbyshire when compared to the figure for England.
- Smoking at time of delivery is significantly worse in Derbyshire than England, however the situation has improved since the previous strategy analysis.
- There has been an increase since the last dataset in the percentage of babies who are breastfed at 6-8 weeks, however, Derbyshire rates remain significantly worse than England.
- There has been an increase in the percentage of adults with excess weight and Derbyshire is significantly worse than England and is the local authority with the highest number of adults with excess weight out of the 16 CIPFA closest neighbours.
- The rate per 100,000 people for alcohol specific admissions for under 18's is significantly worse in Derbyshire than England.
- Chlamydia detection rates and HIV Coverage are significantly worse in Derbyshire than England and the situation has declined since the last data analysis was undertaken.
- Derbyshire has a higher rate of excess mortality in under 75 adults with severe mental illness compared with England.

- The gap in employment for people in contact with secondary mental health services is significantly worse for Derbyshire compared to the England average is also the worst performing out of the 16 CIPFA closest neighbours.
- Derbyshire is significantly worse than England for the employment rate for those with a learning disability and is the second worst out of the 16 CIPFA closest neighbours.

There are several indicators where Derbyshire is in a positive position compared with England, however, improvements can continue to be made.

- Derbyshire is significantly smaller percentage 10–11-year-olds with excess weight, when compared to England, however the data shows that this trend is declining from previous analysis.
- Derbyshire has a lower percentage of physically inactive adults when compared to the figures for England.
- Derbyshire has a lower rate of alcohol specific admissions per 100,000 people than England.
- Derbyshire performs better than England and has a higher % of adults with a learning disability that are in stable and appropriate accommodation. This figure has also improved since the last dataset.
- Derbyshire is the best performing local authority out of the 16 CIPFA closest neighbours and performs better than England for adults in contact with secondary mental health services living in stable and appropriate accommodation.
- Derbyshire has a smaller percentage of 16–17-year-olds not in education, employment or training (NEET) compared to England.
- Derbyshire performs better than England in terms of the rate per 1,000 people of long-term claimants of Job Seekers Allowance.

2.4 **Joint Local Health and Wellbeing Strategy development**

Following the implementation of the Health and Social Care Act 2022 on 1 July 2022, section 116A of the Local Government and Public Involvement in Health Act 2007, renames the 'Joint Health and Wellbeing Strategy' to the 'Joint Local Health and Wellbeing Strategy (JLHWS)'. In preparing a Joint Local Health and Wellbeing Strategy, the Board must have regard to the Integrated Care Strategy, which is currently in development pending finalisation in the Spring. The Joint Local Health and Wellbeing Strategy sets out agreed priorities and joint action for partners to address the health and wellbeing needs of the local population as identified by the Joint Strategic Needs Assessment. Throughout 2023 the Board will be refreshing the

strategy and the Board are asked to nominate representatives to join a working group to develop the JLHWS, which will liaise with the County Place Partnership Board and be a short life working group.

Nominations can be made via director.publichealth@derbyshire.gov.uk and the first meeting will take place in early March. A high-level timetable is included below:

- January 2023 – nominations for representatives for working group
- March 2023 – utilise the latest version of the JSNA to identify needs. Establish working group and identify key priorities
- July 2023 – draft JLHWBS to Health and Wellbeing Board and consultation
- October 2023 – Update on progress of draft strategy
- January 2024 – Board to approve final strategy

2.5 Integrated Care Partnership update

The Integrated Care Partnership met for the last time in shadow format before the meeting moves into a public meeting format hosted by Derby City Council on behalf of both local authorities and the NHS. The Partnership considered a framework document which will support the development of the Integrated Care Strategy for Derby and Derbyshire. The strategy document will be further developed and will then allow the Health and Wellbeing Board to consider how it refreshes the Local Health and Wellbeing Strategy.

2.6 It is proposed that the next steps in the development of the Integrated Care Strategy are to:

- Confirm our desired high-level population outcomes.
- Confirm system-wide population health (Turning the Curve) and health inequality indicators as our important ‘markers’ for improving high-level outcomes, and which address direct risk factors for the main causes of death, illness and inequalities, including mental health.
- Identify one or two population health or service outcome priorities for each of Start Well; Live Well; and Age/Die Well to form a focus for the development of JUCD integrated care.
- Consider how strategic enablers and alignment with other strategies will accelerate improvements against these priorities and deliver our strategic aims for integrated care.

2.7 The Strategy will also incorporate consideration of Core20PLUS5 – a national NHS England approach to support the reduction of health inequalities at both national and system level.

2.8 Following agreement on the proposed system-level priorities, Strategy development will include consideration of how the system organises and delivers actions to achieve these priorities. The following strategic enablers will be critical to success:

- System architecture and governance
- System shared purpose, values, principles, and behaviours
- Enabling functions and services

2.9 It is proposed to use the developing context of the Integrated Care Strategy to identify a set of 'difficult questions' that draw out key challenges for the system, and that are not being fully addressed through existing arrangements.

2.10 Using feedback from the ICP and the further steps described above, it is intended that a first draft of the Strategy will be considered by the ICP Board in February 2023. It is proposed that a final version of the Strategy will be produced for approval of the ICP Board in April 2023. The approved version will be published in line with national guidance, with a copy provided to each partner local authority and the Integrated Care Board.

2.11 Whilst the strategy update was the substantive item, the Partnership also received updates on the development of the Place Operating Model, a report on issues considered at Derby and Derbyshire Health and Wellbeing Boards and a report updating on the work of the Integrated Care Board.

2.12 Joined Up Care Derbyshire (JUCD) works closely with people and communities across Derby and Derbyshire, listening to, understanding and drawing on the diverse thinking of those served. Patient, public and stakeholder involvement is a key part of the development of the Integrated Care Strategy. JUCD has a 'System Insights Group' and an 'Engagement Workstream for the ICS Strategy' which has representation from health, local authorities, Healthwatch and the VCSE Alliance. As the Derbyshire Joint Local Health and Wellbeing Strategy closely aligns with the Integrated Care Strategy, it is anticipated that these workstreams will be utilised for engagement to inform the JLHWS.

2.13 **Aligning the activity of the Health and Wellbeing Board with the Derbyshire Place Partnership.**

As part of the development of the Integrated Care System work has taken place throughout the autumn of 2022 to finalise a place operating model for Derby and Derbyshire. Within the discussions, and

as agreed at the September meeting of the Derbyshire Health and Wellbeing Board, it is proposed that the Derbyshire Place Partnership Board supports the Health and Wellbeing Board by acting as a coordinating meeting for any actions agreed by the Board that need to be completed. The Derbyshire Place Partnership Board will also champion the implementation of the Health and Wellbeing Strategy and seek to coordinate any actions that support health and wellbeing priorities across Derbyshire. The Derbyshire Place Partnership Board will also fulfil a similar function for the Integrated Care Strategy and it is anticipated that by aligning workstreams it will prevent duplication, siloed approaches to addressing issues and maximises the impact of available resource. A separate meeting, the Integrated Place Executive will consider matters that align across Derby and Derbyshire from an Integrated Care System perspective and the Derbyshire Place Partnership Board will formally report into that meeting for ICS related matters.

- 2.14 The Derbyshire Place Partnership Board met for the first time on 15 December 2022 where activity linked to supporting the Integrated Care Partnership and implementation of the Integrated Care Strategy was discussed. It is now proposed in this report that the Health and Wellbeing Board agree representation to sit on the Derbyshire Place Partnership Board and that these members join the group in February 2022. The meeting will then operate in a Part A and Part B format, with Part A considering matters linked to the Integrated Care Strategy and Part B considering matters linked to the Health and Wellbeing Strategy. If there are joint items these will be considered with all members present. Some Health and Wellbeing Board members, such as representatives from the Integrated Care Board, Adult Social Care, Children's, Public Health, Healthwatch and the Voluntary sector are already represented on the Derbyshire Place Partnership Board. Increased representatives from district and borough councils would support the smooth operation of Part B of the meeting and ensure colleagues are engaged with the wider health and wellbeing agenda at a strategic level. It is proposed that senior officers attending the Health and Wellbeing Board to support elected members from district and borough councils attend the partnership Board to provide a strong link across and can support with any operational actions alongside other members of the group. If matters are being discussed in Part A of the meeting that link to district and borough activity (e.g. provision of some housing support services as part of Team Up) district and borough representatives would be welcome to attend that section of the meeting as well.

2.15 Further alignment of activity will take place throughout the Spring with the following Health and Wellbeing Board sub-groups moving in the governance arrangements to formally sit under the Derbyshire Place Partnership:

- 0-19 Partnership Strategic Governance Group
- Derby and Derbyshire Sexual Health Alliance
- Derby and Derbyshire Air Quality Working Group
- Derbyshire Housing and Health Systems Group
- Locality Health and Wellbeing Partnerships
- Better Care Fund Board

This will enable tasks from both the Integrated Care Partnership and the Health and Wellbeing Board to be tasked to these sub-groups and each sub-group can report to one or both Boards as appropriate. It is, for example, recognised that the Derby and Derbyshire Sexual Health Alliance, due to its role in tertiary, secondary and primary prevention, would benefit from reporting to both groups, whereas groups such as the Better Care Fund Board would still only be required to formally report into the Health and Wellbeing Board as per Department of Health and Social Care guidance.

2.16 As the new Joint Local Health and Wellbeing Strategy is developed throughout 2023, it is proposed that priorities are championed by members of the Health and Wellbeing Board and feed into the Place Partnership Board for implementation. Issues will be reported by exception to the Place Partnership Board with a formal annual update to the Health and Wellbeing Board as and when required. The Place Partnership Board will also have oversight of performance indicators linked to the refreshed Health and Wellbeing Strategy priorities.

2.17 **Health and Wellbeing Board Role Profiles**

The Local Government Association (LGA) recommends as good practice, that Health and Wellbeing Boards have role profiles for all members of the Health and Wellbeing Board to ensure all members feel empowered to fully undertake their specific role. Attached at Appendix 3 are the suggested role profiles for the Derbyshire Health and Wellbeing Board. The Board are asked to provide feedback on the role profiles and a final version will be agreed at the March 2023 meeting. Feedback should be sent to director.publichealth@derbyshire.gov.uk by Friday 3 February 2023.

2.18 **Local Government Association Support Offer to Health and Wellbeing Boards.**

The LGA provides upper tier local authorities with a range of support options to support the ongoing development of Health and Wellbeing Boards. Derbyshire has previously taken part in Peer Reviews and

integration workshops to inform the work of the Board and the development of the strategy. Considering Health and Wellbeing Boards now having a slightly realigned role within Integrated Care Systems, the LGA has several new products to support ongoing development of the Board via the Leading Healthier Places Support Offer. The Director of Public Health has met with representatives from the LGA to discuss the recent changes to the Health and Wellbeing Board and considered what actions might further support the work of the Board. The LGA have proposed the following:

1. Undertake activities to further explore the new shared landscape for health and local government colleagues at both system and place level
2. Deliver a bespoke workshop entitled 'When Worlds Collaborate' to explore further opportunities to align the work of local government in the broadest sense, place-based service provision, health, social care and public health
3. Provide critical friend input to strengthen the role of the Board within the ICS. The critical friend would undertake interviews with Board members and wider partners to understand the challenges and aspirations for the Health and Wellbeing Board. The findings would be used to inform further development of the Board.
4. Review the format of the Board and look at good practice models elsewhere to see the art of the possible and establish how the Board could be best utilised as a driver for change.

If taken forward it is proposed the workshop session is jointly delivered alongside Derby Health and Wellbeing Board and also the Integrated Care Partnership and a potential date of June 2023 has been identified. Discussions are taking place with representatives from the Integrated Care Partnership and Derby City Council to progress this workshop and confirm involvement. The critical friend offer would be unique to the Derbyshire Health and Wellbeing Board and take place following the workshop.

2.19 Development sessions for the Health and Wellbeing Board

The Health and Wellbeing Board currently meets in public quarterly and holds ad hoc development sessions as and when required. The terms of reference give provision for holding regular development sessions in private to support specific issues, focused discussion and learning, ongoing review of Board functioning and active development of the Board and its members. Analysis of other health and wellbeing boards show that they effectively utilise development sessions scheduled throughout the year to discuss new and emerging matters that the Board needs to develop, undertake strategy development and priority

setting and to agree positions in relation to key matters. It is proposed Derbyshire move to an approach where there are regular development sessions scheduled throughout the year to support some of the activity outlined in this report. The Board are asked to provide feedback on the preferred format:

- a) Development sessions between public meetings throughout the year held in person.
- b) Development sessions between public meetings through the year held on Teams.
- c) 60 minute development sessions added to the end of a shortened public meeting (90 min) to maximise the use of scheduled face to face meeting time.

3 Implications

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

4 Consultation

- 4.1 This paper outlines a number of items for which feedback from Health and Wellbeing Board members is welcomed at the meeting or alternatively via director.publichealth@derbyshire.gov.uk

5 Background Papers

- 5.1 [Health and Wellbeing Board Terms of Reference and Membership – October 2022](#)

6 Appendices

- 6.1 Appendix 1 – Implications
- 6.2 Appendix 2 – Health and Wellbeing Strategy Performance Indicators
- 6.3 Appendix 3 – Health and Wellbeing Board Role Profiles

7 Recommendation(s)

That the Health and Wellbeing Board:

- i) Note performance reporting arrangements have been refreshed for the Health and Wellbeing Board and a summary of the latest performance is summarised in paragraph 2.3.
- j) Note the proposed approach to developing a revised Joint Local Health and Wellbeing Strategy for Derbyshire throughout 2023 and agree nominees to the working group.

- k) Note the latest update from the Integrated Care Partnership for Derby and Derbyshire.
- l) Agree proposals to utilise the Derbyshire Place Partnership Board as a forum to coordinate work between the Integrated Care Partnership and the Health and Wellbeing Board.
- m) Agree nominees from the Health and Wellbeing Board to attend the Derbyshire Place Partnership Board from February 2022 onwards.
- n) Provide comment and feedback on Health and Wellbeing Board role profiles which summarise the main responsibilities of Board members.
- o) Agree that the Board participates in the development activity as proposed by the Local Government Association.
- p) Agree the format for development sessions for the Health and Wellbeing Board.

8 Reasons for Recommendation(s)

- 8.1 The proposals outlined in the report support the development of the Health and Wellbeing Board and align the work of the Board within the wider Integrated Care System for Derby and Derbyshire.

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Contact details: ellen.langton@derbyshire.gov.uk and Annette.appleton@derbyshire.gov.uk

Organisation: Derbyshire County Council

HWB Sponsor: Ellie Houlston, Director of Public Health

Implications

Financial

- 1.1 There will be a nominal cost for development workshops. Derbyshire County Council, on behalf of the Board have agreed to fund these costs.

Legal

- 2.1 The implementation of the Health and Social Care Act 2022 on 1 July 2022 renamed the 'Joint Health and Wellbeing Strategy' as the 'Joint Local Health and Wellbeing Strategy (JLHWS)'. In preparing a Joint Local Health and Wellbeing Strategy, the Board must have regard to the Integrated Care Strategy
- 2.2 Health and Wellbeing Boards were established as statutory committees for upper tier local authorities within the Health and Social Care Act (2012). The 2012 Act prescribed core statutory functions and membership of the Board.
- 2.3 The Health and Social Care Act 2022 outlines a number of changes to NHS governance structures, including the requirement for Health and Wellbeing Boards to work alongside Integrated Care Boards and Integrated Care Partnerships.

Human Resources

- 3.1 There are no human resource implications of this report.

Equalities Impact

- 4.1 There are no equalities impacts.

Partnerships

- 5.1 The recommendations contained in this report will strengthen and further develop partnership working.

Health and Wellbeing Strategy priorities

- 6.1 The development tasks and recommendations in this report contribute to all five of the Health and Wellbeing Strategy priorities by ensuring the Board and partners work collaboratively to reduce health inequalities for the population of Derbyshire.

Health and Wellbeing Strategy Performance Reporting

DERBYSHIRE HEALTH AND WELLBEING BOARD

Measuring Success

To understand our progress towards achieving key targets across the 5 priority areas we will track a number of indicators over time using a Health and Wellbeing Strategy Dashboard. A wide range of indicators will be available through the dashboard, and a number of key indicators that we will track are presented below.

Source: Indicators sourced from Office of Health Improvement & Disparities Fingertips (OHID) Public Health Profiles

(for full details on each indicator visit <https://fingertips.phe.org.uk/>)

<p>Derbyshire Compared to England:</p> <table><tr><td>Significantly Better</td></tr><tr><td>Not Significantly Different</td></tr><tr><td>Significantly Worse</td></tr><tr><td>Not Applicable</td></tr></table>	Significantly Better	Not Significantly Different	Significantly Worse	Not Applicable	<p>CIPFA Nearest Neighbour:</p> <p>CIPFA Rank: Derbyshire’s rank among CIPFA neighbours. 1-16 where 1 is the worst</p> <p>CIPFA Range: the range of values for the CIPFA nearest neighbours</p>	<p>Change from previous strategy:</p> <table><tr><td>▲/▼ Significant increase/Decrease getting better</td></tr><tr><td>▼/▲ Significant increase/Decrease getting worse</td></tr><tr><td>▲/▼ Increase/decrease – not significant</td></tr><tr><td>- No change</td></tr><tr><td>= Change cannot be calculated</td></tr></table>	▲/▼ Significant increase/Decrease getting better	▼/▲ Significant increase/Decrease getting worse	▲/▼ Increase/decrease – not significant	- No change	= Change cannot be calculated
Significantly Better											
Not Significantly Different											
Significantly Worse											
Not Applicable											
▲/▼ Significant increase/Decrease getting better											
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▲/▼ Increase/decrease – not significant											
- No change											
= Change cannot be calculated											

*Indicators coloured shaded grey are no longer available via OHID fingertips

*Indicators coloured shaded grey are no longer available via OHID fingertips

1. Enable people in Derbyshire to live healthy lives

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Healthy Life Expectancy at Birth - Males	61.5	63.1	2	61.4 - 67.4	▼	Years	2018 - 20
Healthy Life Expectancy at Birth - Females	62.6	63.9	4	60.0 - 68.7	▼	Years	2018 - 20
Life Expectancy at Birth - Males	79.2	79.4	4	78.3 - 80.7	-	Years	2018 - 20
Life Expectancy at Birth - Females	82.8	83.1	3	82.0 - 84.6	-	Years	2018 - 20
Smoking Prevalence - 15 year olds - Current smokers	8.0	8.2	10	5.5 - 11.4	-	%	2014/15
Smoking Prevalence - 15 year olds - Regular smokers	5.4	5.5	10	3.2 - 7.9	-	%	2014/15
Smoking Prevalence - Adults	14.1	13.0	5	9.9 - 15.8	▼	%	2021
Smoking at time of delivery	11.8	9.1	5	7.6 - 15.0	▼	%	2021/22
Breastfeeding Prevalence at 6-8 weeks	43.6	49.3	9	41.9 - 57.0	▲	%	2021/22
Eating 5 a day - 15 yrs	50.9	52.4	6	48.5 - 60.3	-	%	2014/15
Eating 5 a day - Adults	56.4	55.4	6	52.9 - 63.7	▼	%	2019/20
Excess weight - 4-5 yrs	22.8	22.3	7	19.5 - 26.2	▼	%	2021/22
Excess weight - 10-11 yrs	36.3	37.8	7	31.3 - 38.3	▲	%	2021/22
Excess weight - Adults	69.2	63.5	1	61.4 - 69.2	▲	%	2020/21
Physically Inactive - 15 yrs, mean sedentary time >7 hours per day	70.9	70.1	5	63.2 - 73.0	-	%	2014/15
Physically Inactive - Adults	21.5	23.4	10	18.5 - 26.5	▲	%	2020/21
Admissions - Alcohol-specific	558.9	586.6	2	355.0 - 729.3	▼	DASR/100,000	2020/21
Admissions - Alcohol-specific, Under 18 years	35.7	29.3	6	18.8 - 61.5	▼	DASR/100,000	2018/19 - 20/21
Admissions - Alcohol-related*				-			
Chlamydia detection rate 15-24 yrs	1173.5	1334.2	9	793.7 - 1494.0	▼	%	2021
HIV coverage	33.8	45.8	10	21.2 - 82.9	▼	%	2021
HIV late diagnosis	47.6	43.4	6	33.3 - 78.6	▼	%	2019 - 21

* Indicators coloured shaded grey are no longer available via OHID fingertips

2. Work to lower levels of air pollution

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Air Pollution: Fine Particulate matter	6.0	6.9	11	4.0 - 7.3	▼	Mean ug/m3	2020
Fraction of Mortality attributable to particulate air pollution	5.1	5.1	8	2.9 - 5.5	-	%	2019
Adults cycling at least 3 times a week*				-			
Adults cycling at least once a month*				-			
Licensed Diesel Vehicles per Total Vehicles*				-			
Licensed ULEV Vehicles at quarter end*				-			

* Indicators coloured shaded grey are no longer available via OHID fingertips

3. Build mental health and wellbeing across the life course

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Suicide Rate	11.5	10.4	8	8.7 - 15.5	▲	DASR/100,000	2019 - 21
Severe Mental Illness (SMI) recorded prevalence*				-			
Excess under 75 mortality rate in adults with SMI	444.8	389.9	5	297.0 - 580.2	▲	Indirect Ratio	2018 - 20
Self-reported wellbeing: high happiness score*				-			
Adult social care users with enough social contact	46.4	45.9	9	40.1 - 51.6	▼	%	2019/20
Adult carers with enough social contact	29.4	32.5	8	23.0 - 45.1	▼	%	2018/19

* Indicators coloured shaded grey are no longer available via OHID fingertips

4. Support our vulnerable populations to live in well-planned and healthy homes

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
People with SMI receiving complete physical health checks*				-			
Fuel poverty	14.0	13.2	8	10.8 - 15.6	–	%	2020
Housing affordability	6.8	9.1	3	5.6 - 10.6	▼	Ratio	2021
Household overcrowding*				-			
Adults with a learning disability living in stable and appropriate accommodation	85.6	78.3	15	45.4 - 86.4	▲	%	2020/21
Adults in contact with secondary mental health services living in stable and appropriate accommodation	81.0	58.0	16	6.0 - 81.0	▲	%	2020/21

* Indicators coloured shaded grey are no longer available via OHID fingertips

5. Strengthen opportunities for quality employment and lifelong learning

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
KS4 pupils achieving 9-5 pass in English and Maths*				-			
KS5 achieving AAB grades or above*				-			
16-17 year olds not in education, employment or training (NEET)	3.3	5.5	16	3.3 - 13.8	▼	%	2020
Qualified to NVQ4 and Above*				-			
Working age population in employment, 16-64 years	76.3	75.4	5	72.3 - 81.1	▼	%	2021/22
Unemployment		4.5	1	-	–	%	2021
Long term claimants of Job seekers allowance	1.6	2.1	6	0.3 - 2.5	▼	Rate/1000	2021
Average weekly earnings	479.1	496.0	12	431.5 - 524.9	▲	Median £	2021
Gender pay gap	19.4	16.6	3	10.7 - 23.2	▼	Ratio	2020
Gap in employment rate for people in contact with secondary mental health services	72.6	66.1	1	54.6 - 72.6	▲	Gap % points	2020/21
Gap in employment rate for people with a long term condition*				-			
Gap in the employment rate for those with a learning disability	74.4	70.0	2	66.4 - 75.8	▲	Gap % points	2020/21
ESA claimants	6.0	5.4	4	3.8 - 6.3	▲	%	2018
Unpaid carers*				-			

* Indicators coloured shaded grey are no longer available via OHID fingertips

Health and Wellbeing Board Role Profiles

Chair of the HWB – Cabinet member for Health & Communities	Cabinet Members – Derbyshire County Council
<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Provides leadership and strategic vision of the board. • Also Board member for ICP and other strategic partnerships. • Question and challenge throughout the meeting as part of chairing function. • Provides political leadership of the health and wellbeing agenda • Work with partner organisations to reduce health inequalities in local communities • Holds organisations and partners to account for delivering against the priorities outlined in the Health and Wellbeing Strategy. • Escalates issues from HWB to regional/ national forums where appropriate • Challenges performance against the outcomes outlined in the HWBS via the HWB dashboard indicators which make links to performance • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Broad knowledge of local community and specialist knowledge of Cabinet portfolio. • Question and challenge throughout the meeting. • May be a Board member for ICP and other strategic partnerships • Provides political leadership of the health and wellbeing agenda • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Chief Executive Officer for Derby & Derbyshire Integrated Care Board	Non-Executive Director for Derby & Derbyshire Integrated Care Board (Vice Chair)
<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Provides specialist knowledge of Integrated Care System. • Provides clinical leadership • Represents board priorities to ICS • Board member of ICP and ICB • Share plans from ICB with the Board • Escalate issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Deputises for chair when necessary. • Board member of ICP and ICB • Provides specialist knowledge of Integrated Care System. • Provides clinical leadership • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Executive Director of Adult Social Care and Health	Executive Director of Children's Services
<ul style="list-style-type: none"> • Statutory member of the board in role as Director of Adult Social Care Services (DASS). Can vote on all matters. • Board member of ICP. • Represents and implements Board priorities in relation to Adult Care • Shares plans and strategies from the ICP • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board as Director of Children's Services (DCS). Can vote on all matters. • Board member of ICP. • Represents and implements Board priorities in relation to Children's Services • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Director of Public Health	Healthwatch Representative
<ul style="list-style-type: none"> • Statutory member of the board in role as Director of Public Health. Can vote on all matters. • Board member for ICP and DPH representative on ICB • Accountable officer for Identifying needs through Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment • Accountable officer for producing Joint Local Health and Wellbeing Strategy and Director of Public Health Annual Report • Public Health, Population Health and prevention champion • Work with partner organisations to reduce health inequalities in local communities • Provides a direct link between health and local government; professional advice • Represents and implements Board priorities in relation to Public Health • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Provides appropriate representation of the patient, public and carer population in Derbyshire • Works collaboratively with board partners to ensure appropriate engagement and involvement with patients and service users • Escalates issues from HWB to regional/ national forums where appropriate • Works closely with the Derbyshire Healthwatch to ensure appropriate engagement and involvement with patients and service users. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Representative from Voluntary Sector	Police and Crime Commissioner for Derbyshire
<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Voice of the voluntary sector on the board. • Engages and communicates with VCS colleagues in relation to Health and Wellbeing Board priorities and facilitates actions agreed at meetings in relation to the voluntary sector • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of police service in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Representative from Derbyshire Fire and Rescue Service	District and Borough Councillors
<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of fire and rescue service in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Provides political leadership of the health and wellbeing agenda within districts and boroughs • Feeds back and engages with local people to inform planning and contributions to board discussions and decisions • Works with partner organisations to reduce health inequalities in local communities • Links to communities to deliver practical actions that prevent ill health • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

District and Borough Council Officer	Representative from Derbyshire Constabulary
<ul style="list-style-type: none"> • May attend meetings to support District and Borough elected members. These officers are not able to vote on matters. • Attends coordination meetings held as part of County Place Partnership Board • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of Derbyshire Constabulary in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

25 January 2023

Report of the Executive Director - Adult Social Care and Health

CARERS STRATEGY REFRESH 2022

1. Purpose

- 1.1 The purpose of this paper is to ask that the Health and Wellbeing Board:
- a) Endorses the Derbyshire Carers Strategy refresh 2022
 - b) Encourages all system partners to commit to the priorities and pledges of the strategy and to develop organisational delivery / action plans

2. Information and Analysis

- 2.1 The Derbyshire Carers Strategy 2020-2025 sets out system priorities for unpaid carers, based on extensive engagement with carers and partners across 2019. This was approved by Cabinet on 14 May 2020 but due to the timing, did not receive a system launch or full implementation.
- 2.2 The Pandemic has had a significant impact on carers, so the Carers Strategy required a refresh mid-way through the lifecycle, to reflect the new issues faced by carers and ensure shared actions and priorities remain up to date and fit for purpose.
- 2.3 A desktop refresh has been undertaken, using local and national sources of evidence, together with input from the commissioned carers service and voices of local carers through the findings of the NHS Digital Satisfaction Survey for Adult Carers in England (SACE) undertaken across 2021/22.

- 2.4 National legislation and policy; People at Heart of Care White Paper (2021), Joining Up Care for People, Places and Populations White Paper (2022) and the Health and Care Act (2022) are incorporated and will be further addressed through joint action planning.
- 2.5 The priorities outlined in the existing Carers Strategy remain as follows:
- Improving carer health and wellbeing
 - Information and advice
 - Carer employment and financial wellbeing
 - Early identification and support
 - Young carers
 - Services and systems that work for carers
 - Involving carers as experts
 - Recognising and supporting carer in the wider community
- 2.6 There will be a concerted focus on improving carer health and wellbeing, the provision of information and advice, supporting working carers and promoting sources of financial/welfare assistance.
- 2.7 The refreshed Carers Strategy 2020-2025 is attached at Appendix 2, with joint action planning to be finalised with system partners following approval of the Strategy.

3. Alternative Options Considered

- 3.1 Alternative Option 1 - Do Nothing. The Council could continue to progress the existing Carers Strategy document until it expires in 2025. This option is not desirable as it would mean the priorities requiring greater focus and activity undertaken would not be reflected.

4. Implications

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

5. Consultation

- 5.1 No requirement to consult in relation to the refresh of the Carers Strategy.

6. Partnership Opportunities

- 6.1 System wide adoption of the priorities and pledges set out within the Carers Strategy Refresh will ensure its greatest impact in effectively supporting unpaid family carers. All Health and Wellbeing Board

partners are therefore urged to commit to the pledges within the strategy and to develop action / delivery plans to help to realise the significant benefits to carers to improve their health and wellbeing and to support them effectively in their caring role.

7. Background Papers

7.1 None identified

8. Appendices

Appendix 1 – Implications

Appendix 2 - Carers Strategy Refresh 2022

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Endorse the Derbyshire Carers Strategy refresh 2022
- b) Encourages all system partners to commit to the priorities and pledges of the strategy and to develop delivery / action plans

10. Reasons for Recommendation(s)

10.1 Carers play a vital role in preventing and delaying the point at which the person depending on care needs formal services. Carers are fundamental to the sustainability of our health and social care system, but often prioritise the health of the person they care for, over their own health and wellbeing.

System-wide collaboration and adoption of the Carers Strategy refreshed priorities and pledges, will ensure the greatest impact, to deliver the best outcomes for carers and ensure that supporting carers in their caring role is 'everyone's business'.

Report Author: Jude Boyle Commissioning Manager (Carers)

Contact details: jude.boyle@derbyshire.gov.uk

Organisation: Derbyshire County Council Adult Social Care

HWB Sponsor: Helen Jones Executive Director (Adult Social Care and Health)

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 An Equality Impact Assessment has not been carried out for the purpose of the Carers Strategy refresh.

Partnerships

5.1 The system wide adoption of the Carers Strategy Refresh by all partners will enable the most effective outcomes for unpaid family carers.

Health and Wellbeing Strategy priorities

6.1 Unpaid family carers are referenced in the Derbyshire Health and Wellbeing Strategy and included as part of measuring success and tracking progress of the following outcomes:

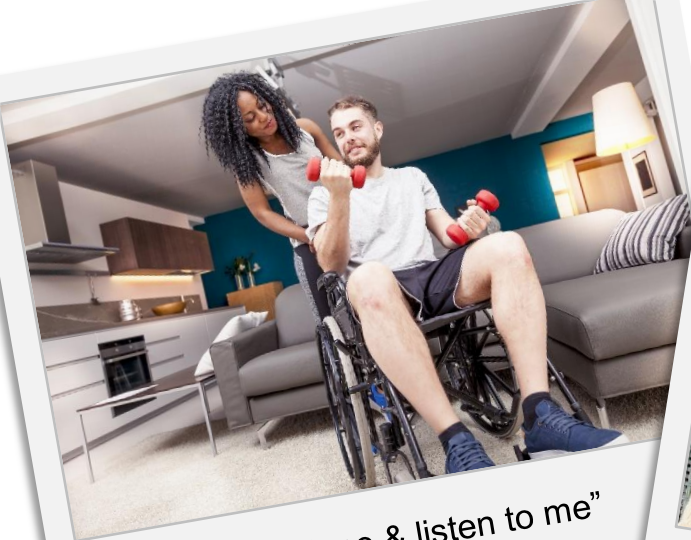
Outcome 1: All people in Derbyshire are enabled to live healthy lives

Outcome 3: All people in Derbyshire are enabled to have good mental health and wellbeing across the life course.

Outcome 5: All people in Derbyshire have opportunities to access good quality employment and lifelong learning

Other implications

7.1 No further implications



"Respect me & listen to me"



"The right information at the right time"



"I need help to understand social care"

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Derbyshire Carers Strategy

A commissioning strategy for
Derbyshire 2020-2025
(2022 Refresh)



Joined Up Care
Derbyshire



Carers in
Derbyshire

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Introduction

Three in five people will be carers at some point in their lives and almost everyone will know family members, friends and colleagues who are carers. There is not a 'typical carer' and everyone's caring role is unique. Carers come from a range of backgrounds, situations and age groups. Some carers move in and out of the role many times and provide various types of care, often to more than one person.



Caring can be very rewarding, and carers provide invaluable assistance to those depending on it. It is estimated that carers in Derbyshire contribute over £998 million to the local economy and collectively represent the largest provider of care and support.

The role carers play is one to be celebrated, but providing care often comes at great personal cost to those sacrificing their own time, energy and money to carry this out. For many, caring can have a detrimental impact on physical and mental wellbeing, with many giving up a lifestyle and opportunities that non-carers take for granted. It is therefore essential that we all recognise the impact of caring in order to support carers effectively and assist them to maintain their role whilst having a life alongside caring.

Carers UK (2019 & 2021) State of Caring
NDTi (2019) Supporting Carers

Scope

This strategy is for all unpaid carers supporting someone who lives in Derbyshire, regardless of the condition of the person depending on them. It includes adult carers, working carers, parent/family carers, young adult carers and young carers under 18 and recognises that all carers have a diverse and unique range of needs, priorities and interests.

This strategy was developed by Derbyshire County Council and Derby and Derbyshire Integrated Care Board as a joint approach to strengthening early intervention and integrated support. It seeks to respond to the issues that have been highlighted locally and outline how everyone across the system can specifically work together to improve the lives of all carers.

2022 Refresh

In light of the pandemic, it has been necessary to update this strategy mid-way through the strategy cycle to reflect the impact Covid-19 has had on carers and to include key changes in national and local policy, including system-wide plans and strategies, to ensure our vision for supporting carers remains fit for the future.

The pandemic forced Carer Support to work in different ways, including a shift to online support and the delivery of new services, for example, offering wellbeing checks via telephone or Zoom, and supporting the Council with the delivery of PPE, Winter Covid Grants and the Household Support Fund to carers. The Young Carers Service were also involved in the delivery of wellbeing packs and online activities and wellbeing sessions.

Although many services have resumed, overall support for carers across the health and social system has not returned to pre-pandemic levels and this will need to be further understood locally to ensure that equality, effective support and recognition for carers is not lost. The priorities outlined in this strategy will continue to inform the design of future support and the key areas we need to concentrate our joint resources and actions on, to preserve and improve the health and wellbeing of carers until the next strategy refresh in 2025.

Who is a carer?

A “carer” is an adult who provides or intends to provide care for another adult (an “adult needing care”).

A “young carer” is a person under 18 who provides or intends to provide care for another person.



Carers in
Derbyshire

Carers may not recognise themselves as carers and may prefer to continue to identify primarily as a husband, wife, partner, sibling, parent, child or friend rather than a carer. It is important for carers to consider themselves carers² so their role can be recognised and their contributions acknowledged.

A “parent carer” means a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

Carer demographics in Derbyshire

Carer numbers are not static. Whilst some carers are taking on caring responsibilities, for others the role is ending. It is this turnover that means **3 in 5 of us will become a carer** at some point in our lifetime. (Carers UK)

Young Carers

There are an estimated **1643** young carers aged 18 and under in Derbyshire. The average age of young carers in the UK is 12. (2011 census)

The 2011 census highlights that women are more likely to be carers than men, with **57%** of women and **43%** of men providing care in Derbyshire. The impact of caring will fall disproportionately on women as the demand for informal care increases.

Carers living in Derbyshire

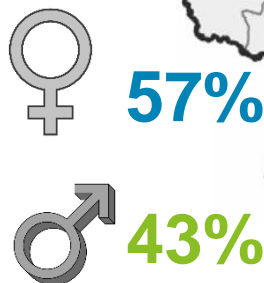
According to the 2011 census, Derbyshire has a population of **93,000** carers. ONS Population Projections predict that by 2043 the county's population will have increased by **13%**, which could lead to a population of at least **100,347** carers.



60% of carers in Derbyshire are aged 50 or older.

Working Carers

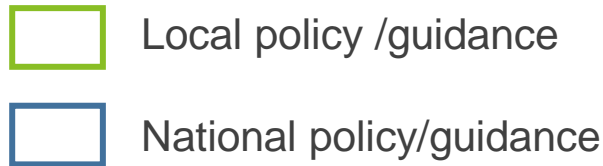
An estimated **52,165** people combine the provision of care alongside **paid work** in Derbyshire (2011 Census)



BAME Carers

4.2% (33,7030) of Derbyshire residents are from Black and Minority Ethnic groups. Across England & Wales there are 719,684 BAME carers, which is **12.5%** of the national number of carers. (2011 census)

National and local policy and guidance



NHS Long Term Plan
2019

NICE Guidelines 2020

NHS England
Commitment to Carers
2014

People at Heart of Care
White Paper 2021

Joining Up Care for
People, Places and
Populations White
Paper 2022



Health and Care Act
2022

Children and Families
Act 2014

Care Act 2014

Derbyshire County
Council Plan Refresh
2022-2023

Joined Up Care
Derbyshire – Strategy
Delivery Plan 2019-
2024

Derbyshire Health &
Wellbeing Strategy
2022 Refresh

Funding support for carers who provide care to an adult comes from central Government through to the Council and Integrated Care Board, to form a joint carers budget that is currently managed by Derbyshire County Council through the Better Care Fund.

How this strategy was informed

We recognise the importance of talking to carers about what matters to them. This strategy reflects what a range of unpaid, family carers and those who depend on carers, have told us to inform our understanding of what carers want.

This strategy has also been informed by many partner organisations in the local health, social care and voluntary sector who frequently support carers. These include Creative Carers, Healthwatch Derbyshire, Derbyshire Carers Association, Links CVS and the National Development Team for Inclusion. The Council took part in the biennial NHS Digital Satisfaction Survey for Adult Carers in 2021/22 and in 2019, completed a national self-assessment on the progress of supporting carers in Derbyshire which included an on-line survey and a key engagement event.

Supporting carers remains a priority for Derbyshire's health and social care system. The priorities and actions within this strategy complement and link with the priorities of the Health and Wellbeing Board and the Joined-up Care Derbyshire plan to help us adopt a comprehensive, whole system approach to identifying and supporting carers.

We have also taken learning from national sources so the priorities set out in this strategy support the delivery of the Department of Health and Social Care Carers Action Plan (2018) and the objectives for carers outlined in the NHS Long Term Plan (2019), which have been strongly endorsed in our discussions with carers locally. For further information about what carers have told us visit:

www.carersinderbyshire.org.uk/what-carers-tell-us

Twitter

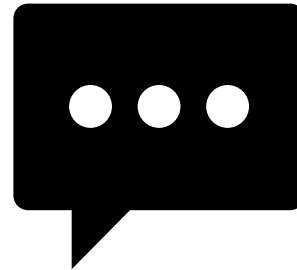
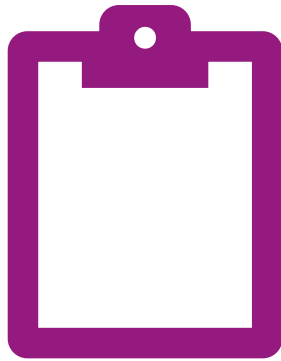
Twitter posts included throughout this strategy are a sample of the 'live tweets' posted during the Derbyshire Carers Engagement Event to capture the views and opinions of the carers (67%) and professionals who attended. The event was held on 28 November 2019 in South Normanton and was led by Sortified CIC.



Strategy achievements January 2020 - September 2022

- An **increase in the number of carers** receiving information, advice and support on a range of issues connected to their caring role
- New service offer that has **increased the number of carers accessing digital information and on-line peer support**
- **Reliable, up to date information** cascading in a variety of formats through the commissioned carers services and the Carers in Derbyshire website
- **Growth in the number of carers creating an emergency plan**
- An **increase in the number of young carers receiving support to reduce isolation and improved transition for young adult carers** to the adult carers service
- New systems and processes that assist in **joining up support and decision making between the Carers Service and Adult Social Care and Health**
- **Financial support worth £55,000 directed to over 600 families**
- A **rise in the number of carers identified and referred for support by partner organisations across Derbyshire**





What have carers told us?

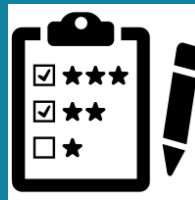
Findings of the 2021/22 Survey of Adult Carers in England (SACE)

21%



Proportion of carers reported they had 'little social contact and felt socially isolated'

41%



'Overall satisfaction with Adult Care Services'

62%



Proportion of carers who said they found it 'easy to find information about support'

61%



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Proportion of carers who reported that they had been 'included or consulted in discussion about the person they care for'

23%



Proportion of carers that felt they had 'no encouragement or support'



31%

had to see their GP as a result of being a carer

65%

feel stressed

Source: [NHS Digital Survey of Adult Carers in England 2021-22](#)

Image taken at Derbyshire Carers Engagement Event on 28/11/19

Carers reported their top three requirements through the 2021/22 Survey of Adult Carers in England as:

A Break



Financial help
and advice

Face to face
or telephone
support



Source: [NHS Digital Survey of Adult Carers 2021-22](#)

Image: taken at Derbyshire Carers Engagement Event, 28/11/19

Findings of the national survey of young carers and young adult carers in 2022

36%



'always' or 'usually' feel worried because of being a young carer or young adult carer

23%



'never' or do 'not often' have someone to talk to their feelings about

44%

said their mental health is worse as a result of the pandemic

36%



said they 'never' or do 'not often' get enough sleep

53%



the number of hours they spend caring has increased in the last year

33%

of young carers or young adult carers 'always' or 'usually' feel lonely

28%



Said they 'never' or do 'not often' feel like they get enough time for themselves

27%

'struggle to balance caring with school, college or university work'

52%



'Never' or do 'not often' get help from school, college or university to balance their school, college or university work



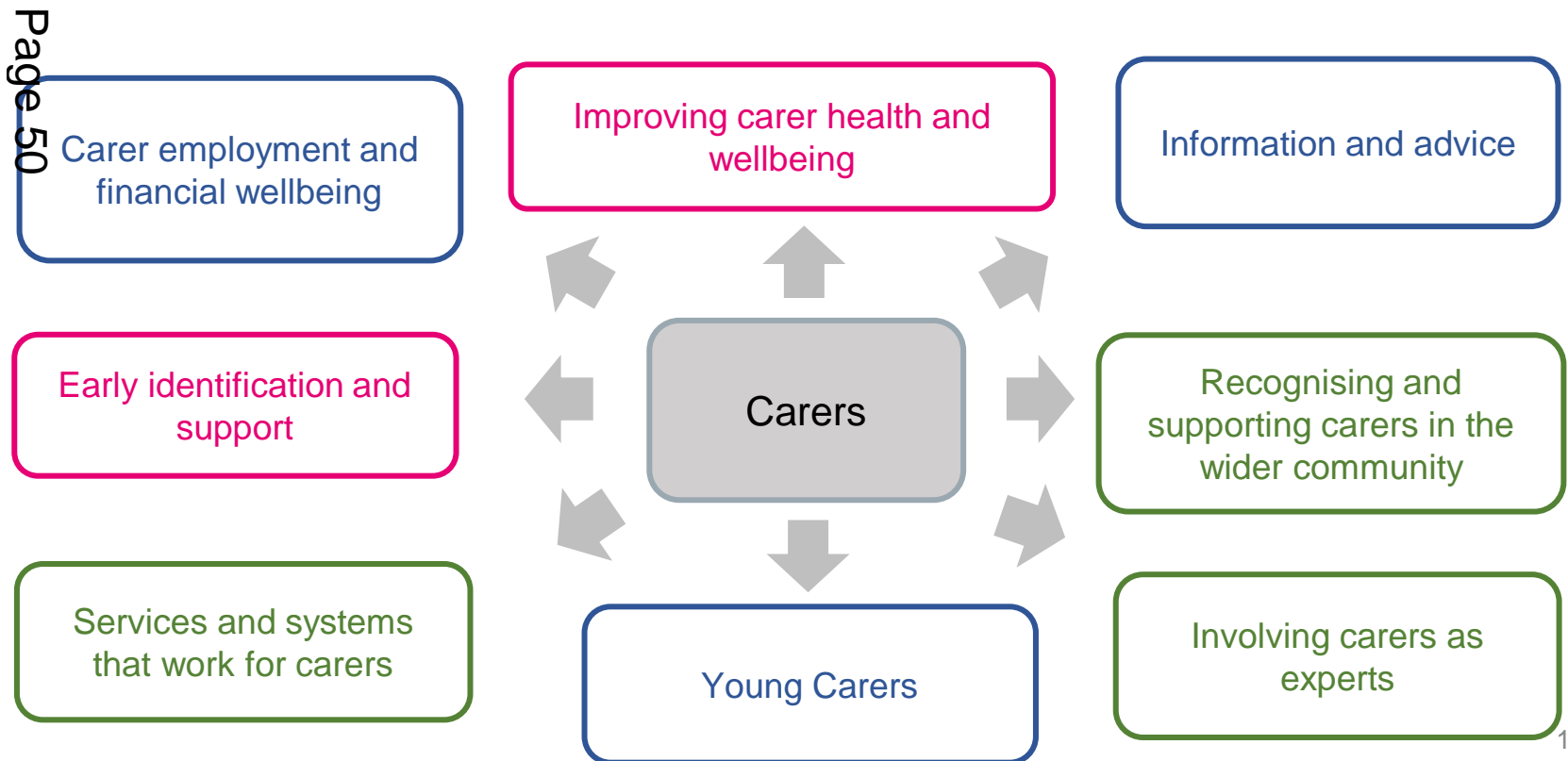
Source: Carers Trust [Carers Trust Report, March 2022](#)

Image: taken at Derbyshire Carers Engagement Event, 28/11/19

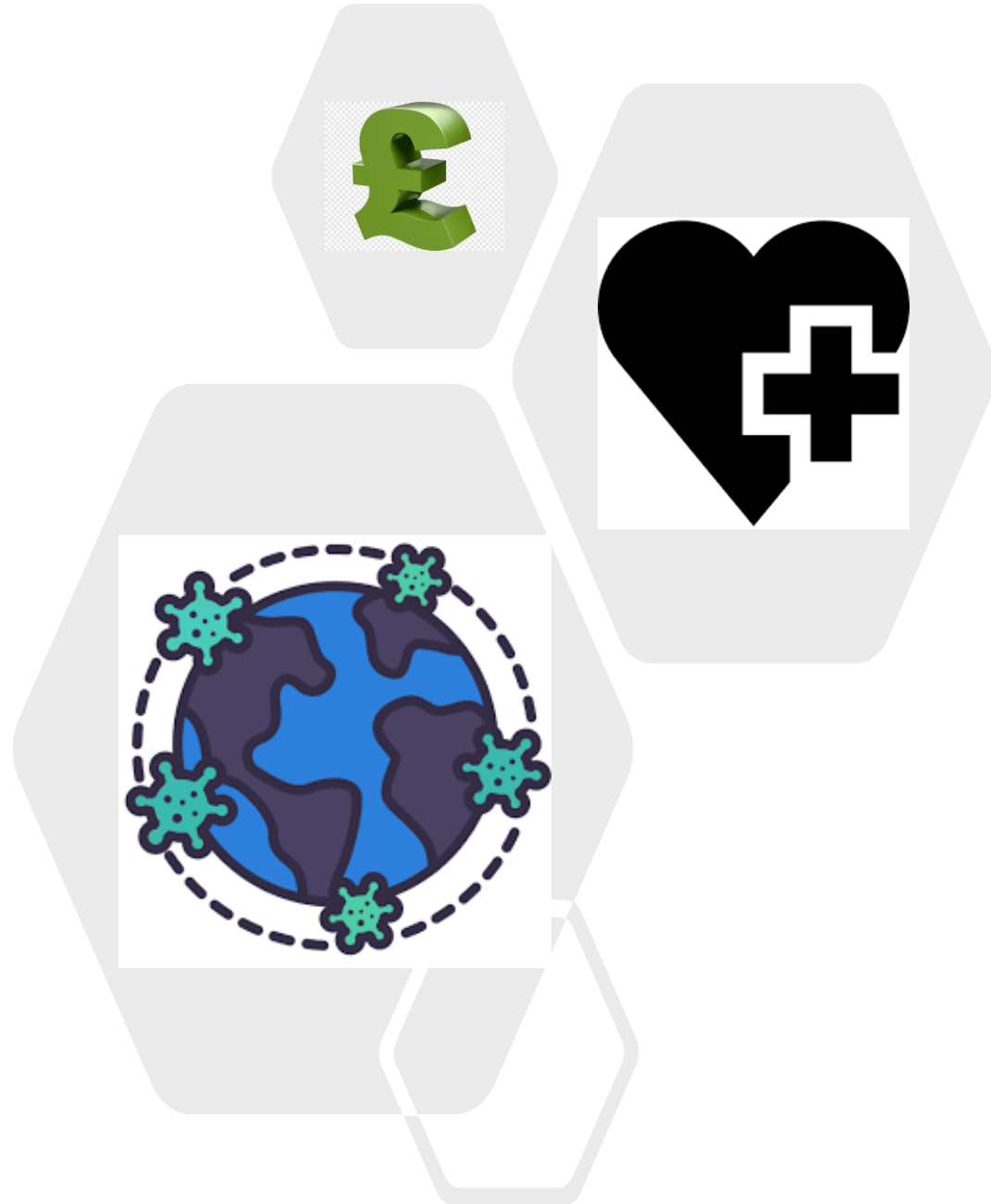
CONTROLLED

Our priorities for the next three years to 2025

- 8 strategic priorities were set when this strategy was first developed in 2019 and these were based on what local carers felt would make the biggest difference in their lives.
- Based on what carers have told us during the pandemic and drawing on national and regional research, we will continue to concentrate on the same priorities, but with a particular focus on improving carer health and wellbeing, the provision of good information and advice and financial wellbeing/supporting carers in employment.
- The 8 strategic priorities continue to be in line with the objectives of the NHS Long Term Plan, the Health and Care Act together with national and local policies which offer a basis for effective and efficient carer support. We will continue to take into account what carers tell us is important to them to maintain their caring role, when redesigning and delivering carer services across 2022 & 2023.



The impact and legacy of the Covid-19 Pandemic on carers



What do carers say about their experience of caring through and after the pandemic?

“When I was in school, that was my time. Now every day is the same”
(Young Carer)

“The pressure on carers has been immense with daytime and residential respite not available for almost 2 years”

“The government withdrawing the £20 universal credit uplift has caused more financial strain for carers who are unable to work due to their caring responsibilities”

“I felt I had no other choice but to retire, as it worried me leaving my husband alone at home”

“I constantly worried that I would give Covid to my vulnerable husband”

“I haven’t been able to get out and talk to my friends or have things I can go and do” (Young Carer)

“The pandemic meant little face to face support/ activities and many do not feel confident being directed to internet services. These often add to the stress and isolation especially in older carers”

“Sometimes a chat with the carers service would help, as it was someone you could share all your worries and fears to”

“The Pandemic restrictions have been detrimental to my wellbeing as I have not had usual contact with my family, and this made it more difficult to cope with caring for my husband”



What carers have told us

Carer Health and Wellbeing

"I feel I need a break and respite – I am dealing with everything now including tracheostomy care, peg feed care, suction to keep airway clear, oxygen support, ventilator support and physiotherapy"

If I have any concerns at all it would be regarding my own physical fitness in the future and subsequently becoming unable to look after my wife as I am able to do now at 89 years old."

"My brain and body say give up my caring role. My conscience says don't do it".

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Information and Advice

"Access to information is insufficient for elderly people unless they are internet savvy and many aren't, unless they have family members who are"

"No one answers the phone, it's difficult to get hold of anyone and the length of the forms to complete to apply for a blue badge, attendance allowance, power of attorney etc means that most don't get finished as I am trying to complete these things around paid work and caring responsibilities."

What do we know?

- There are more people with a caring responsibility now, than pre-pandemic levels and this peaked when carers registered for vaccination
- Carers are providing additional hours of care and/or their caring role has intensified because of local services reducing, reprioritising, changing or ending
- The health and social care workforce crisis and quality of care available are limiting the availability of replacement care, preventing carers from accessing a traditional respite break and placing carers under strain to care when they are not 'willing or able to do so'.
- Carers report feeling lonelier, more isolated and anxious than they did pre-pandemic
- Many carers are worried about themselves and the person they care for, catching Covid-19
- Carers and those depending on them, are waiting longer for diagnosis and treatment, assessment and support
- Some carers have struggled to connect with online support as a result of digital barriers; lack of equipment and/or access to the internet or because they are short of digital skills, ability or confidence
- There are some great examples of digital services that have enabled carers to participate in choirs, cooking sessions, peer support, physical activity, arts and crafts.
- Some providers have ensured that different online activities for carers and the person they support are put on at the same time so that an activity and break are delivered concurrently

What carers have told us	What do we know?
<p>Carer Employment and Financial Wellbeing</p> <p>“We find it expensive to pay for travel to day care that is not local”</p> <p>“I found that the agencies were all helpful but if I hadn't asked the question, I may possibly have missed benefits advice to help my son”</p> <p>Page 54</p>	<ul style="list-style-type: none"> • Many carers face precarious financial situations, from equipment/care costs, increased food expenditure and fuel, given the necessity of heating and fuelling equipment to meet the health conditions of those depending on them. • Financial wellbeing is compounded by many carers having to reduce their working hours or leave employment prematurely, because they are providing more hours of care than they were pre-pandemic. • The workforce crisis in health and social care is preventing carers accessing the support they need and putting working carers' livelihoods at risk. • A significant proportion of carers are struggling to make ends meet and are turning to unsustainable solutions, such as accruing debt or cutting back on things that are integral to their wellbeing.
<p>Early Identification and Support of Carers</p> <p>“Most carers haven't planned to become carers, so the situation evolves, and you don't know what help is available to you or what help you need”</p>	<ul style="list-style-type: none"> • The Pandemic has made it harder to identify and reach out to support carers – particularly mental health carers, male carers, BAME carers, young carers and those who don't use the internet or have family/friends. • Carers have had to make choices about accessing support, seeing friends/family and work in order to reduce the risk to themselves and the person depending on them, which has made many carers even more hidden • However, many carers identified so they could be prioritised for the Covid-19 vaccine which led to the formal identification of many new and existing carers who also registered with carer services

What carers have told us	What do we know?
<p>Services and Systems that work for Carers</p> <p>“The problem I have found is that there is a lot of help out there but to find what is best for my mum is a minefield”</p> <p>“There have been times when care workers have not come and many times, they are late”</p> <p>“The vaccination made me feel more secure and being on the priority list made me feel validated as a carer”</p>	<ul style="list-style-type: none"> • There is an increase in the complexity of caring situations and the duration of support required from carer services, as other services have ceased, reduced or moved online. • There are now fewer options for signposting carers • Access and/or delays in primary and secondary healthcare, are adversely impacting carers and those depending on care • The crisis in the social care workforce often results in carers having to tell their story multiple times – rather than having a consistent point of contact, even if that is not the worker who actions every issue.
<p>Recognising and Supporting Carers in the wider Community and Society</p> <p>“Carers have been left behind. As a carer, the impact of this situation has made me feel like I am not a valued member of society”</p>	<ul style="list-style-type: none"> • Despite more people stepping into caring roles over the Pandemic, the perception of unpaid caring in our communities and society is still not valued or understood • A large percentage of carers still do not know about the services that are available to them in their local area

What carers have told us	What do we know
<p>Young Carers</p> <p>“I am constantly worried about catching it and passing it on to my mum. I did less things with friends and still do. And I avoid public transport as much as possible as well as large gatherings.”</p> <p>“Coronavirus has isolated me from a lot of my support networks and also made my caring ... more difficult.”</p>	<ul style="list-style-type: none"> • Young carers and young adult carers have reported that the pandemic has left them feeling more stressed, less connected with others, feeling that their education has suffered, their mental health has deteriorated and greater concern about future prospects. • Young carers were not able to take advantage of easing restrictions in the same way as other children and young people. • Many young carers and young adult carers are weighed down with further worry around whole family finances and the increase and intensity of the care they have to provide.
<p>Involving carers as experts</p> <p>‘My dad is in hospital after a fall, but I feel totally excluded from the decisions made about his future care and the care I will be expected to provide.’</p>	<ul style="list-style-type: none"> • Covid-19 restrictions reduced the involvement of carers in decisions relating to the diagnosis, treatment and care of those depending on them. Many carers did not feel on-line or telephone assessment methods sufficiently afforded a person centred or whole family approach and this has been particularly common due to the pressures around hospital discharge • Much of the health and social care system moved strategic planning and decision making conversations, that traditionally took place in communities and public spaces, online. • There remains a strong take up of digital engagement since the pandemic and whilst this has been useful in involving a younger and more diverse audience, there are still many carers who are digitally excluded and/or prefer face to face engagement.



Strategy priorities and pledges to carers

Derbyshire Carers Charter

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or suffers with mental ill health or substance abuse.

We promise to:

Support carers to retain social networks and feel part of their local community

Help carers outside of their caring role to participate in education, work and leisure

Protect young carers from undertaking tasks that prevent them having a life like other children

Promote choices so carers with different needs are able to access the right support when they need it in the way they choose

Make sure that all carers feel valued, recognised and their caring needs are met

Provide carer-friendly information that is accurate, up to date and easy to understand

Help carers to recharge and look after their own physical and emotional health

Involve carers as expert partners in planning, developing and changing services

Priority – Improving Carer Health and Wellbeing

Carers said

- Tell us about the peer support available and make provision for us to bring our loved ones, if necessary.
- Provide us with simple and straightforward information about help available for us if we're struggling with our caring role; including ways we can potentially avoid our health suffering as a result of caring.
- Provide us with options available to us when we need to have a break from the caring role.
- Recognise it's important that we ourselves identify what's missing in our lives and receive the right kinds of help and support to fill the gaps at our own pace, in our own time and in our own way.

Our pledge

In order to improve the health and wellbeing for carers of all ages:

- We will continue to develop new and effective ways of providing carers with a break from caring and/or keeping in touch with family and friends.
- We will explore new ways to connect carers with other carers and promote the support of each other.
- We will continue to raise awareness of the impact of caring on carer mental health and the importance of emotional support.
- We will actively support carers to plan and prepare for the future.
- We will review the effectiveness of the way Carer Personal Budgets are delivered to meet carer's eligible needs in a personalised way.
- We will design and commission services that promote and increase physical activity and effectively link carers to health and wellbeing support

Priority – Information and Advice

Carers said

- Give us new information about systems and processes, as soon as it becomes available, in ways that help us make informed choices and empowers us for the future.
- Provide alternatives to, or support for, carers less confident about using the internet, so we can still access the information and advice we need.
- Provide information that is not reliant on health and social care jargon or the term 'carer'.
- Understand that Black Asian and minority ethnic carers may not be familiar with the support offered by services or may not be able to access them.
- Provide us with someone to talk to who knows the relevant system/processes inside-out and can make this easier for us to ask the right questions.

Our pledge

To ensure carers of all ages can find information and advice they need easily:

- We will work with carers to produce the right information and advice in new and accessible ways.
- We will engage with carers to ensure that the language used is correct, and identify translation needs in each area.
- We will continue to provide paper based information alongside digital information platforms and encourage take-up of digital support on a wider scale.
- We will continue to invest in training and learning for carers to ensure they can carry out their role safely and with confidence.
- We will ensure carer assessment is timely, proportionate and personalised so carers feel it is of benefit.
- We will equip partners with the skills and knowledge to provide accurate information that supports carers.

Priority – Carer Employment and Financial Wellbeing

Carers said

- The financial impact of caring is devastating when we have to give up a job to provide care.
- Staying in work can provide us with respite from caring and help build our resilience.
- Provide us with better information about the costs of care and support and how to plan financially for the future.
- Information about financial help for the whole family is the most effective approach.

Our pledge

In order to support carers of all ages and their families:

- We will ensure more carers are able to balance work and care with support to return to work alongside or after caring.
- We will support carers to minimise the financial impact of caring, through the promotion of good employment practice, awareness of benefits and warm home discounts.
- We will work with employers to improve working practices, develop carer friendly employers policy and formally endorse the Carers Leave Bill.
- We will seek to raise awareness about the needs of carers among employers and support carers to stay in work or get back into work.
- We will link into the workforce strategy to support working carers more consistently.
- We will help carers obtain the benefits information and support they need.

Priority – Early Identification and Support of Carers

Carers said

- Recognise when we're a carer and help us to recognise this too, especially at the point of diagnosis.
- Identify who is caring in the family and what support is needed by everyone.
- Provide checks on our physical health and mental wellbeing through primary care.
- Those of us from Black, Asian and minority ethnic communities, mental health carers, parent carers and young carers feel overlooked as carers and that our needs as carers are not fully understood.

Our pledge

To increase awareness and identification of carers of all ages:

- We will continue to work with partners across the whole system to ensure carers are systematically identified in the early stages of caring.
- We will use the framework set out in the quality markers to develop and promote carer-friendly GP practices and endorse the benefits of supporting carers through primary care.
- We will continue to reach out to carers from under-represented and vulnerable groups to ensure they are identified and supported in a personalised way.

Priority – Young Carers

Young carers said

- Acknowledge our role when we are supporting a member of our family and offer support to everyone in the family.
- Talk to us, really listen and don't make assumptions about what we do or don't do.
- Keep us informed when support changes.
- Make services more joined up, especially when support moves from different services.
- We need support to think about the future.
- Schools need to know we are young carers.
- Support us to have a break and just be a 'young person'.

Our pledge

In order to improve the way we support young carers and young adult carers:

- We will continue to work with partners to increase awareness and identification of young carers and promote the benefits of supporting the whole family.
- We will promote the take up of 'top tips to support young carers' in primary care.
- We will continue to provide support that protects young carers and young adult carers from caring excessively.
- We will work with partners to improve educational, training and employment opportunities for young carers.
- We will provide peer support and break activities with young carers and young adult carers.
- We will ensure good access to mental health support

Priority – Involving Carers as Experts

Carers said

- Acknowledge and value us as an 'equal expert partner' - one of a team among professionally paid and qualified people.
- Listen to us so that we can provide that team with accurate up-to-date information, in confidential spaces, if needed, and contribute to workable solutions.
- Ensure we agree to support plans where we'll almost certainly have a key part to play (rather than our role being assumed or taken for granted) before they are signed off.
- Keep us up-to-date about progress in changing, improving or starting services for our loved ones.

Our pledge

In order for carers of all ages to be respected and valued as equal partners:

- We will increase the involvement of carers in the care of the people they look after and ensure their role is recognised, valued and respected.
- We will ensure that a range of methods are used to capture the diversity of carer's views and fully involve carers in service changes or proposals.
- We will influence new initiatives and partnerships so that they effectively meet the needs of carers and support carers' rights.
- We will explore how we can resource co-production and carer-led participation in commissioning and decision- making.

Priority – Services and Systems that work for Carers

Carers said

- Ensure we get what we need quickly and simply without going through complicated systems and processes.
- Clearly tell us what to do, and where to go, when we're faced with an emergency impacting on our caring role.
- ~~Ma~~ Make it easier for us to obtain statutory support and financial benefits rather than having to battle for everything.
- ~~St~~ Stop making us repeat the same information over and over.

Our pledge

- We will continue to raise awareness and promote best practice amongst health and social care professionals to identify, value and support carers effectively.
- We will promote the value of local services working together to support families as a whole.
- We will work with all partners delivering front-line services to help them work alongside carers as part of a team.
- We will influence initiatives and partnerships in Derbyshire so that they explicitly include carers and better meet the needs of carers.
- We will continue to strengthen emergency planning and crisis support for carers in emergencies.
- We will evaluate our model of carer support and develop the specification for future carer services.

Priority – Recognising and supporting Carers in the wider community and society

Carers said

- Understand we need to meet others with similar experiences within community spaces for understanding, empathy and tried-and-tested practical solutions.
- Speak to us (and be heard) on our own terms within our communities, in ways that are meaningful to us.
- Support us to come together with other carers in order to improve local decisions and ensure a carer's perspective is understood, and acted on, at every level of decision-making.
- Recognise our value, strengths and knowledge within local neighbourhoods.
- Recognise our strengths and skills and encourage and support us to do the same.

Our pledge

In order to recognise and support carers of all ages in local communities :

- We will continue to raise public awareness and recognition of carers and an understanding of caring across communities and wider society.
- We will continue to develop peer support which can also include the person depending on care within local communities.
- We will explore new ways for carers to be engaged in their local communities and connected to local community support.
- We will examine and promote technologies which effectively support carers in their role.
- We will support carers to access peer support through social media and on line platforms.



Taking the Strategy forward 2022 - 2025

Our vision by 2025

We want Derbyshire to be a place where ...

- ✓ Carers will be proactively identified and supported at any point within the local health, social care and voluntary sector
- ✓ Carers will also be recognised and supported in local education, employment, leisure, faith, and community settings
- ✓ Carers will report full involvement in plans where they have a role, whether those plans are drawn up by health or social care
- ✓ Carers will find it easy to get the information, advice and support they need
- ✓ Carers and their families can expect services and systems to join up in a way that is helpful to them
- ✓ Carers will plan ahead and feel more confident in the event of a crisis or emergency
- ✓ Carers will be using technology to support them in their caring role
- ✓ Carers will enjoy better physical health and be able to access emotional support and further help should they need it
- ✓ There will be greater recognition for young carers
- ✓ Carers will live in communities where understanding of caring is growing and carers are recognised, valued and respected

We want Carers in Derbyshire to be able to say

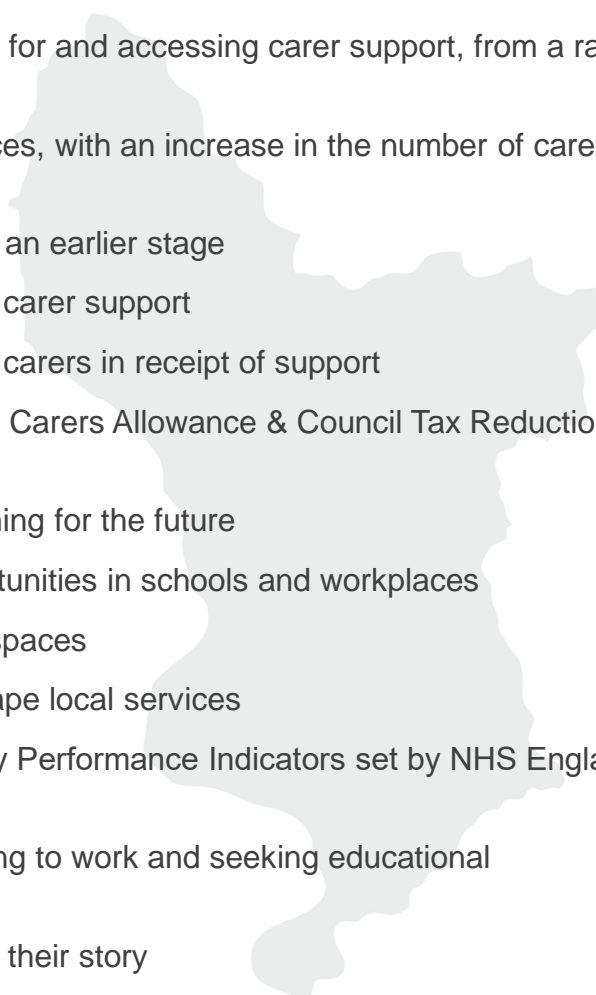
- "I feel that what I do as a carers is recognised, understood and valued and I am offered support in my own right"
- "I can find the information I need, quickly and easily"
- "I know where to get help from when I need it including when things go wrong, challenging decisions and getting my voice heard"
- "I am able to balance caring with my education, paid work, volunteering and personal interests"
- "I feel recognised and valued by my employer"
- "I am able to navigate the health and care system"
- "I know how to look after myself to remain healthy and well"
- "I have access to appropriate support, that suits my needs including a break from caring"
- "I am respected, involved and feel part of the team planning the future care for the person who depends on me"
- "I feel the communities around me understand my situation and support me"
- "I feel safe and in control"
- "I have contact with friends and family"
- "I have the opportunity to be involved in designing the services I use"
- "I have support that means I am protected from inappropriate caring"
- "I am using technology to support me as a carer"

Our plan from 2022 to 2025

- The Carers Strategy Delivery Group led by Derbyshire County Council and the Derby and Derbyshire Integrated Care Board, will oversee the delivery of this strategy.
- Whilst the original strategy document was finalised and agreed by Derbyshire County Council Cabinet in May 2020, the wider system launch, adoption and progression of some of the pledges were inevitably delayed as the health and social care system entered its emergency response and the Carers Strategy Delivery Group was suspended.
- However, work has continued on the implementation of the strategy, with a primary focus on sustaining and protecting the health and wellbeing of carers and ensuring additional investment in carer's mental health and emotional support.
- We want and expect carers to hold us to account in relation to the ambition of this strategy. Development of a detailed action plan and annual progress report will be coproduced next, with carers, the Council, NHS and voluntary and community sector organisations. To ensure accountability and visibility of the work, all planning and progress reports will be available on www.carersinderbyshire.org.uk/carers-strategy
- There are a number of actions and opportunities within this strategy which include partners and it will also be the task of the Carers Strategy Delivery Group to ensure system sign up and linking across strategic areas of work to provide the best support possible for carers across Derbyshire.
- The views and experiences of carers remain paramount in informing the progression and evaluation of the strategy. All carers are invited to be part of this work through organised carer events, carer groups, surveys and other feedback mechanisms. For details of carer engagement events/opportunities visit www.carersinderbyshire.org.uk/having-your-say

How will we know if we are making a difference and benefitting carers?

We expect to evidence :

- 
- An increase in carers taking a break from their caring role, at a time that is convenient, in a way that suits them
 - An increase in the number of Carers referred for and accessing carer support, from a range of referral sources
 - Carers identified and registered in GP practices, with an increase in the number of carers with a flag on their GP record
 - New carers identified and carers identified at an earlier stage
 - Carers reporting positive outcomes following carer support
 - Under-represented and vulnerable groups of carers in receipt of support
 - Increase in the number of carers in receipt of Carers Allowance & Council Tax Reduction due to caring role
 - Carers making an emergency plan and planning for the future
 - Carer awareness training and learning opportunities in schools and workplaces
 - Carers supporting each other in community spaces
 - Carers sharing their views and helping to shape local services
 - The Integrated Care System meeting the Key Performance Indicators set by NHS England's Commitment to Carers Programme
 - An increase in the number of carers continuing to work and seeking educational opportunities
 - A reduction in the number of times carers tell their story
 - Carers reporting positive outcomes reflecting 'I statements'

Overarching Measures

We will monitor our progress using measures from the Survey of Adult Carers in England. This captures feedback on topics that are considered to be indicative of a balanced life alongside an unpaid caring role.:

- The proportion of carers who report overall satisfaction of carers from social services
- The proportion of carers who report they have been included or consulted in discussions about the person they care
- The proportion of carers who find it easy to find information and advice about services

Data sources

The following national/local policy have been used to inform the development of this strategy

- Creative Carers (2019) [What Carers Want statement](#)
- NHS England (2014) [Commitment to carers](#)
- NHS England (2019) [NHS Long Term Plan](#)
- NICE (2020) [Supporting Adult Carers](#)
- Carers UK (2019) [Juggling work and unpaid care: a growing issue](#)
- Carers UK (2019 & 2021) [State of caring: a snapshot of unpaid care in the UK](#)
- NHS Digital (2021-22) [Personal social services survey of adult carers in England](#)
- NHSE & I (2019) [Supporting carers in general practice: a framework of quality markers](#)
- Department of Health and Social Care (2018) [Carers action plan 2018-2020: Supporting carers today](#)
- Local Government Association (2018) [Supporting carers: Guidance and case studies](#)
- NHS England (2016) [An integrated approach to identifying and assessing carer health and wellbeing](#)
- NHS England (2014) [Commissioning for carers: Principles and resources to support effective commissioning for adult and young carers](#)
- Department of Health and Social Care (2014) [Care Act 2014](#) [Children and Families Act 2014](#)
- Association of Directors of Adult Social Services (2019) - [Efficient and Effective Interventions for supporting Carers](#)
- NDtI (2019) [Supporting Carers](#)
- Derbyshire Health and Wellbeing Board (2022 Refresh) [Derbyshire Health and Wellbeing Strategy](#)
- Derbyshire County Council (2022-2023 Refresh) [The Council Plan 2022 to 2025 \(derbyshire.gov.uk\)](#)
- Derbyshire population estimates [Derbyshire observatory](#)
- [Carers Trust Report \(2022\)](#)
- Age UK (2022) [Breaking point](#)
- [Derbyshire's projected change in population: 2018 -2043](#)
- [East Midlands Unpaid Key Worker Report](#)

This strategy has been developed in partnership with:



How to get in touch with us

We would welcome your views on this strategy. If you would like to discuss any part of it, are interested in getting involved, have comments or require more information, please contact:

Adult Social Care and Health Commissioning Team
Derbyshire County Council, County Hall
Matlock, DE4 3AG

Email: ASCH.ac-commissioning@derbyshire.gov.uk

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Derbyshire County Council and NHS Derby and Derbyshire Integrated Care Board would like to extend a huge thank you to the carers, professionals and partners who helped us to produce this commissioning strategy for carers.



For details of carer engagement events visit
<https://www.carersinderbyshire.org.uk/news-and-events>

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

25 January 2023

Report of the Director of Public Health

Health Protection Board Update

1. Purpose

- 1.1 To provide an update of the key messages arising from the Derbyshire Health Protection Board from its meeting on 16 December 2022.

2. Information and Analysis

- 2.1 The Health Protection Board is a cross-Derbyshire Board that is a sub-group of the Derbyshire Health and Wellbeing Board.
- 2.2 The purpose of the Health Protection Board is to provide assurance to the Health and Wellbeing Boards of Derbyshire County and Derby City that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the health of the residents of Derby City and Derbyshire County.
- 2.3 The following updates were provided during the business of the meeting on 16 December 2022:
- 2.4 Screening and Immunisations Programmes:
- The publication of a national screening strategy is still awaited, with implications for local delivery to be considered following publication
 - NHSE have outlined an intention to develop a roadmap setting out the proposed journey for delegation of vaccination and immunisation

services to Integrated Care Boards, with expected commencement in Spring 2024. Further development work is required nationally due to the operational complexity of screening services, and therefore delegation will not proceed within the same timescales.

- NHS England have commenced procurement of the School Age Immunisation programme for the Midlands region, for contract start in September 2023.
- All screening programmes are now fully recovered from Covid-19 impact and operate business as usual activity with no backlogs.
- There are no performance issues with the majority of the cancer and non-cancer screening programmes, with uptake above national targets.
- Performance in the cervical screening programme and for a small number of indicators in the antenatal and new-born screening programmes and the diabetic eye screening programme were lower than national targets, and actions have been identified to increase performance.
- Uptake of routine infant and childhood immunisations in Derbyshire exceeds the national 95% target for 1 year and 2-year-olds but is slightly lower in 5-years-olds.
- A national Mumps, Measles and Rubella call/recall campaign has commenced to improve uptake of dose 1 and 2. In addition, GP practices in Derby City and Derbyshire County with the lowest uptake in routine infant and childhood vaccinations are being supported to audit performance and identify reasons for challenges in uptake.
- Performance for School age immunisations continues to be affected by a high number of non-returns of consent. The provider continues to offer a catch-up for vaccinations missed during the Covid-19 pandemic. A working group has been established to identify actions to improve uptake, reduce inequalities and facilitate good working relationships with schools.
- Uptake of the seasonal flu programme in Derbyshire across the eligible cohorts mirrors the national uptake rates, with the lowest uptake in pregnant women and 2- and 3-year-olds.
- Further guidance from the Joint Committee on Vaccinations and Immunisations (JCVI) and NHS England is awaited on Covid-19 booster and evergreen offers to inform continuation and development of the vaccination programme into 2023.

2.5 Migrant Health

- Updated national guidance on management of cases and outbreaks in asylum seeker accommodation has been published.
- An update was provided on the diphtheria vaccination and antibiotic programme, which continues within asylum seeker contingency accommodation in line with the national policy.

- 2.6 Management of tuberculosis in those with no recourse to public funds:
- The Derby City pathway was reviewed, and a working group is to be established to develop a pathway across Derby City and Derbyshire County

2.7 Group A Streptococcus infections

- The Board received an update on the latest epidemiology of Group A Streptococcus (GAS) and invasive Group A Streptococcus (iGAS) infection.

3. Alternative Options Considered

- 3.1 None considered as report for information only.

4. Implications

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

5. Consultation

- 5.1 No consultation required

6. Background Papers

- 6.1 None

7. Appendices

- 7.1 Appendix 1 – Implications.

8. Recommendation(s)

- 8.1 That the Health and Wellbeing Board:

- a) Note the update report from the Health Protection Board.

9. Reasons for Recommendation(s)

- 9.1 To meet the purpose of the Derbyshire Health Protection Board in providing assurance to the Derbyshire Health and Wellbeing Board that adequate arrangements are in place to protect the health of the residents of Derbyshire County

Report Author: Iain Little, Assistant Director of Public Health, Derbyshire
County Council

Contact details: ian.little@derbyshire.gov.uk

Implications

Financial

1.1 None identified

Legal

2.1 None identified

Human Resources

3.1 None identified

Information Technology

4.1 None identified

Equalities Impact

5.1 None identified

Corporate objectives and priorities for change

6.1 None identified

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

7.1 None identified

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

25 January 2023

Report of Healthwatch Derbyshire

Derbyshire Health and Wellbeing Board Update

1. Purpose

To present to the Health and Wellbeing Board an update from Healthwatch Derbyshire, including

- An introduction to Healthwatch Derbyshire
- An update on our current work around GP Access
- Our Warm Space findings
- To think about ways of working between Healthwatch Derbyshire and the Health and Wellbeing Board, and its partners.

2. Information and Analysis

2.1 Introduction to Healthwatch Derbyshire:

Healthwatch Derbyshire (HWD) gather public and patient feedback on health and social care services. Feedback is shared with providers and commissioners as examples of patient experience. Gathered insight and intelligence directs and contributes towards Healthwatch Derbyshire key themes and priorities.

2.2 GP Access Report:

HWD received comments from patients regarding accessing GP appointments. This prompted HWD to carry out some further work in gathering feedback to give an impression of people's experiences.

Throughout Summer 2022 Healthwatch Derbyshire ran a survey to hear from patients, carers, and the wider public, offering an opportunity to share their views and recent experiences of accessing their GP.

Feedback from the survey will help local health providers to understand how the ways in which appointments are accessed affects patients.

Over 1,300 responses were received to the survey. The final report, findings and recommendations were shared for a commissioner response, with the full report published on 16 January 2023.

2.3 Warm Spaces:

Update on the engagement that has taken place with and around warm spaces. This will be useful feedback for the Board around how these spaces have been used and received.

2.4 Ways of working/opportunities - with the HWBB, and partner organisations.

3. Alternative Options Considered

3.1 No other options were considered as this is an update report

4. Implications

4.1 See Appendix 1.

5. Partnership Opportunities

5.1 As identified above at 2.4 and within the full report Derbyshire Health and Wellbeing Board Update January 2023.

6. Appendices

6.1 Appendix 1 - Implications

6.2 Appendix 2 - Full copy of HWD Derbyshire Health and Wellbeing Board Update January 2023.

7. Recommendation(s)

That the Health and Wellbeing Board accepts and notes the report.

8. Reasons for Recommendation(s)

- 8.1 To enable Healthwatch to provide information and insight to support the work of the Health and Wellbeing Board and implement the Health and Wellbeing Strategy

Report Author: Helen Henderson, CEO Healthwatch Derbyshire

Contact details: helen@healthwatchderbyshire.co.uk

Organisation: Healthwatch Derbyshire

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 N/A

Partnerships

5.1 The report asks the Health and Wellbeing Board to consider how Healthwatch can effectively work in Partnership with the Board.

Health and Wellbeing Strategy priorities

6.1 This item provides information and discussion opportunities which link to:

- Enable people in Derbyshire to live healthy lives.
- Build mental health and wellbeing across the life course.

Derbyshire Health & Wellbeing Board

January 2023

1. About Us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

2. Work Currently Undertaken

GP Access Report

The ways in which patients access their GP services is changing, the Covid-19 pandemic has accelerated many of these changes but even prior to the pandemic many GP's were increasingly offering a wider range of ways to access their services.

Face to face appointments are traditionally how many patients would access their GP, however this is not the only option available, and for some patients and their individual health concerns, alternative appointments may be more suitable and even preferable for their lifestyle.

In response to the Covid-19 pandemic, GP surgeries offered alternatives to face to face appointments that included access to care moving to a triage system, online bookings, and video and phone consultations.

Part of the role of Healthwatch Derbyshire (HWD) is to understand the experience of people using these services and to give people the opportunity to speak up and have their voices heard. Collecting feedback and providing opportunities for people to share their experiences with HWD means that we often hear about the issues and difficulties people face. As services started pandemic recovery and a level of normality returned, patients were contacting us with their frustrations at not being able to access face to face appointments. The perception from some patients appeared that they expected GP services to be delivered in the same way as before the pandemic.

The comments that HWD was hearing from patients prompted us to carry out some further work in gathering feedback to give an impression of people's experiences of accessing GP appointments.

Throughout Summer 2022 Healthwatch Derbyshire ran a survey to hear from patients, carers, and the wider public, offering an opportunity to share their views and recent experiences of accessing their GP. Feedback from the survey will help local health providers to understand how the ways in which appointments are accessed affects patients.

Over 1300 responses were received to the survey. The final report, findings and recommendations were shared for a commissioner response, with the full report published on 16th January 2023.

As part of the survey, we were able to identify the top five factors that make the most difference when things go right, as well as where they could be improved.

The responses were identified within different categories of the most frequently occurring themes and feedback. The five most common responses, in order of majority, as to ‘what was good about your appointment’ were:

- Compassion is shown during the appointment
- Telephone appointment is appropriate, convenient, and met the person’s need
- Responsive – the practice/staff member/health professional responds to questions, query concern raised, and/or do what they say they will do, (within an appropriate timescale)
- Clear communication between the patient and health professional so the patient understood
- Short wait (acceptable for the patient) for an appointment.

Similarly, we also asked, ‘Was there anything about your consultation/appointment that could have been improved?’ Again, the most frequently occurring themes were identified into categories, with the most common responses, in order of majority:

- Access to a face-to-face appointment
- Short wait (acceptable to the patient) for an appointment
- Appointment booking /contact system
- Specific time scheduled for the appointment
- Responsive - the practice/staff member/health professional respond to questions, query concern raised, and/or do what they say they will do, (within an appropriate timescale).

The survey results identified some key themes around ‘good’ patient experiences. A GP system that is already facing high demand may benefit from additional resources, but there are steps that can be taken to improve the patient experience with existing availability and resource. Consideration should be given to communication, managing expectations, and responsiveness, as identified in our top five factors that make the most difference when things go right.

There were many positive responses to the survey, both in terms of what GP practices are doing well and the positive experiences of patients. Practices may wish to share and promote the findings to help challenge any negative perceptions, as well as serve to recognise the pressures on healthcare professionals and their continued hard work in the face of difficult circumstances.

Warm Spaces

Update to HWBB around work done, and key themes emerging from Warm Spaces. This work is live, with new themes developing/emerging - so the most up to date information will be shared at the meeting.

3. Ways of working/opportunities

Healthwatch and Health & Wellbeing Board, and relationships with HWBB partner organisations.



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📘 [Facebook.com/HealthwatchDerbyshire](https://www.facebook.com/HealthwatchDerbyshire)

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

25 January 2023

**Report of the Director of Public 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 Risk that 'optimism turns into disengagement' from local authorities in Integrated Care Systems

The County Councils Network (CCN) and IMPOWER launched a new [report](#) analysing their early progress finds.

2.2 Cardiovascular disease in England: supporting leaders to take actions

Cardiovascular disease (CVD) causes 1 in 4 deaths in England, and is a leading cause of morbidity, disability and health inequalities. Read The Kings Fund latest [report](#), which calls for local and national leaders to take action to accelerate progress on tackling CVD and its risk factors.

2.3 Health and wellbeing boards: guidance

Department of Health and Social Care has published [guidance](#) on the role of health and wellbeing boards following the Health and Care Act 2022. Derbyshire is picked out as a case study example in the document.

2.4 Housing our ageing population

The LGA, with Housing LIN, has published a [report](#) which makes a number of recommendations to Government on how we can best meet the needs of people in later life. It includes case studies demonstrating how councils are addressing the housing needs of an ageing population.

2.5 Fighting to breathe fresh, clean air: regulations, policy direction and citizens taking a stand

The LGiU has published a [briefing](#) which summarises the actions that local government can take to improve air quality. The briefing highlights that continued advancement of technological know-how to solve air quality issues requires political willpower and financial support to enable local authorities and communities to drive change and make air more breathable.

2.6 The cost of caring: poverty and deprivation among residential care workers in the UK

The Health Foundation has published a [report](#) sharing the analysis of national survey data from 2017/18 to 2019/20 to better understand rates of poverty and deprivation among residential care workers in the UK and compare them to other sectors – including health, retail, hospitality, administration, and all workers.

2.7 Chief Medical Officer's annual report 2022: air pollution

The Chief Medical Officer's [annual report](#) lays out the scale of the challenge of reducing air pollution, the substantial progress that has been made and highlights achievable solutions. It highlights achievable solutions across different sectors and makes the case that we need to continue to be active in reducing outdoor air pollution. The path to better outdoor air quality is clear. However, indoor air pollution is becoming an increasing proportion of the problem as improvements in outdoor air pollution occur.

2.8 Cost of living report

The Royal Society for Public Health (RSPH) have published a [report](#) on the cost of living and its impact on people's health.

3. Notification of Pharmacy Applications

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.

- 3.1 Please note the change of supplementary hours for the PCT Healthcare Ltd, Paynes Pharmacy, 24 Market Place, Wirksworth, DE4 4ET. The supplementary hours have changed from Saturday 11:30 – 13:00 & 14:00 – 17:30 to Saturday 11:30 – 13:00. Total opening hours with effect from 06 December 2022 (core and supplementary hours) Monday – Friday 09:00 – 13:00 & 14:00 – 17:30, Saturday 09:00 – 13:00 and closed on Sunday.
- 3.2 Please note the change of supplementary hours for the Riddings Pharmacy, 31 Greenhill Lane, Leabrooks, Alfreton, DE55 1LU. The supplementary hours have changed from Monday – Friday 08:30 – 09:00, 18:00 – 18:30 and Saturday 09:00 – 13:00 to Saturday 09:00 – 13:00. Total opening hours with effect from 02 January 2023 (core and supplementary hours) Monday – Friday 09:00 – 13:00 & 14:00 – 18:00, Saturday 09:00 - 13:00 and closed on Sunday.
- 3.3 Please note the change of supplementary hours for the Daleacre Healthcare Ltd, Evans Pharmacy, Cotmonhay Health Centre, Skeavingtons Lane, Ilkeston, DE7 8SX. The supplementary hours have changed from Monday – Friday 17:30 – 18:00 to Monday – Friday 08:30 – 09:00. Total opening hours with effect from 01 December 2022 (core and supplementary hours) Monday – Friday 08:30 – 13:00 & 13:30 – 17:30, Saturday and Sunday closed.
- 3.4 Please note the change of supplementary hours for the PCT Healthcare Ltd, Paynes Pharmacy, 24 Market Place, Wirksworth, DE4 4ET. The supplementary hours have changed on Saturday from 11:30 – 13:00 & 14:00 – 17:30 to Saturday 11:30 – 13:00. Total opening hours with effect from 06 December 2022 (core and supplementary hours) Monday - Friday 09:00 – 13:00 & 14:00 – 17:30, Saturday 09:00 – 13:00 and closed on Sunday.
- 3.5 Please note the change to supplementary hours for Dean & Smedley Ltd, 1 West Street, Swadlincote, DE11 9DG. The supplementary hours have changed on Saturday from 14:00 – 17:00 to Saturday closed.

- 3.6 Please note the change of ownership at 2 Temple Road, Buxton, SK17 9BA from Lloyds Pharmacy to Wellfield Buxton Ltd.
- 3.7 Please note the change of supplementary hours for the PCT Healthcare Ltd, Peak Pharmacy, 1 Stubley Drive, Dronfield, S18 8QY. The supplementary hours have changed from Monday – Friday 09:00 – 13:30 & 14:00 – 18:00 to Monday – Friday 09:00 – 13:00 & 14:00 – 18:00. Total opening hours with effect from 02 January 2023 (core and supplementary hours) Monday – Friday 09:00 – 13:00 & 14:00 – 18:00, Saturday and Sunday closed.

4. Background Papers

- 4.1 Pharmaceutical notifications are held electronically on file in the Public Health Service.

5. Recommendation(s)

- 5.1 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.

Report Author: Ruth Shaw

Contact details: ruth.shaw@derbyshire.gov.uk

Implications

Financial

1.1 No implications

Legal

2.1 No implications

Human Resources

3.1 No implications

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Anticipated Work Programme: 2022/23 - correct for January 2023 HWB meeting

Please see Derbyshire County Council's website for the meeting papers', Terms of Reference & Membership and Strategy of the Health and Wellbeing Board. You can also find information on The Joint Strategic Needs Assessment [here](#).

Items on the work plan will be either: Statutory reports; Updates on HWB Strategy Priorities or a combination of both. Please note items on the work programme may be subject to amendment between meetings.

If there are any missing or incorrect items, or for further information, please contact director.publichealth@derbyshire.gov.uk

Report Title	Purpose	Link to Strategy Priority or Statutory report	Lead Officer	Report Author(s)
Meeting: Wednesday 29 March 2023 at 10am				
ICB 5-year plan and Joint Capital Resource Use Plan, Performance Assessment	To provide the board with an update on the ICB 5-year plan	Statutory	Chris Clayton and Helen Jones	ICB – (TBC)
Integrated Care Strategy	To provide the board with information on the Integrated Care Strategy which needs to be considered when refreshing the Health and Wellbeing Strategy	Statutory	Kate Brown and Ian Hall	Kate Brown and Ian Hall
Disability Employment Strategy	TBC	All people in Derbyshire have opportunities to access good quality employment and lifelong learning	Ellie Houlston	Carmel Reilly
Health inequalities and Gypsy/Traveller communities	To provide the board with information on work to identify and reduce health inequalities within the Gypsy/Traveller community	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	Hayley Orgill (NHS)

Derbyshire Health and Wellbeing Board

Update on warm spaces and Household Support Fund	To provide the board with an update on the work regarding cost of living pressures	Cross-cuts all priorities	Ellie Houlston	Thom Dunn / Lois Race
Annual Section 75 update for commissioned sexual health services	To provide the board with an update on the section 75 commissioned sexual health services	Statutory All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	Ellen Langton, Andy Raynor and Mary Hague
JSNA update	To provide an update on the development of the JSNA	Statutory	Ellie Houlston	Thom Dunn / Shirley Devine
Housing and Planning	To provide the board with an update	All vulnerable populations are supported to live in well-planned and healthy homes.	Ellie Houlston	Helene Denness / Vicky Smyth
Health and Wellbeing Board Round up (including future work plan)	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	Statutory	Ellie Houlston	Ruth Shaw
Better Care Fund Outturn report Better Care Fund Planning submission	To provide an update on the outturn position of the Derbyshire Integration and Better Care Fund through reporting of the required statutory return for 2021-22. To provide information on the BCF Planning Submission	Statutory	Director of Adult Care Services	Parveen Sadiq

Derbyshire Health and Wellbeing Board

Health Protection Board Update	To provide the board with an update from the Health Protection Board	Statutory	Ellie Houlston	Iain Little
Joint Local Health and Wellbeing Strategy	To provide the board with an update on progress of the Joint Health and Wellbeing Strategy	Statutory	Ellie Houlston	Ellen Langton/ Annette Appleton
Meeting: July 2023				
Draft of the Joint Local Health and Wellbeing Strategy	To provide the board with a draft of the Joint Local Health and Wellbeing Strategy	Statutory	Ellie Houlston	TBC
Annual Section 75 update for 0-19 commissioned services Update on the Best Start work	To provide the board with an update in relation to the delivery of the 0-19 Public Health Nursing Service over the 2021-22 academic year (Sept 2021 – Aug 2022)	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	Ellen Langton, Jamie Dix and Carol Ford
Update on the work of the Derbyshire Homelessness Officers Group and the Countywide Homelessness and Rough Sleeping Strategy	To provide an update to the board of the work of the Derbyshire Homelessness Officers Group and the Countywide Homelessness and Rough Sleeping Strategy	All vulnerable populations are supported to live in well-planned and healthy homes	Derbyshire Homelessness Officers Group	TBC
Update on warm spaces and Household Support Fund	To provide the board with an update on the work regarding cost of living pressures	Cross-cuts all priorities	Ellie Houlston	Thom Dunn / Lois Race

Derbyshire Health and Wellbeing Board

Health inequalities and Gypsy/Traveller communities	To provide the board with information on work to identify and reduce health inequalities within the Gypsy/Traveller community	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	Hayley Orgill (NHS)
Whole system approach to tackle childhood obesity across Derby and Derbyshire	To provide information and support for the whole system approach to tackling childhood obesity across Derby and Derbyshire	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston / Carol Cammiss	Andy White (Derby City Council) / Helene Denness
Air Quality update – how can districts and boroughs be more involved	To update the board on Air Quality following clean air day and identify who districts and boroughs can be more involved	Lower levels of air pollution in Derbyshire	Ellie Houlston	Russell Sinclair / Iain Little plus D&B colleagues
Better Care Fund Outturn report	To provide an update on the outturn position of the Derbyshire Integration and Better Care Fund through reporting of the required statutory return.	Statutory	tbc	Parveen Sadiq
Healthwatch update	To update the board on the work of Healthwatch Derbyshire	All people in Derbyshire are enabled to live healthy lives	Helen Henderson	Helen Henderson
ICP Update	To provide the Board with feedback from ICP meetings	Statutory	TBC	TBC
Director of Public Health Annual Report	To inform the board of the publication of the DPH AR	Statutory	Ellie Houlston	Annette Appleton
Health and Wellbeing Board Round up (to include future work plan)	To provide the Board with a round-up of key progress in relation to	Statutory	Ellie Houlston	Ruth Shaw

Derbyshire Health and Wellbeing Board

	Health and Wellbeing issues and projects not covered elsewhere on the agenda			
Health Protection Board Update	To provide the board with an update from the Health Protection Board	Statutory	Ellie Houlston	Iain Little
JSNA Update	To update the board on the JSNA	Statutory	Ellie Houlston	Thom Dunn / Shirley Devine

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