

# Public Document Pack



**Helen Barrington**  
Director of Legal and  
Democratic Services  
County Hall  
Matlock  
Derbyshire  
DE4 3AG

Extension 38324  
Direct Dial 01629 538324  
Ask for Alisha Parker

PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 5 July 2023

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 13 July 2023** in Council Chamber, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

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

**Helen Barrington**  
**Director of Legal and Democratic Services**

## **AGENDA**

### **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 - 4)  
  
          To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 29 March 2023.
  
3.       Joint Strategic Needs Assessment (Pages 5 - 12)

4. Update on the Joint Local Health and Wellbeing Strategy (Pages 13 - 22)
5. Health and Housing (Pages 23 - 32)
6. Whole System Approach to tackle childhood obesity across Derby and Derbyshire (Pages 33 - 44)
7. Better Care Fund Outturn report and Better Care Fund Planning Submission (Pages 45 - 64)
8. Health Protection Board Update (Pages 65 - 68)
9. Health and Wellbeing Round Up (Pages 69 - 88)
10. Ratification of decision to support the Joined up Care Derbyshire Joint Forward Plan
11. Care Experienced Young People update
12. Any Other Business

PUBLIC

**MINUTES** of a meeting of **HEALTH AND WELLBEING BOARD** held on Wednesday, 29 March 2023 at Council Chamber, County Hall, Matlock, DE4 3AG.

## **PRESENT**

Dr J Corner (in the Chair)

Dr C Clayton, E Houlston, H Henderson.

Councillors N Hoy, J Patten J Mannion-Brunt, A McKeown, H Froggatt, T Spencer.

Also in attendance was Councillor C Hart, T Braund, T Dunn, C Durrant, D Gould, M Hague, K Hanson, M Holford, E Langton, H Leason, S Lee, I Little, K Monk, G Smith, S Wallace.

Apologies for absence were submitted for Councillor G Rhind Councillor P Maginnis, C Cammiss, and S Scott.

### **12/23 MINUTES**

**RESOLVED** that the minutes of the meeting of the Board held on 25 January 2023 be confirmed as a correct record.

### **13/23 HEALTH INEQUALITIES AND GYPSY/TRAVELLER COMMUNITIES**

The Health and Wellbeing Board were provided with a presentation on health inequalities and Gypsy/Traveller communities.

The presentation gave detail on the Gypsy, Roma & Traveller Education and Awareness session that took place on Tuesday 26th October 2021 as well as gave background and statistics on Gypsy/Traveller communities.

There were a number of barriers for Gypsy/Traveller communities accessing NHS services. The presentation outlined practical solutions to these barriers.

### **14/23 INTEGRATED CARE STRATEGY**

The Health and Wellbeing Board had been asked to note the contents of the Draft Derby and Derbyshire Integrated Care Strategy and propose any changes to the content of the Draft Strategy to the Integrated Care Partnership. In addition, the Health and Wellbeing Board are asked to comment on how the Board and its partners roles in mobilising the strategy and the work plans for the Start Well, Stay Well and Age/Die Well key areas of focus and consider and discuss the implications of the Integrated

Care Strategy on the development of the Joint Local Health and Wellbeing Strategy.

**RESOLVED** to

- 1) Consider any proposed changes to the content of the Draft Strategy;
- 2) Comment on the Board and its partners roles in mobilising the Strategy and the work plans for the Start Well, Stay Well, and Age/Die Well Key Areas of Focus; and
- 3) Consider and discuss the implications of the Integrated Care Strategy on the development of the Joint Local Health and Wellbeing Strategy.

**15/23 ICB 5-YEAR PLAN UPDATE**

The Health and Wellbeing Board had been provided with a report detailing the Derby and Derbyshire ICB Joint Forward Plan.

The plan had set out how the ICB intended to meet the physical and mental health needs of the population through the provision of NHS services. This included setting out how universal NHS commitments would be met and addressed the four core purposes of Integrated Care Systems.

**RESOLVED** to

- 1) Note the contents of the report; and
- 2) Offer guidance and feedback on questions posed to support the effective development and delivery of the Derby and Derbyshire ICB's Joint Forward Plan – 5 Year Plan.

**16/23 ANNUAL SECTION 75 UPDATE FOR COMMISSIONED SEXUAL HEALTH SERVICES**

The Health and Wellbeing Board had been provided with the annual update on the Section 75 Agreement for commissioned sexual health services.

**RESOLVED** to

- 1) note the report and the progress made within the section 75 agreement for sexual health commissioned services; and
- 2) endorse the Sexual Health Alliance as the strategic Forum to engender greater collaboration to improve sexual health outcomes and to strengthen membership of organisations in the Alliance where there may be gaps.

**17/23 JSNA UPDATE**

The Health and Wellbeing Board had been provided with an update on the ongoing JSNA transformation programme in Derbyshire.

**RESOLVED** to

- 1) Note the progress delivered in Phase One of the JSNA Transformation; and
- 2) Support the development and implementation of a jointly owned approach to the transformation of the JSNA.

**18/23 UPDATE ON THE PROGRESS OF THE JOINT LOCAL HEALTH AND WELLBEING STRATEGY**

The Health and Wellbeing Board had been provided with an update on the proposed approach to the development of a new Joint Local Health and Wellbeing Strategy.

**RESOLVED** to

- 1) Note the update on the proposed approach to the development of the new Joint Local Health and Wellbeing Board Strategy;
- 2) Agree to engage in the process of supporting the development of the strategy, along with representatives from the local health and wellbeing partnerships; and
- 3) Collate feedback from district and boroughs on community need to feed into the strategy and agree to present this at the development session on 11 May 2023.

**19/23 UPDATE ON WARM SPACES AND HOUSEHOLD SUPPORT FUND**

The Health and Wellbeing Board had been provided with a presentation giving an update on warm spaces and the Household Support Fund.

**20/23 BETTER CARE FUND OUTTURN REPORT AND BETTER CARE FUND PLANNING SUBMISSION**

The Health and Wellbeing Board had been provided with details on the Derbyshire Better Care Fund 2022-23 Plan.

**RESOLVED** to

- 1) Note the Better Care Fund Planning Requirements;
- 2) Sign off the Better Care Fund Plan as it forms part of the national conditions for the programme; and
- 3) Note the correction to the reablement calculation for the previous year.

#### **21/23 HEALTH PROTECTION BOARD UPDATE**

The Health and Wellbeing Board had been provided with an update of the key messages that had arisen from the Derbyshire Health Protection Board from its meeting on 10 February 2023.

**RESOLVED** to

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

#### **22/23 HEALTH AND WELLBEING ROUND UP**

The Health and Wellbeing Board had been 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.

#### **23/23 ANY OTHER BUSINESS**

There was no other business.



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**13 July 2023**

**Report of the Director of Public Health**

**Update on the Joint Strategic Needs Assessment (JSNA), State of Derbyshire report and development of interim tools.**

**1. Purpose**

- 1.1 To update the Health and Wellbeing Board (HWB) on the key health and wellbeing insight identified from the interim JSNA.

**2. Information and analysis**

- 2.1 A JSNA is key to understanding our population and place. Data, intelligence, and insight from the JSNA will support better services and outcomes for people in Derbyshire through the planning and design of services.

The Derbyshire JSNA is being refreshed and redeveloped by the Public Health Knowledge and Intelligence Team (KIT). This programme of transformation is providing new and improved insight into the health and wellbeing of Derbyshire residents. This insight will be summarised in the presentation that will accompany this paper.

This paper will provide an overview of the tools and analyses that are available to HWB members and provide an overview of the annual State of Derbyshire report.

**2.2 Update on the JSNA transformation**

The JSNA transformation started in 2022 and regular updates have been brought to the HWB. Since the last update new interim tools are available that are providing a deeper and more granular understanding of health and wellbeing. This granularity includes district, borough, and wards data. This information has recently been used in the development of the Integrated Care System (ICS) strategy and the planning for the HWB Strategy.

### **2.3 (Interim) JSNA Digital Platform Development**

An initial data visualisation platform tool was developed and tested using a PowerBI platform. Due to continued issues with licensing and publishing this platform development has been paused. To overcome these challenges a temporary web-based tool and analyses have been developed in house by KIT Public Health Advanced Practitioners. These three tools are detailed below.

The first interim tool provides hyperlocal data for health and wellbeing. It brings data from a variety of health and wellbeing sources and provides visualisation together into 'quilts'. This platform is currently an interim format and future iterations will be more user friendly. These quilts are publicly available here: [Lower-Level Area Quilts](#).

A second new addition to the to the JSNA is district and borough Acorn profiles. These show 'categories' of Derbyshire populations and their economic information, social grade, employment and health and wellbeing behaviours. Acorn is a commercial tool that provides new insight into the Derbyshire population. The information on Acorn is being tested to understand what it adds to our existing insight. Acorn summaries are publicly available here: [Acorn Profiles](#).

A third new addition is the development of slope indexes, these provide a simple way of seeing the difference between health and wellbeing outcomes between people living in more deprived and least deprived areas. These indexes show that people living in more deprived areas have worse health and wellbeing experiences than those in more affluent areas. A sample of indexes are publicly available here: [Slope Index](#).

### **2.4 State of Derbyshire report**

This annual report provides a summary of key population health and wellbeing indicators for Derbyshire using the tools described above. Key points and learning are highlighted in the accompanying presentation.



The State of Derbyshire report is publicly available here: [Derbyshire JSNA Summary Document](#).

The report highlights that many residents will live long, health and happy lives. However, this is not the case for all, and many people live shorter, harder, and sicker lives. Derbyshire has many areas of affluence, however around 100,000 people in Derbyshire live in the 20% most deprived areas in England. People who live in these areas are more likely to require health and state intervention and are more likely to be disproportionately impacted by health issues. The JSNA slope indexes highlight that across all conditions there is a direct relationship between health and wellbeing and deprivation.

The report shows that the Derbyshire population compares favourably to many health and wellbeing indicators, however there are outliers and differences listed below:

- People living in the more deprived parts of Derbyshire will lead shorter lives than people living in less deprived areas (7.2 years for women, 7.5 years for men).
- People live around 19 years in poor health (20.1 years for women, 17.7 for men).
- Smoking is the leading cause of preventable disease and 1 in 10 people in Derbyshire still smoke.
- Half of children and adults are physically inactive.
- 2/3rds of people in Derbyshire are overweight or obese.
- Derbyshire has significantly higher death rates from cancers in those aged over 65.
- 40% of residents are economically inactive and 15,000 people are economically active but unemployed.
- 14% of children live in poverty.
- Derbyshire is experiencing increasing housing affordability pressures. In Erewash house price rise has outstripped wage rises by 3 times.
- Accessibility is an issue for many with 1 in 5 households not having access to a car or van.

Despite these challenges the report details some improvements:

- Derbyshire is above average for breast cancer screening and rates are returning to pre-pandemic levels.
- Bowel cancer screening rates have increased in all of Derbyshire and all the district and boroughs to 74%, which is higher than the English average of 70.3%.
- The rate of young people who are not in education, employment or training (NEET) is around half the rate in England. Only 382 young people were NEET in 2021.

## **2.5 Next phase of the JSNA development.**

An improved website is in development alongside other JSNA tools, these will both give further depth to some of the issues highlighted previously. An update will come to a future HWB meeting. A key aspect of improving the data, intelligence, and insight through the JSNA is for HWB partners to support the JSNA transformation. This can be done through the sharing of information.

The data and intelligence in the interim tools presented is from mostly from publicly available sources. Good practice highlights that a JSNA is a repository for local data, intelligence, and insight. There are other sources of information that HWB partners have access to, and this will enrich the JSNA. Therefore, HWB members are encouraged to support the delivery of the JSNA through identification of a strategic lead who can join the JSNA transformation programme.

## **3 Alternative Options Considered**

### **3.1 Do nothing**

The transformation of the JSNA has increased the interest and need for better quality information. Energy is building across the health and wellbeing system to improve the evidence and insight through the JSNA transformation. There is an increasing system requirement for a 21<sup>st</sup> century JSNA and this requires more information, some of which HWB partners have access to. Not completing the JSNA transformation programme is not favoured as this would result in health inequalities not being identified, reputational risks to the HWB and decisions being made that are not based on evidence or needs of the Derbyshire population.

## **4 Implications**

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

## **5 Consultations**

5.1 Derbyshire County Council Corporate Management Team, Joined Up Care Derbyshire (JUCCD) Strategic Intent Executive Group, the IPE, Derbyshire Chief Executives and JUCCD Strategic Intelligence Group have been informed about the updates to the JSNA transformation programme.

Health and wellbeing partners have been consulted through surveys and engagement workshops.

Derby City Council public health have been engaged to agree alignment and collaboration.

## **6 Partnership Opportunities**

- 6.1 All partners are asked to fully engage with the process of transforming our approach to the JSNA and support with data, intelligence, and insight sharing.

## **7 Background Papers**

- 7.1 Transformation of the Derbyshire Joint Strategic Needs Assessment (JSNA): Update on Phase One was presented on [29<sup>th</sup> March 2023](#).

## **8 Appendices**

- 8.1 Appendix 1 – Implications

## **9 Recommendation(s)**

- 9.1 That the Health and Wellbeing Board:

- a) Note the updates to the JSNA, the State of Derbyshire report and development of interim tools.
- b) Provide data, intelligence, and insight into the JSNA via nomination of a strategic lead for each HWB partner.

## **10 Reasons for Recommendation(s)**

- 10.1 The JSNA underpins the HWB strategy refresh, ICS strategy, Care Quality Commission (CQC) inspections, NHS Five year forward view and Public Health and Adult Social Care Strategies. A continuation of the transformation programme will support these strategies with evidence and insight.

**Report Authors:** Thomas Dunn, Shirley Devine, Dale Burton

**Contact details:** [Thom.Dunn2@derbyshire.gov.uk](mailto:Thom.Dunn2@derbyshire.gov.uk)

[shirley.devine@derbyshire.gov.uk](mailto:shirley.devine@derbyshire.gov.uk)

[Dale.Burton@derbyshire.gov.uk](mailto:Dale.Burton@derbyshire.gov.uk)

**Organisation:** Derbyshire County Council

**HWB Sponsor:** Ellie Houlston, Director of Public Health

### **Financial**

- 1.1 The JSNA transformation undertaken to date is funded through the core public health grant; however, future financial planning will be required. Sustainable funding and joint commissioning options with JUCD will be explored in the next phase of development.

### **Legal**

- 2.1 Following the implementation of the Health and Care Act 2022 on 1 July 2022, clinical commissioning groups (CCGs) have been abolished and their functions have been assumed by Integrated Care Boards.
- 2.2 The Health and Care Act 2022 also amends section 116A of the Local Government and Public Involvement in Health Act 2007, renames 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies' and replaces references to 'clinical commissioning groups' with 'integrated care boards'.
- 2.3 HWBs continue to be responsible for the development of JSNA and joint local Health and Wellbeing Strategies. However, they must now have regard to the ICS strategy when preparing their joint local Health and Wellbeing Strategies in addition to having regard to the NHS Mandate.

### **Human Resources**

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

### **Equalities Impact**

- 4.1 There are no equality impacts of this report.

### **Partnerships**

- 5.1 The recommendations contained in this report will strengthen and further develop partnership working and allow all partners to be a proactive stakeholder in the transformation of the JSNA.

### **Health and Wellbeing Strategy priorities**

- 6.1 The developing interim JSNA has already supported the development of the Integrated Care Strategy and will now inform the refresh of the HWB

Strategy. The recommendations in this report will ensure that the Board and partners can work collaboratively to transform our approach to the JSNA to inform and contribute to all future HWB strategies.

## **Other Implications**

7.1 None

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**13 July 2023**

**Report of the Director of Public Health**

**Joint Local Health and Wellbeing Board Strategy**

**1. Purpose**

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note the update on the proposed approach to the development of a new Joint Local Health and Wellbeing Strategy
  - b) Agree to engage in the process of supporting the development of the strategy, along with representatives from the local health and wellbeing partnerships.
  - c) Collate feedback from districts and boroughs on community need to feed into the strategy and present this at the Health and Wellbeing Board on 13 July 2023.

**2. Information and Analysis**

- 2.1 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 early summer. 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 (JSNA). The JSNA has now been published on the Derbyshire Observatory

Derbyshire Observatory – JSNA. Throughout 2023 the Board will be refreshing the strategy.

- 2.2 An analysis of the data and indicators contained within the JSNA will be utilised to identify a range of needs from which priorities will be agreed. Two development sessions, one in June and one in July will focus on agreeing these priorities. The session in June has started to establish some key priorities based on feedback and evidence such as the Integrated Care Strategy and the JSNA. District and Borough representatives are asked to feedback information from their communities at the development sessions. The presentation to accompany the development sessions can be found in Appendix 3 which provides an overview of the Health and Wellbeing Board, progress against the last strategy, reasons for a refreshed strategy, the ICS strategy and some indicators included in the JSNA.
- 2.3 A scoping exercise has been conducted prior to the development sessions to identify appropriate outcomes. The Draft Integrated Care Strategy outlines four strategic aims and three population outcomes. The Board will need to consider and reflect on these when deciding on the priorities for the Joint Local Health and Wellbeing Strategy and focus on how the priorities map to the wider determinants of health. Information on the Integrated Care Strategy aims and priorities and suggestions for JLHWBS outcomes can be found in Appendix 2.
- 2.4 To date, 5 board members attended the first of 2 development sessions to progress the strategy. The board are asked to nominate additional representatives to this working group to confirm a range of stakeholders are included and ensure there is representation across all 8 districts and boroughs. As a minimum one representative from each district and borough, one representative from each of the ICS, voluntary sector, Adult Care, Police, Fire and Rescue Service. The development sessions have been sent out as diary invites with some points to consider before the sessions.
- 2.5 A revised timetable is included below:
  - March 2023 – scoping work to identify appropriate outcomes
  - 5 June and 3 July 2023 – development sessions to identify needs and agree priorities utilising JSNA data and indicators
  - July 2023 – update on draft strategy to Health and Wellbeing Board meeting and engagement
  - July/August – one to one conversations to further identify needs and priorities
  - September 2023 – Health and Wellbeing Board development session



- October 2023 – further update on draft strategy to Health and Wellbeing Board meeting
- January 2024 – board to approve final draft strategy
- February 2024 – strategy action plan developed
- March 2024 – board to approve final strategy

2.6 We are working alongside system partners to ensure that engagement and learning from the ICS Strategy informs the JLHWBS development.

2.7 We are working alongside Derby City partners to align the strategy where possible across the Integrated Care System.

### **3. Alternative Options Considered**

3.1 Not developing a new Joint Local Health and Wellbeing Strategy. This option is not appropriate as it was agreed in February 2022 to prepare a full strategy refresh during 2023.

### **4. Implications**

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

### **5. Consultation**

5.1 The Board are invited to feedback information from communities on health and wellbeing priorities at the development sessions in June and July 2023.

### **6. Partnership Opportunities**

6.1 Partners are asked to fully engage with the process of developing the new Joint Local Health and Wellbeing Board Strategy. Collaboration from Healthwatch, district and borough representatives, Health and Wellbeing Partnerships and the Voluntary Community and Social Enterprise sector is required to ensure voices of the local communities and residents of Derbyshire are heard.

### **7. Background Papers**

- 7.1 [Statutory Guidance on Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies.](#)
- 7.2 [Integrated Care Strategy Framework](#)
- 7.3 [Derbyshire Health and Wellbeing Strategy – Refresh 2022](#)

## 8. Appendices

- 8.1 Appendix 1 – Implications.
- 8.2 Appendix 2 – Suggestions for proposed outcomes
- 8.3 Appendix 3 – Development sessions presentation – key slides

## 9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the update on the proposed approach to the development of a new Joint Local Health and Wellbeing Strategy
- b) Agree to engage in the process of supporting the development of the strategy, along with representatives from the local health and wellbeing partnerships.
- c) Collate feedback from districts and boroughs on community need to feed into the strategy and present this at the Health and Wellbeing Board on 13 July 2023.

## 10. Reasons for Recommendation(s)

- 10.1 To ensure that the Health and Wellbeing Board are aware of the latest actions in relation to the development of the revised Joint Local Health and Wellbeing Strategy.

**Report Author:** Hayley Gleeson, Public Health Lead

**Contact details:** Hayley.gleeson@derbyshire.gov.uk

**Organisation:** Derbyshire County Council

**HWB Sponsor:** Ellie Houlston, Director of Public Health

### **Implications**

#### **Financial**

- 1.1 There are no anticipated financial implications, and the refresh of the strategy will be completed within existing workstreams and budgets.

#### **Legal**

- 2.1 The Health and Care Act 2022 abolished clinical commissioning groups (CCG's) and their functions have been assumed by Integrated Care Boards (ICB's). The Health and Care Act 2022 also amends section 116A of the local Government and Public Involvement in Health Act 2007, renames 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies' and replaces references to 'clinical commissioning groups' with 'integrated care boards'.
- 2.2 Health and Wellbeing boards continue to be responsible for the development of Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies. However, they must now have regard to the Integrated Care Strategy when preparing their Joint Local Health and Wellbeing Strategies in addition to having regard to the NHS Mandate and the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

#### **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 and allow all partners to be a proactive stakeholder and voice their views on the content of the Joint Local Health and Wellbeing Strategy.

## **Health and Wellbeing Strategy priorities**

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

### Suggestions for Proposed outcomes

#### Information from Integrated Care Strategy briefing

4 strategic aims for the development of Integrated Care:

- Prioritise prevention and early intervention to avoid ill health and improve outcomes
- Reduce inequalities in outcomes, experience, and access
- Develop care that is strengths based and personalised
- Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care and to create a sustainable health and care system.

Desired population outcomes: if the population was living in good health, it would be experienced as follows:

**Start Well** – women have a healthy pregnancy, children are born safe and well into a nurturing and secure relationship with care givers, with good nutrition, access to health care, social care, and education. Children thrive and develop positive and healthy relationships.

**Stay Well** – all citizens live a healthy life, can make healthy choices, and are protected from harm. They maintain quality of life and recover well from ill health or injury.

**Age Well and Die Well** – citizens thrive and stay fit, safe, and secure into older age. They maintain independence and actively participate in society. They have a personalised, comfortable, and supported end of life.

#### **Suggested areas to focus on for the Joint Local Health and Wellbeing Strategy (considering the Integrated Care Strategy inequality indicators)**

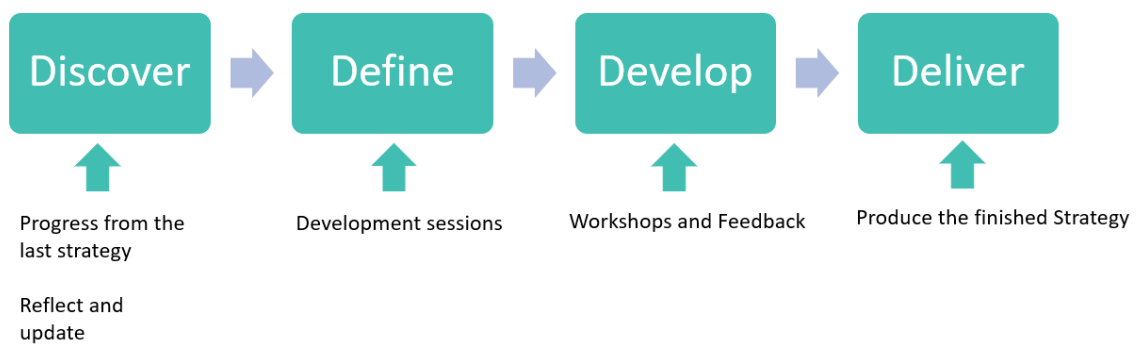
1. Food policy / access to sustainable food
2. Housing / cold homes
3. Mental health and wellbeing
4. Reduce the incidence and prevalence of cardiovascular disease.

Development Sessions Presentation – Key slides

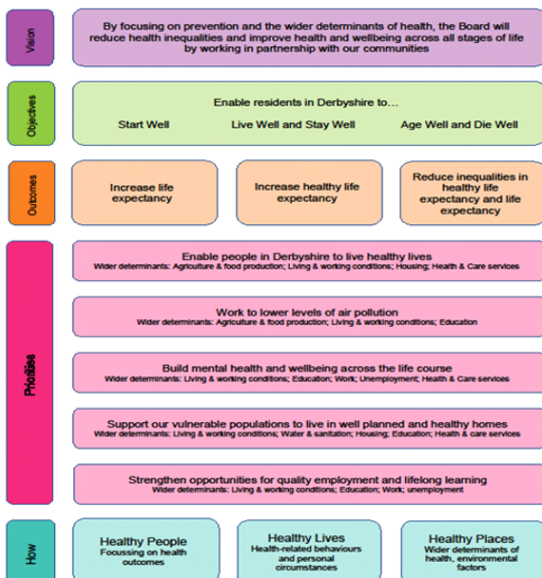
Engagement and Feedback is core to the strategy development



Co-produced, Co-owned, Co-delivered



Derbyshire Health and Wellbeing Strategy – Plan on a Page



Where are we now?

## Why are we refreshing the strategy?

- To ensure the strategy includes the main priorities for Derbyshire
- Create links to the ICS strategy
- Align the priorities to start well, live well and age well so narrative aligns with ICS Strategy but just focusing on different things
- Consider the strategy in relation to Maslow Hierarchy of Need



## What does ICS strategy tell us we need to think about?

### •Start Well

People have a healthy pregnancy, children are born safe and well into a nurturing and secure relationship with care givers, with good nutrition, access to health care, social care, and education. Children thrive and develop positive and healthy relationships.

### •Stay Well

All citizens live a healthy life, can make healthy choices, and are protected from harm. They maintain quality of life and recover well from ill health or injury.

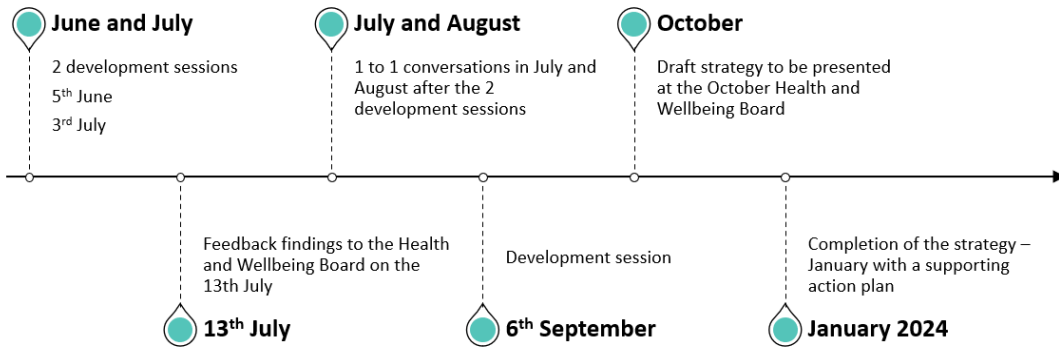
### •Age Well and Die Well

Citizens thrive and stay fit, safe, and secure into older age. They maintain independence and actively participate in society. They have a personalised, comfortable, and supported end of life

# What do we need to think about in terms of wellbeing?



# Next steps and time scales







**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**13 July 2023**

**Report of the Director of Public Health**

**Derbyshire Housing and Health Impact Assessment 2023**

**1. Purpose**

- 1.1 The Health and Wellbeing Board is asked to:
- a) Approve publication of the Derbyshire Housing and Health Impact Assessment (2023)
  - b) Agree to endorse and actively share the key findings and recommendations contained within the publication through local health and wellbeing partnerships
  - c) Consider any specific issues highlighted in the report that the Health and Wellbeing Board can champion in the new Joint Local Health and Wellbeing Strategy

**2. Information and Analysis**

- 2.1 There is a clear and direct link between living in a decent, warm, and safe home and good health and wellbeing. Conversely, the consequences on both physical and mental health of living in cold, damp, overcrowded and unsafe housing are stark and worrying. For many years, research has linked poor quality housing with poor health outcomes and housing is now a well-known wider determinant of health.
- 2.2 Addressing these wider determinants of health is key to reducing health inequalities. In Derbyshire, people living in the poorest areas will die, on average, seven and a half years earlier than those in the richest areas (JSNA, 2023). Addressing such avoidable inequalities and moving

towards a fairer distribution of good health requires a life course approach and action to be taken across the whole of society.

- 2.3 Poor or unsuitable housing conditions continue to cause preventable deaths, illness, and accidents; they contribute to health inequalities, impact on peoples' life expectancy and on their overall quality of life. Work to improve population health outcomes must include a focus on improving outcomes for those in the poorest health; those living in insecure, poor quality, unaffordable housing, and those without access to suitable accommodation.
- 2.4 The 2004 Housing Act introduced the Decent Homes Standard for homes rented from a council or Registered Provider, however, there is currently no decency standard for homes in the private sector (private rented or owner-occupied homes). Local Authorities have a legal duty to understand the condition of private sector housing in their area, and to develop strategies to address areas of concern. The Housing Act 2004 states that 'a local authority must keep the housing conditions in their area under review with a view to identifying any action that may need to be taken by them'. Therefore, the Derbyshire Housing and Health Impact Assessment (2023) aimed to investigate the impact of poor quality, private sector housing on the health of residents in Derbyshire.
- 2.5 Public Health as a discipline is focused on protecting and improving health and wellbeing at the population level, to achieve this working in partnership is vital. The development of this Derbyshire Housing and Health Impact Assessment is testament to the strong partnership working that has evolved within Derby and Derbyshire in relation to housing and health.
- 2.6 In 2018 Derbyshire County Council, Districts and Boroughs identified a partnership development opportunity with the Derbyshire Housing and Health Systems Group, to work collaboratively to produce a Derbyshire wide Housing Stock Condition Survey, for each Local Authority area. As part of the partnership Derby City Council developed a desktop model to identify the condition of private sector housing across the area, including the use of enhanced health data, not usually provided in similar surveys.
- 2.7 This model utilised a broadly similar methodology to the approach taken by one of the market leaders in this field of research. However crucially by developing and delivering this project within Derbyshire it offers significant advantages including:

- Reduced costs

- Standardised approach across all local authority areas in Derbyshire
  - The potential to be updated at minimal expense.
- 2.8 This project offered a significant opportunity to enhance the work of the partnership across the housing and health agenda. It has enabled Derbyshire County Council and Derby City Council the opportunity to develop a sustainable business model and offers a cost-effective package to all Borough and District Councils within Derbyshire. The Housing Stock Condition Survey has provided a comprehensive, statistically reliable picture across Derbyshire. This document will inform a range of strategies and areas of work, covering Local Authorities, the local NHS, Adults and Childrens Social Care and cross system work to support the prevention agenda.
- 2.9 The findings of this report highlight large differences in the likelihood of homes to contain serious hazards to health and wellbeing between different areas of the county. Research has consistently highlighted, that lower income groups face a disproportionate burden of the problem. Residence in more socially deprived geographies is associated with reduced mortality and, in Derbyshire, large differences exist in life expectancy and healthy life expectancy between local areas, with people in the poorest areas living about 7.6 years less than those in the most affluent areas.
- 2.10 In Derbyshire, it was estimated that 15.6% (n=48,677) of private sector homes contain at least one Housing Health and Safety Rating System (HHSRS) category 1 hazard - these are hazards which pose an immediate risk to the health and wellbeing of residents. Private rented homes contained a greater proportion of HHSRS category 1 hazards than owner occupied homes.
- 2.11 In Derbyshire, 13.8% of households are estimated to be fuel poor, however, large variation exists based on levels of deprivation. In areas of Chesterfield, Bolsover, Erewash and North East Derbyshire - which are amongst the most deprived in England - over a quarter of households are estimated to live in fuel poverty. Furthermore, due to the current cost of living pressures and in particular the energy price rises, the number of households in fuel poverty is likely to rise significantly and this will have significant impacts on the health of the local population.
- 2.12 Cold homes are found throughout the County however, it is cold homes in the most deprived areas which have the greatest impact on health. The findings of the report estimated that 6.3% of private sector homes

in Derbyshire contained a HHSRS category 1 hazard for excess cold. A greater proportion of private rented homes contain a HHSRS category 1 hazard for excess cold (8.8%) than owner occupied homes (6.0%) - a pattern that is replicated nationally. With the responsibility for mitigating the hazard falling to the landlord, private renters are less able to remedy their situation. The areas with the greatest proportion of homes with a HHSRS category 1 hazard are Derbyshire Dales (13.1%), High Peak (7.8%) and Amber Valley (6.4%).

- 2.13 The findings of the report also showed that 0.8% of households in Derbyshire contain a HHSRS category 1 hazard for damp and mould growth. Within Derbyshire, the areas with the highest proportion of homes with a HHSRS category 1 hazard for damp and mould, in Chesterfield and Erewash, are also amongst the most deprived areas in the county - the homes in these areas are predominately older, terraced properties which, due to construction methods of the time, are less likely to be energy efficient. Insufficient heating and ventilation mean that subsequently, they are harder to heat and more likely to have damp and mould problems. Asthma is a serious long-term condition which can be exacerbated by living in a damp and mouldy home. In Derbyshire, around 7.0% of residents have a diagnosis of asthma, which is slightly higher than the figure for England as a whole.
- 2.14 The most common hazard contained in private sector homes in Derbyshire was for falls on the stairs, with an estimated 8.9% of homes containing a HHSRS category 1 hazard. Falls are one of the main causes of injury, injury related disability and death in older people. Approximately, 40% of nursing home admissions are related to falls. In England, 31.3% of patients with a hip fracture die within 12 months (highest mortality rate in Europe), and after a first fall, people have a 66% chance of having another fall within a year. Derbyshire has an older population than is seen in much of the East Midlands, and nationally, and this population are particularly vulnerable to serious negative health outcomes arising from falls. In Derbyshire, it is estimated that 6,151 of the households containing a serious hazard for falls on the stairs, are occupied by residents aged 65 and older. In Derbyshire, unaddressed hazards for falls on the stairs are estimated to cost the NHS £11.9 million annually. Furthermore, it is estimated that for every £1 spent on home improvements reducing the risk of falls, a saving of £7.50 is made by the health and care sector.
- 2.15 It is recommended that the Derbyshire Health and Housing Systems Group develop drive the following recommendations (contained within the report), into actions which are tangible, to address the health inequalities brought on by poor quality housing in the county:

- Encourage collaborative working across the health, care, and housing agendas
- Maximise opportunities which come about because of the Decent Homes Standard Review
- Provide readily available information to private tenants and landlords on their rights and responsibilities
- Maintain and refresh the Private Sector Housing Condition Survey analysis.

Additionally, the Derbyshire Housing and Health Systems Group, which is a sub-group of the Derbyshire Health and Wellbeing Board, should continue to grow and maximise opportunities to drive further collaborative outcomes between housing, health, care, and other partners to improve housing conditions in Derbyshire. The formation of Joined Up Care Derbyshire gives partners the opportunity to coordinate health, social care and housing policy and ensure that housing quality is a key consideration when addressing the wider determinants of health and health equity.

### **3. Alternative Options Considered**

- 3.1 For the Health and Wellbeing Board to not approve the Derbyshire Housing and Health Impact Assessment (2023). This is not favoured as this would result in a lack of evidence-based decisions that are not adequately informed of the condition of the housing stock in Derbyshire and the associated health impacts for the local population.

### **4. Implications**

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

### **5. Consultation**

- 5.1 No formal consultation has been undertaken. However, this work has been developed via a collaboration of all 10 Local Authorities in Derbyshire, including Derby City.

### **6. Partnership Opportunities**

- 6.1 The Health and Wellbeing Board and its partners are asked to fully engage in promoting and disseminating the Derbyshire Housing and Health Impact Assessment (2023) through relevant local networks and partnerships.

6.2 District and Borough Councils have statutory functions that include responsibility for local housing. Housing officers from the District and Borough Councils recognised the value of the Derbyshire Housing and Health Impact Assessment (2023) and have supported the development of this evidence-based publication. Collaboration with the District and Borough Council housing officers, as members of the Derbyshire Health and Housing Systems Group, will also help implement its recommendations moving forward.

## **7. Background Papers**

7.1 [Derbyshire Housing and Health Impact Assessment 2023](#)

## **8. Appendices**

8.1 Appendix 1 – Implications.

## **9. Recommendation(s)**

That the Health and Wellbeing Board:

- a) Approve publication of the Derbyshire Housing and Health Impact Assessment (2023)
- b) Agree to endorse and actively share the key findings and recommendations contained within the publication through local health and wellbeing partnerships
- c) Consider any specific issues highlighted in the report that the Health and Wellbeing Board can champion in the new Joint Local Health and Wellbeing Strategy

## **10. Reasons for Recommendation(s)**

- 10.1 The Derbyshire Housing and Health Impact Assessment (2023) has highlighted the issue of poor-quality housing in Derbyshire and the direct effect that living conditions can have on health and wellbeing. The recommendations contained within the publication will be vital to seeing improvements in housing conditions across the County.
- 10.2 A comprehensive, statistically reliable picture on the condition of local housing stock, will inform the local policy arena including the Council's many housing and health strategies, and is a fundamental consideration in evidence-based policy decisions on housing intervention, reducing fuel poverty, health inequalities or promoting health and wellbeing.

**Report Author:** Samuel Bostock, Public Health Lead  
**Contact details:** [Samuel.Bostock@Derbyshire.gov.uk](mailto:Samuel.Bostock@Derbyshire.gov.uk)

**Organisation:** Derbyshire County Council  
**HWB Sponsor:** Ellie Houlston, Director of Public 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 There are no equalities implications of this report.

### **Partnerships**

5.1 Housing will become increasingly important to health due to both demographic and climate changes. The number of people aged over 60 years of age, who spend a larger proportion of their time at home, will double by 2050. The changing weather patterns associated with climate change also underline the importance of housing providing protection from cold, heat and extreme weather events. Derbyshire has an ageing population, and therefore collaboration as a system is required to ensure our housing stock meets this challenge to prevent the increased likelihood that our residents will fall, increasing the risk of injury, stress and isolation. Locally, there is excellent commitment to drive improvements in housing quality across all tenures, working with partners such as health, social care and other public and community organisations. The establishment of the Integrated Care System across Derbyshire will allow housing to be discussed by a wide range of partners who can collaboratively tackle the issues which cause poor health and wellbeing.

### **Health and Wellbeing Strategy priorities**

6.1 The Derbyshire Housing and Health Impact Assessment (2023) contributes to all of the Health and Wellbeing Strategy priorities. The



report has provided a clear evidence base for the impacts of living in unsuitable, unhealthy and unsafe housing for our residents, and the recommendations will enable the system to come together to ensure our housing stock can contribute positively to people's mental health, impact people's ability to access and sustain employment, enable people to live healthy and independently into old age, allow our communities to be well planned and linked so that people can live well which will see improvements in air quality.

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**13 July 2023**

**Report of the Director of Public Health  
Derbyshire County Council**

**Derby/Derbyshire Childhood Obesity Plan -Time for Action 2020-2030.**

## **1. Purpose**

1.1 The Health and Wellbeing Board is asked to:

- a) Acknowledge the significant progress made so far as part of the Derby/Derbyshire Childhood Obesity Plan -Time for Action 2020-2030.
- b) To provide ongoing board level scrutiny of future progress of the Derby/Derbyshire Childhood Obesity Plan – Time for Action 2020-2030 with a particular focus around objectives 1 and 2.
- c) Help leverage engagement and support from the Board and wider system partners system in the development of our whole systems approach to childhood obesity.

## **2. Information and Analysis**

2.1 Childhood obesity is an important public health is one of the biggest health risks and is preventable. In the UK childhood obesity rates are the worst in Western Europe. The causes and solutions to childhood obesity are complex and require a system wide response to address this public health challenge. Being overweight or obese can lead to chronic and severe medical conditions including type 2 diabetes, fatty liver disease, heart disease, stroke, certain cancers, and psychological and psychiatric illness. All these conditions have substantial long term economic, wellbeing and social costs.

The latest National Child Measurement Programme (NCMP) data 2021 to 2022 for Derbyshire shows:

- In Reception around 1 in 4 (22.8%) children are overweight or obese. In England this is similar at 22.3%.
- In Year 6 around one in three (36.3%) are overweight or obese (England 37.8%).
- In Reception around 1 in 10 children (9.6%) were living with obesity (England 14.4%).
- In year 6 This more than doubles to 1 in 5 children (22.4%) living with obesity (England 25.5%).
- Bolsover has the highest prevalence of obesity for children in Reception (11%). Derbyshire Dales has the lowest prevalence of obese children in Reception (8%).
- Bolsover has the highest prevalence of obesity in Year 6 children (27.1%). Derbyshire Dales has the lowest prevalence of obese children in Year 6 (16.1%).
- Obesity in children is strongly associated with deprivation. 12.5% of children in Reception are obese in the most deprived areas compared to 7% in the least deprived areas. In Year 6, 25.4% of children are obese in the most deprived areas compared to 14.1% in the least deprived areas.
- Obesity (including severe obesity) in children in Derbyshire is increasing. In 2021/22, 22.4% of Year 6 children were obese or severely obese compared to 16.8% in 2007/08. A similar trend is seen at an England level (23.4% in 2021/22 compared to 17.5% in 2007/08)

2.2 The upward trajectory in childhood obesity prevalence over recent years require all partners to understand and commit to action to address the 'wicked issue' that is childhood obesity. The first objective within the Derby/Derbyshire Childhood Obesity Plan is to support the health and wellbeing of children through targeted specialised interventions and clear signposting for overweight and obese children to access evidenced based interventions. The second objective is to implement a whole systems approach which supports children and families to make healthy choices from birth to adulthood. The overall aim is to sustain a downward trend in prevalence.

2.3 The burden of obesity is not experienced equally across society. Childhood obesity rates are almost twice as high in the most deprived 10% of the population, compared to the least deprived 10%. Therefore, it is an issue of social justice and a significant risk to the future health and wellbeing of children.

2.4 Tackling childhood obesity and helping people achieve or maintain a healthier weight is complex. Most of the adult population in England is living with overweight or obesity and whilst the majority of the younger generation remain a healthy weight, it is not the case for every child, and particularly so for those living in our more deprived areas. Policy and evidence highlight a need to act now to support these families and children and to create local environments and places to promote a healthier weight. The causes of obesity exist in the places where we live, work and play, where the food and built environment often makes it difficult to make healthier lifestyle choices. Individuals and families live in local communities, and this gives local government the opportunity to work with communities and partners to help tackle and prevent the causes of obesity, complementing work at a national level. There is not one single solution and the policy and evidence recommends that obesity prevention becomes everybody's business and is prioritised and embedded in the whole council, NHS, civic society, and education. This is the basis of a whole systems approach

2.5 In December 2018, Derby, and Derbyshire Safeguarding Children Partnership (DDSCP) conducted a serious incident learning review of a child death attributed to obesity. Following the learning review, two key actions were identified:

1. To develop clear pathways of care for overweight and obese children
2. To develop a whole system approach to the prevention and early intervention of childhood obesity.

The above actions have been adopted as key objectives within the Derby/Derbyshire Childhood Obesity Plan – Time for Action 2020-2030.

2.6 Significant progress has made towards the two objectives within the Derby/Derbyshire Childhood Obesity Plan 2020-2030 including:

2.7 **Objective 1: Derby and Derbyshire develop clear pathways and signposting to enable children who are obese or overweight to access joined-up and long-term support.**

Work to date includes ensuring that there are robust systems in place to identify children who are overweight or obese and that there is a service available to them that can offer them, and their families, effective help through a multidisciplinary approach. Examples include:

- Development and implementation of a Tier 2 Children’s weight management offer for Derbyshire (Healthier Futures by Live Life Better Derbyshire) (**Appendix 2**)
- Childhood Obesity: Health, Wellbeing and Safeguarding guidance for practitioners has now been launched

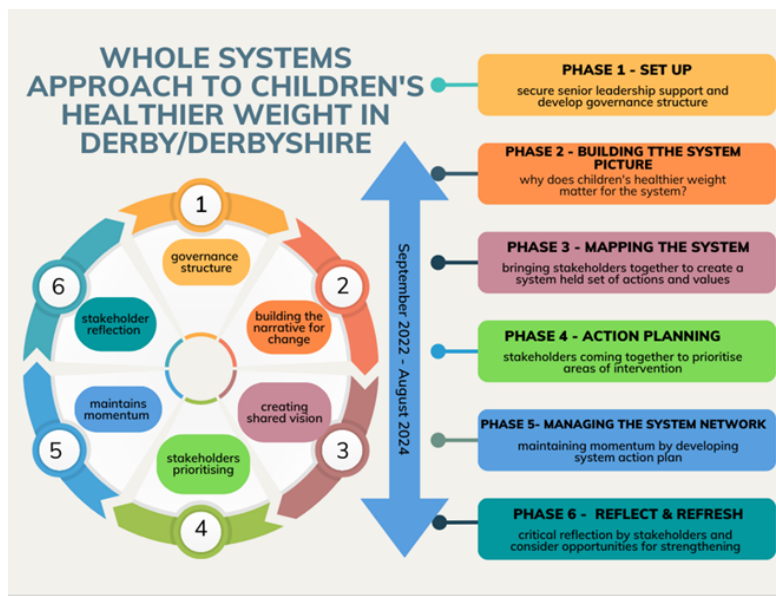
2.8 **Objective 2: Derby and Derbyshire develop preventative approaches for current and future generations.**

This objective includes the development of a whole systems approach to obesity. This approach coordinates existing efforts, reveals gaps in provision and supports the efficient use of limited resources.

The whole systems approach builds on the last three years of activity that has been largely delivered through the Strategic Multi-Agency Children’s Healthy Weight Steering Group. The group has representatives from a wide range of stakeholders under the direction of Joined Up Care Derbyshire Children and Young People’s Delivery Board.

Public Health England (now the Office for Health Improvement and Disparities) published in the 2019 ‘Whole systems approach to obesity’. The resource supports local authorities and their partners to implement a whole systems approach to address childhood obesity and promote a healthy weight. Derbyshire’s progress using this guide is highlighted in Figure 1 below.

Figure 1. Whole systems approach implementation plan



- 2.9 In Derby/Derbyshire phase three has started, which includes the facilitation of a Children's Healthy Weight Summit that took place on in June 2023 to begun to map the system
- 2.10 Learning from phase two will help build on the work Active Derbyshire have undertaken as part of their systems leadership approach. The working group have undertaken a stakeholder mapping exercise. This mapping will support partners identify their role in supporting the children's healthy weight agenda within their own system. The approach utilises a distributive leadership approach to enable further engagement with wider system partners.
- 2.11 Next steps include facilitating a second Children's Healthy Weight Summit in June 2024. The working group will collaborate with stakeholders to identify a whole systems action plan, which is based around the action scales model. This model identifies actions that could be undertaken to strengthen or shift the system structures, goals, and beliefs towards the desired goal.
- 2.12 The progress of the Derby/Derbyshire Childhood Obesity Plan is currently reported annually to the Joined-Up Care Derbyshire Children & Young Peoples Delivery Board.
- 2.13 A similar paper to the one presented today has been presented to Derby City HWB and similar recommendations have been approved.

### **3. Alternative Options Considered**

- 3.1 Do Nothing, this is not a favoured option as there is:
- Ongoing Public Health challenge to rising childhood obesity rates both at a local and national level.
  - The Government's Childhood Obesity Policy A Plan for Action, Chapter 2 outlines the actions the Government will take towards its' goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030. Local authorities and HWBs have a vital role within this national policy.
  - Derby/Derbyshire Childhood Obesity Plan 2020-2030 was implemented following recommendation from Derby, and Derbyshire Safeguarding Children Partnership (DDSCP) in response to a safeguarding practice learning review of a child death attributed to obesity.

### **4. Implications**

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

## **5. Consultation**

5.1 Having completed phase 1 (securing senior level support and establishing the necessary governance structure) the following key steps have been taken:

- Engaged with senior leaders to obtain their support.
- Set-up a core working team to undertake the day-to-day operations and coordinate the approach.
- Establish resources to support the process.
- Secure the accountability, advice, and support of a group of senior stakeholders offering a broad range of expertise to ensure the approach has sufficient challenge, governance, and resource. This will be the responsibility of the Strategic Multi-Agency children's healthy weight steering group.

## **6. Partnership Opportunities**

6.1 It is recognised that there are several different factors that will impact upon children's healthy weight. Recognising the complexity of the work, further engagement with a wide range of partners through our whole systems approach will take place.

6.2 One of the asks within this report is to help leverage support from the board and wider partners from across the system to be involved and engaged in the development of our whole systems approach. District and borough councils are a key partner to the whole system approach through supporting the Childhood Obesity Plan and informing partners about childhood obesity. A focus on engaging with planning departments will support to tackle the obesogenic environment. From a Derbyshire County Council perspective there are opportunities to strengthen involvement in the whole systems approach, such as Highways.

## **7. Background Papers**

7.1 <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

7.2 <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2>

7.3 <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

7.4 Childhood Obesity: Health, Wellbeing and Safeguarding guidance for practitioners



## 7.5 [Derby/Derbyshire Childhood Obesity Plan 2020 - 2030 Time for Action](#)

### 8. Appendices

- 8.1 Appendix 1 – Implications.
- 8.2 Appendix 2 – Live Life better Derbyshire Tier 2 Children’s Weight Management service

### 9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Acknowledge the significant progress made so far as part of the Derby/Derbyshire Childhood Obesity Plan -Time for Action 2020-2030.
- b) Provide ongoing board level scrutiny of future progress of the Derby/Derbyshire Childhood Obesity Plan – Time for Action 2020-2030 with a particular focus around objectives 1 and 2.
- c) Help leverage engagement and support from the Board and wider system partners system in the development of our whole systems approach to childhood obesity.

### 10. Reasons for Recommendation(s)

- 10.1 To raise the profile of the Childhood Obesity Plan and to secure buy-in from the board when working towards the objectives within plan. Actions to tackle obesity at a local level do not just benefit individual health. They can have positive impacts on other local agendas including employability and productivity of local populations and reduce the demand for social care. It is important to understand these benefits to engage different stakeholders in our approach. This provides oversight and assurance to the HWB on progress of these actions.
- 10.2 To secure an effective governance structure to increase buy in from a wide range of stakeholders in tackling childhood obesity as a long-term commitment. Having the sustained, visible, and active support of the HWB sends a clear signal that tackling childhood obesity is a priority for the whole system.
- 10.3 The identification and development of actions, and the alignment of these actions, is a key part of the whole systems process. This is done collectively with stakeholders to build shared ownership and enable stakeholders to see their place in the system. The whole systems

approach is best on collaboration, so we need a wide range of representation from stakeholders across the system.

**Report Author:** Andy White – Public Health Manager and Jackie Scholten, Public Health Lead

**Contact details:** [Andy.white@derby.gov.uk](mailto:Andy.white@derby.gov.uk) and [Jackie.scholten@derbyshire.gov.uk](mailto:Jackie.scholten@derbyshire.gov.uk)

**Organisation:** Derbyshire County Council and Derby City Council

**HWB Sponsor:** Ellie Houlston, Director of Public 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 In preparing this report the relevance of the following factors has been considered: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sex.

4.2 Obesity is strongly associated with deprivation and work to reduce obesity in children and their families will help to reduce health inequalities in local communities.

### **Partnerships**

5.1 Many of the HWB partner organisations are participating in the work to reduce childhood obesity and helping to shape the whole systems approach that is being developed. Nevertheless, there are opportunities to involve a wider range of organisations and to deepen the involvement of other partners. The Board is asked to help leverage support from the board and wider partners from across the system to be involved and engaged in the development of our whole systems approach.

### **Health and Wellbeing Strategy priorities**

#### **6.1 Enable people in Derbyshire to live healthy lives**

The childhood obesity plan focuses on helping children and young people to be physically active and eat healthily. It is thought that these benefits will extend to mental wellbeing.

#### **6.2 Work to lower levels of air pollution**

The childhood obesity plan considers whether children can be facilitated to have a more active commute to school. This may result in reducing parents driving children and therefore reduce air pollution.

### **6.3 Build mental health and wellbeing across the life course**

The childhood obesity plan aims to develop a whole life course approach to enable children and young people to develop good mental health and wellbeing which continues for a lifetime.

### **6.4 Support our vulnerable populations to live in well-planned and healthy homes**

The childhood obesity plan considers a universal whole systems approach, aiming to ensure everyone is able to live in a healthy home.

## **Other implications**

7.1 None

## **Live Life better Derbyshire Tier 2 Children's Weight Management service**

Live Life Better Derbyshire is now delivering 'Healthier Futures', our programme of support for families to encourage them to get active and healthy and support wider work to reduce childhood obesity in Derbyshire. Healthier Futures consists of 2 key elements – delivery of HENRY programmes that provide knowledge and skills for parents on creating a healthier family and the second which is encouraging children to become more active.

- a) Parent/carer education, LLBD have partnered with HENRY and 8-week courses are now available for parents and carers of children from 0-12 years old. HENRY was chosen as it has a robust evaluation system and evidence base. The content of the HENRY programmes also meets the stakeholder requests for support with making long term health behaviour changes as a family. LLBD have also developed a maintenance programme to support parents/carers for longer, this part of the programme ensures there is up to 12-months support for parents/carers who feel that 8 weeks is not long enough. LLBD also welcome parents/carers into their closed Facebook group that provides daily motivational and information posts on a 24-week cycle. The Facebook page has become a very positive and motivational peer led resource.

During the consultation parents/carers mentioned time as a barrier to committing to a weekly programme. In response to this LLBD have developed a series of one-off sessions for those parents/carers who are short on time. The sessions include Healthy Eating on a Budget, talking to your child about weight and HENRY's Fussy Eaters, LLBD hope that these short sessions will provide a springboard for further learning to those parents who are short on time and for those lacking in confidence.

- b) Public Health SMT and Cabinet Member for Health and Communities recently approved a pilot of Child's Choice in 3 areas (Bolsover, High Peak and South Derbyshire). The pilot will run for 2 years and will be offered to the children of parents/carers of children aged 5-12 engaging in the HENRY Growing Up programme. These children will be offered a small bursary to encourage them to participate in low-cost physical activities of their choice. The Child's Choice initiative is designed to help overcome barriers to physical activity, both structural and psychosocial, and to contribute to the development of behaviours that support healthy growth and development, which in turn contribute to the reduction of overweight and obesity.

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**13 July 2023**

**Report of the Executive Director of Adult Social Care and Health**

**Derbyshire Better Care Fund 2022-23  
BCF Outturn**

**1. Purpose**

1.1 The Health and Wellbeing Board is asked to:

- a) sign off the update on the outturn position of the Discharge Grant and Better Care Fund (BCF) through reporting the required statutory return for 2022-23.
- b) agree to review the governance and terms in the S75 for 24/25
- c) approve a change to the governance and delegation for members to sign off interim reports as and when required.

**2. Information and Analysis**

2.1 The Department of Health and Social Care's Better Care Support Team published the National Return template on the 20 March 2023 with the requirement that the discharge grant return be submitted by 2 May 2023 the remainder of the BCF was submitted on the 23 May. Due to the meeting structures of the Health and Wellbeing Board this report is being presented retrospectively. It should be noted that, as with previous returns, the National Return Template was submitted on time

- 2.2 The reporting requirements of the template are similar to those in previous periods with an additional section for us to reflect on successes and challenges over the course of the financial year. These were required to be reported in-line with the Logic Model for Integrated Care (developed by the Social Care Institute for Excellence, SCIE).

### **3. Alternative Options Considered**

- 3.1 The requirement nationally from NHS England and through the Section 75 governance arrangements is that the outturn for the BCF is presented and signed off at the Health and Wellbeing Board.

### **4 Implications**

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

### **5 Consultation**

- 5.1 There is no consultation requirement for this report.

### **6 Partnership Opportunities**

- 6.1 The BCF programme works across a number of organisations including the ICB, Acutes, Community health providers, private and voluntary sector, District Councils and Derby City. There are a number of opportunities to provide better outcomes for clients with collaborative working and commissioning jointly to be more cost effective. The ICB are an integral part of the process for the BCF as the resources and projects are jointly shared and commissioned within the two organisations. The relevant partner should note the recommendations.

### **7 Background Papers**

- 7.1 Derbyshire Better Care Fund Plan 2022 – 2023, 29 March 2023 Health and Wellbeing Board:  
<https://derbyshireintranet.moderngov.co.uk/documents/s19745/BCF%202022-23%20Plan.pdf>

### **8 Appendices**

- 8.1 Appendix 1 – Implications.  
8.2 Appendix 2 - BCF spend and metrics



## **9 Recommendation(s)**

That the Health and Wellbeing Board:

- a) Receive and sign off the report and note the responses provided in the Statutory Return.
- b) Continue to receive reports of the Integration and Better Care Fund in 2023-24
- c) Agree to review the governance and terms in the S75 for 24/25
- d) Agree to change the delegation of members in order to sign off interim reports where required

## **10. Reasons for Recommendation(s)**

- 10.1 The Health and Wellbeing Board will be able to assure itself that the BCF programme is delivering its priorities through community services to keep people healthy and independent as appropriate to a high standard and is meeting the necessary reporting and governance arrangements. It is important that the Health and Wellbeing Board has oversight of the key developments within the BCF both for assurance across arrangements and awareness of developments, collaboration, and innovation for the benefit of the Derbyshire population. The Health and Wellbeing Board should signoff any key changes to the programme including fundamental changes to the plan and/or governance.

**Report Author: Parveen Sadiq Finance Business Partner**

**Contact details: [parveen.sadiq@derbyshire.gov.uk](mailto:parveen.sadiq@derbyshire.gov.uk)**

**Organisation: Derbyshire County Council Adult Social Care and Health**

**HWB Sponsor: Simon Stevens Executive Director Adult Social Care and Health**

## Appendix 1

### Implications

#### Financial

- 1.1 The total planned expenditure for the BCF for 22/23 is £119,702 million, including the discharge fund, the actual spend was £113,088 million on the BCF and £6.7million against the Discharge grant. The BCF was spent in line with the schemes outlined in the Health and Wellbeing Board report presented in March 2023 and there was a small overspend in home care provided by DCHS.

#### Legal

- 2.1 A Section 75 legal agreement was entered into in April 2015 between Derbyshire County Council Adult Care and the NHS body Derby and Derbyshire CCG and Tameside and Glossop CCG under section 75 of the National Health Service Act 2006 (updated under the Health and Social Care Act 2012). It enables the local authority and NHS bodies (including clinical commissioning groups and foundation trusts) to enter arrangements in relation to the exercise of each other's health-related functions where such arrangements will provide a more streamlined service if they are likely to lead to an improvement in the way those functions are exercised. The arrangements can mean that one body carries out the functions of both in providing the service; that the two bodies share functions with a pooled budget; or that one body commissions services on behalf of both. Where one party is commissioning services on behalf of both parties, that organisation's procurement rules apply to the procurement.
- 2.2 Under the Health and Care Act 2022 The CCG has been reformed and is now named Derby and Derbyshire ICB which came into force on 1st July 2022. It now includes Glossop as part of the ICB and is co-terminus with the Derbyshire geographical footprint.
- 2.3 The S75 will be reviewed for 2024/2025 to include more robust governance and protection of budgets that are held within the BCF. It will also detail governance arrangements including accountability, financial reporting, management of risks, exit strategy and treatment of any overspends/under spends in more detail.
- 2.4 There is a finance and performance group in operation that will support the schemes in the BCF with clearly defined objectives, shared

performance measures, outcomes, aims and objectives, setting out the services to be delivered.

- 2.5 The frequency of reporting for the BCF has changed for 2023/2024 and includes quarterly reports that have to be signed off by the Health and Wellbeing Board, to this end the department is requesting delegated authority for the Chair, one ICB representative and one Health and Social Care representative to sign off reports and then present them retrospectively to the wider board.

## **Human Resources**

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

## **Equalities Impact**

- 4.1 There are no equalities implications for this report.

## **Partnerships**

- 5.1 There are no further considerations other than those already outlined in the report

## **Health and Wellbeing Strategy priorities**

- 6.1 The BCF enables people in Derbyshire to live healthy lives by improving health outcomes through better access to services and initiatives to help people stay in their own home for as long as possible.
- 6.2 Some of the schemes in the BCF support individuals with mental health and wellbeing with a number of projects including mental health enablement.
- 6.3 The BCF programme supports our vulnerable populations to live in well-planned and healthy homes working with our District colleagues to improve housing through adaptations, safer home environments and initiatives like Warm Homes with Public Health.

## **Other implications**

## Performance

Performance against the BCF national metrics was reported using the data available at the time, the returns were published as year-end data was not fully available. However, some of the year-end figures are provided below and in a summary table at Appendix 2:

- Avoidable admissions for unplanned hospitalisation for chronic and ambulatory conditions

The planned target is 805.4 per 100,000 population

This is a new BCF indicator for 22/23 in relation to avoidable admissions, the data is not available for this metric to date.

- Percentage of people who are discharged from acute hospital to their normal place of residence.

This is in relation to discharge to normal residency. This has been extremely challenging given the context, however performance was in line with the planned level of 92% at 92.39%. Again, availability of home care packages for those being discharged home but still requiring some support has been a continuing challenge.

- Re-ablement 91-day indicator over 65's–

Year-end result shows that 66.6 % of clients remained at home after 91 days against a target of 81.1%, this is an estimate at this stage. The main reason for this is that this service is going through a restructure and is still to embed the -new ways of working which will improve efficiency and effectiveness for clients and the service.

- Residential and Nursing Care Admissions for over 65's –

Performance as at year end showed estimated admissions of 990 (TBC) against a target of 711 admissions. Again, this target was not met due to lack of capacity in the home care market which resulted in higher numbers into residential care, together with the number of discharges from hospital and community.

Appendix 2 BCF Return, Spend and metrics performance

|   |  |
|---|--|
| Health and Wellbeing Board:   | Derbyshire   |
| Completed by:   | Parveen Sadiq  |
| E-mail:   | <a href="mailto:parveen.sadiq@derbyshire.gov.uk">parveen.sadiq@derbyshire.gov.uk</a> |
| Contact number:   | 01629532103  |
| Has this report been signed off by (or on behalf of) the HWB at the time of submission? | No   |
| If no, please indicate when the report is expected to be signed off:                    | Thu 06/07/2023   |

<< Please enter using the format, DD/MM/YYYY

## 2. National Conditions & s75 Pooled Budget

### Better Care Fund 2022-23 End of Year Template

3

Selected Health and Wellbeing Board:

Derbyshire

| Confirmation of Nation Conditions   |              |   |
|---|--------------|---|
| National Condition  | Confirmation | If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23: |
| 1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006?<br>(This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas) | Yes          |   |
| 2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?   | Yes          |   |
| 3) Agreement to invest in NHS commissioned out of hospital services?  | Yes          |   |
| 4) Plan for improving outcomes for people being discharged from hospital  | Yes          |   |

3 Planned metrics see commentary above under Performance

| Metric  | Definition  | For information - Your planned performance as reported in 2022-23 planning |
|---|---|--|
| <b>Avoidable admissions</b>                   | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)                               | 805.4  |
| <b>Discharge to normal place of residence</b> | Percentage of people who are discharged from acute hospital to their normal place of residence  | 92.0%  |
| <b>Residential Admissions</b>                 | Rate of permanent admissions to residential care per 100,000 population (65+)   | 387  |
| <b>Reablement</b>                             | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 81.1%  |

## 4. Income and Expenditure

### Better Care Fund 2022-23 End of Year Template

#### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Derbyshire

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### Income

|                              |               | 2022-23             |  |
|------------------------------|---------------|---------------------|--|
| Disabled Facilities Grant    | £7,898,005    |                     |  |
| Improved Better Care Fund    | £35,732,659   |                     |  |
| NHS Minimum Fund             | £66,394,506   |                     |  |
| <b>Minimum Sub Total</b>     |               | <b>£110,025,170</b> |  |
|                              | Planned       |                     |  |
| NHS Additional Funding       | £651,015      |                     |  |
| LA Additional Funding        | £2,258,267    |                     |  |
| <b>Additional Sub Total</b>  |               | <b>£2,909,282</b>   |  |
|                              | Planned 22-23 | Actual 22-23        |  |
| <b>Total BCF Pooled Fund</b> | £112,934,452  | £112,437,437        |  |

| Actual  |     |                   |
|---|-----|-------------------|
| Do you wish to change your additional actual NHS funding? | Yes | £154,000          |
| Do you wish to change your additional actual LA funding?  | No  |                   |
|   |     | <b>£2,412,267</b> |



ASC Discharge Fund

|                                 | Planned    | Actual  |
|---------------------------------|------------|---|
| LA Plan Spend                   | £3,022,755 | Do you wish to change your additional actual LA funding?  |
| ICB Plan Spend                  | £3,744,991 | Do you wish to change your additional actual ICB funding? |
| <b>ASC Discharge Fund Total</b> |            | £6,767,746  |

|                             | Planned 22-23 | Actual 22-23 |
|-----------------------------|---------------|--------------|
| <b>BCF + Discharge Fund</b> | £119,702,198  | £119,205,183 |

|  |   |
|--|---|
| Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23 | the difference is an overspend on a service |
|--|---|

**Expenditure**

|      | 2022-23      |
|------|--------------|
| Plan | £112,934,452 |

|  |     |
|--|-----|
| Do you wish to change your actual BCF expenditure? | Yes |
|--|-----|

|        |              |
|--------|--------------|
| Actual | £113,088,452 |
|--------|--------------|

|      |                    |
|------|--------------------|
|      | ASC Discharge Fund |
| Plan | £6,767,746         |

|  |    |
|--|----|
| Do you wish to change your actual BCF expenditure? | No |
|--|----|

|        |            |
|--------|------------|
| Actual | £6,767,746 |
|--------|------------|

|   |     |
|---|-----|
| Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23 | n/a |
|---|-----|

---

### 6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Derbyshire

#### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

| Statement:   | Response: | Comments: Please detail any further supporting information for each response  |
|--|-----------|---|
| 1. The overall delivery of the BCF has improved joint working between health and social care in our locality | Agree     | The Better Care Fund is one of a range of mechanisms that underpin a system based, collaborative approach in Derbyshire and Derby City. We are considering how best to make use of the BCF in 2023/24 as part of our emerging 'Place' arrangements and continued focus on supporting timely, safe and appropriate discharges. |

|  |              |   |
|--|--------------|---|
| <p>2. Our BCF schemes were implemented as planned in 2022-23</p>   | <p>Agree</p> | <p>We did not make any significant changes to schemes in 2022/23. We aim to review the services funded by the plan during this next year to focus funds to promote greater performance management, whilst not jeopardising any current activity.</p>  |
| <p>3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality</p> | <p>Agree</p> | <p>The Better Care Fund is one of a range of mechanisms that underpin a system based, collaborative approach in Derbyshire. We are considering how best to make use of the BCF and especially the additional Hospital discharge funds in 2023/24 as part of our emerging 'Place' arrangements and move towards integrated community based short term provision.</p> |

**Part 2: Successes and Challenges**

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

|   |  |   |
|---|--|---|
| <p>4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23</p> | <p>SCIE Logic Model Enablers, Response category:</p> | <p>Response - Please detail your greatest successes</p> |
|---|--|---|

|  |  |  |
|--|--|--|
| <p>Success 1</p>   | <p>2. Strong, system-wide governance and systems leadership</p>                          | <p>As described in our 2021-22 BCF narrative plan, we have developed strong system governance arrangements which focus on ensuring hospital discharge is operating as smoothly and effectively as possible. This has underpinned strong performance, despite an extremely difficult winter period.</p>                                 |
| <p>Success 2</p>   | <p>3. Integrated electronic records and sharing across the system with service users</p> | <p>The Derbyshire Shared Care Record is now implemented and being used by health and social care professionals to provide care much more seamlessly. Care providers across Derbyshire and Derby City were supported with adopting new electronic recording systems and further plans to continue roll out are in place for 2022-23</p> |
| <p>5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23</p> | <p>SCIE Logic Model Enablers, Response category:</p>                                     | <p>Response - Please detail your greatest challenges</p>   |

|                    |  |   |
|--------------------|--|---|
| <p>Challenge 1</p> | <p>6. Good quality and sustainable provider market that can meet demand</p>            | <p>Availability of home care packages for people especially to assist with hospital discharge in Derbyshire has been a challenge, this has been especially problematic in the more rural parts of the County with low unemployment rates. Workforce constraints have impacted on all aspects of the care workforce across Derbyshire with some care homes being unable to make beds available due to difficulties experienced with recruitment and retention of nursing and care staff.</p> |
| <p>Challenge 2</p> | <p>5. Integrated workforce: joint approach to training and upskilling of workforce</p> | <p>There have been times where workforce shortages have reduced the capacity for social care and health to respond to escalating demand and there has not been a successful strategic plan or prioritisation mechanism developed to share and redeploy staff between organisations to assist with this.</p>   |


## 7 Better Care Fund Dashboard - Derbyshire County Council Year on Year Comparator

### Better Care Fund Dashboard - Derbyshire County Council

| Exception Report                                 | Data Source   | Period   | Plan    | Q1      |        |        | Q2     |       |       | Q3    |       |       | Q4    |      |      | Trend |
|--|---|--|---------|---------|--------|--------|--------|-------|-------|-------|-------|-------|-------|------|------|-------|
|  |   |  |         | Apr     | May    | Jun    | Jul    | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb  | Mar  |       |
| Admissions to residential and nursing care homes | Permanent admissions of older people (aged 65 & over) to residential and nursing care homes per 100,000 population                            | Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities | 2014/15 | 688.4   | 707    | 677    | 703    | 745.4 |       |       |       |       |       |      |      |       |
|  |   |  | 2015/16 | 664.9   | 790.51 | 749.04 | 619.72 | 722.2 |       |       |       |       |       |      |      |       |
|  |   |  | 2016/17 | 743.6   | 756.4  | 722    | 668.5  | 688   |       |       |       |       |       |      |      |       |
|  |   |  | 2017/18 | 170.85  | 174.1  | 185.3  | 175.3  | 173.5 |       |       |       |       |       |      |      |       |
|  |   |  | 2018/19 | 161.775 | 182.5  | 175.9  | 190.3  | 183.1 |       |       |       |       |       |      |      |       |
|  |   |  | 2019/20 | 160     | 187.9  | 177.1  | 215.0  | 184.9 |       |       |       |       |       |      |      |       |
|  |   |  | 2020/21 | N/A     | 89.7   | 116.2  | 178.9  | 159.0 |       |       |       |       |       |      |      |       |
|  |   |  | 2021/22 | 526     | 159.6  | 162.6  | 195.2  | 146.4 |       |       |       |       |       |      |      |       |
|  |   |  | 2022/23 | 387.4   | 54.8   | 76.5   | 74.1   | 60.8  | 47.0  | 53.6  | 71.7  | 72.3  | 52.4  | 50.0 | 40.4 |       |
| Reablement/ rehabilitation services              | Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services | Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities | 2014/15 | 81.7%   | 81.6%  | 86.6%  | 79.0%  | 87.1% |       |       |       |       |       |      |      |       |
|  |   |  | 2015/16 | 82.5%   | 84.1%  | 89.4%  | 82.4%  | 73.6% |       |       |       |       |       |      |      |       |
|  |   |  | 2016/17 | 85.3%   | 88.4%  | 86.0%  | 84.8%  | 83.2% |       |       |       |       |       |      |      |       |
|  |   |  | 2017/18 | 84.9%   | 83.4%  | 79.6%  | 76.6%  | 76.5% |       |       |       |       |       |      |      |       |
|  |   |  | 2018/19 | 86.1%   | 75.2%  | 79.6%  | 82.1%  | 81.0% |       |       |       |       |       |      |      |       |
|  |   |  | 2019/20 | 86.1%   | 80.9%  | 78.0%  | 71.9%  | 69.1% |       |       |       |       |       |      |      |       |
|  |   |  | 2020/21 | N/A     | 75.5%  | 71.2%  | 78.7%  | 73.2% |       |       |       |       |       |      |      |       |
|  |   |  | 2021/22 | 81.1%   | 74.3%  | 72.2%  | 75.2%  | 72.5% |       |       |       |       |       |      |      |       |
|  |   |  | 2022/23 | 81.10%  | 69.4%  | 69.3%  | 70.1%  | 69.7% | 63.0% | 64.0% | 75.2% | 54.6% | 63.5% |      |      |       |
| Avoidable Admissions                             | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (rate given as instances per 100,000 population)                   | Quarterly NHS Outcomes Framework (HES)   | 2019/20 | Actual  | 220    | 223    | 246    | 213   |       |       |       |       |       |      |      |       |
|  |   |  | 2020/21 | Actual  | 149    | 194    | 184    | 176   |       |       |       |       |       |      |      |       |
|  |   |  | 2021/22 | Actual  |        |        |        |       |       |       |       |       |       |      |      |       |

|                  |  |                                     |               | Plan    | 902.7  |        |        |        |        |        |        |        |        |        |        |        |  |  |
|------------------|--|-------------------------------------|---------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|
|                  |  |                                     |               | Actual  |        |        |        |        |        |        |        |        |        |        |        |        |  |  |
|                  |  |                                     |               | 2022/23 | Plan   | 213.0  |        |        | 185.0  |        |        | 211.0  |        |        | 197.0  |        |  |  |
| Exception Report | Data Source  | Period                              | Actual / Plan | Apr     | May    | Jun    | Jul    | Aug    | Sep    | Oct    | Nov    | Dec    | Jan    | Feb    | Mar    | Trend  |  |  |
| Discharges       | Proportion of patients with a total length of inpatient stay of 14+ days | 2019/20                             | Actual        | 9.65%   | 8.27%  | 7.48%  | 7.30%  | 7.64%  | 8.02%  | 7.10%  | 7.53%  | 7.71%  | 8.83%  | 8.19%  | 11.18% |        |  |  |
|                  |  | 2020/21                             | Actual        | 6.73%   | 4.07%  | 5.35%  | 5.53%  | 5.34%  | 7.42%  | 7.88%  | 6.96%  | 8.17%  | 7.64%  | 8.08%  | 8.31%  |        |  |  |
|                  |  | 2021/22                             | Actual        | 6.86%   | 6.42%  | 6.93%  | 6.41%  | 7.37%  | 7.90%  | 7.79%  | 8.73%  | 8.29%  | 9.01%  | 9.34%  | 8.82%  |        |  |  |
|                  |  |                                     | Plan          |         |        |        |        |        |        |        |        | 7.4%   |        | 8.5%   |        |        |  |  |
|                  |  | 2022/23                             | Actual        | 9.86%   | 10.42% | 10.22% | 9.87%  | 10.41% | 10.38% | 10.48% | 10.20% | 10.35% | 10.25% | 10.65% | 10.44% |        |  |  |
|                  | Proportion of patients with a total length of inpatient stay of 21+ days | 2019/20                             | Actual        | 5.11%   | 4.37%  | 3.69%  | 3.71%  | 3.67%  | 4.01%  | 3.60%  | 3.78%  | 3.96%  | 4.56%  | 4.14%  | 6.05%  |        |  |  |
|                  |  | 2020/21                             | Actual        | 3.58%   | 1.66%  | 2.22%  | 2.28%  | 2.42%  | 3.13%  | 3.69%  | 3.06%  | 3.36%  | 3.42%  | 4.02%  | 3.89%  |        |  |  |
|                  |  | 2021/22                             | Actual        | 3.23%   | 2.70%  | 2.99%  | 3.10%  | 3.25%  | 3.86%  | 3.74%  | 4.12%  | 3.88%  | 4.90%  | 4.90%  | 4.55%  |        |  |  |
|                  |  |                                     | Plan          |         |        |        |        |        |        |        |        | 3.6%   |        | 4.3%   |        |        |  |  |
|                  |  | 2022/23                             | Actual        | 4.91%   | 5.53%  | 5.62%  | 5.31%  | 5.54%  | 5.83%  | 5.51%  | 5.64%  | 5.73%  | 5.80%  | 6.17%  | 6.13%  |        |  |  |
|                  | Proportion of patients discharged to place of usual residence            | Monthly Secondary Uses Service Data | 2019/20       | Actual  | 93.15% | 93.59% | 93.51% | 93.94% | 93.38% | 92.69% | 94.67% | 93.12% | 92.46% | 92.72% | 92.50% | 92.02% |  |  |
|                  |  |                                     | 2020/21       | Actual  | 90.16% | 94.27% | 92.67% | 92.00% | 94.24% | 93.00% | 93.33% | 95.06% | 92.25% | 91.69% | 91.02% | 92.61% |  |  |
| 2021/22          |  |                                     | Actual        | 92.65%  | 92.14% | 92.34% | 90.73% | 91.91% | 91.42% | 93.26% | 92.61% | 92.57% | 93.46% | 92.34% | 93.59% |        |  |  |
|                  |  |                                     | Plan          |         |        |        |        |        |        | 92.0%  |        |        |        |        |        |        |  |  |



|  |  |  |  |         |        |        |        |        |        |        |        |        |        |        |        |        |        |   |
|--|--|--|--|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|
|  |  |  |  |         | Actual | 93.48% | 93.70% | 92.66% | 93.28% | 93.00% | 93.03% | 94.91% | 94.95% | 94.73% | 94.79% | 94.63% | 94.39% |  |
|  |  |  |  | 2022/23 | Plan   | 94.1%  |        |        | 94.1%  |        |        | 93.8%  |        |        | 93.9%  |        |        |   |

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**13 July 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 21 April 2023.

**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 21 April 2023:
- 2.4 COVID-19 outbreak management in Care Homes
- national guidance has changed, and local processes have been amended accordingly, and communication has been distributed to all Care Homes in Derbyshire to advise about the updated guidance.

## 2.5 Screening and Immunisations Programmes:

- The Screening and Immunisation Team from NHS England provided an update on the section 7a screening and immunisation programmes, including work underway on delegation of responsibility to ICBs for the commissioning of vaccination and immunisation programmes from Spring 2024, and information on local arrangements in place to link with programme boards and for reporting of quality incidents.
- Following a reported increase in measles cases in England, a national campaign will be launched to encourage uptake of MMR vaccination.
- The Spring campaign for COVID-19 vaccination is underway, with the ICB reviewing provision and seeking expressions of interest for alternative providers in some communities. Provision to housebound and all care home residents is underway.
- A review of the flu vaccination programme for 2022/23 has been completed and will inform planning for the 2023/24 programme
- A change will be made to the Shingles vaccination programme from 1<sup>st</sup> September 2023 to increase the number of people who will be eligible to receive the vaccination

## 2.6 Health Protection Strategy

- Progress on development of a Health Protection Strategy, a deliverable within the new Integrated Care Strategy, was noted

## 2.7 COVID-19 lessons learned

- Presentations were received from the Public Health teams at Derbyshire County Council and Derby City Council following completion of lessons learned exercises that had been undertaken following the standing down in 2022 of the majority of the local response to COVID-19 cases and outbreaks. The recommendations identified will be implemented by each Public Health department.

## **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. Partnership opportunities**

Partners are asked to note the topics discussed at the Health Protection Board, and identify opportunities to implement any actions identified.

## **7. Background Papers**

6.1 None

## **8. Appendices**

7.1 Appendix 1 – Implications.

## **9. Recommendation(s)**

8.1 That the Health and Wellbeing Board:

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

## **10. 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

**Contact details:** [iain.little@derbyshire.gov.uk](mailto:iain.little@derbyshire.gov.uk)

**Organisation:** Derbyshire County Council

**HWB Sponsor:** Ellie Houlston

**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 None identified

**Partnerships**

5.1 Partners are asked to note the topics discussed at the Health Protection Board and consider opportunities for supporting any actions identified.

**Health and Wellbeing Strategy priorities**

6.1 The Health Protection Board is a sub-group of the Health and Wellbeing Board, and therefore the Board is asked to note the update provided.

**Other implications**

7.1 There are no other implications of this report



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**13 July 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. County Place Partnership Board Update**

- 2.1 The Derbyshire Place Partnership Board has continued to meet each month since the first meeting in December 2022. The group will champion the local implementation of the Health and Wellbeing Strategy and seek to coordinate any actions that support health and wellbeing priorities across Derbyshire. The Board will also fulfil a similar function for the Integrated Care Strategy at place level.
- 2.2 In April the board received presentations on the Integrated Care Strategy and the Sexual Health System Alliance. There was also a place-based update from the Local Place Alliance (LPA) and Local Health and Wellbeing Partnership (LHWP) for Derbyshire Dales.
- 2.3 In May the Board received a presentation about Health and Social Care integration. An overview of LPAs and LHWPs including structure and governance was also presented to the board. The group met for a

workshop on 9 June 2023 to start to establish priorities and ways of working.

- 2.4 Meetings will be paused until September 2023 and will be every 6 weeks from September.
- 2.5 The major conditions paper is scheduled to be published in late July 2023.

### 3 Integrated Care Partnership Update

- 3.1 Updates from Derby and Derbyshire Health and Wellbeing Boards were presented. The main focus of the meeting was discussing the Derby and Derbyshire Integrated Care Strategy and the ICB Joint Forward Plan. There was also an update from the Integrated Care Board. Further information can be found [here](#)

### 4 Round-Up

#### 4.1. **Public health annual report 2023: Supporting communities in difficult times**

The Local Government Association and the Association of Directors of Public Health have published the eleventh public health [annual report](#), which focuses on how councils have responded to the rising cost of living.

#### 4.2. **Supporting people with a learning disability and autistic people to live happier, healthier, longer lives: bitesize guide for local systems**

NHS England has published [guidance](#) which considers the 'Building the right support action plan' published in July 2022 that outlined a number of cross agency commitments. The guidance draws together a number of resources and provides information for professionals who put in place services and approaches to support children, young people and adults who have a learning disability or who are autistic to lead healthier, happier, longer lives.

#### 4.3. **Transforming Support: The Health and Disability White Paper**

The Department for Work and Pensions has published a [policy paper](#) which sets out the Government's proposals to help more disabled people and people with health conditions to start, stay and succeed in work.

#### 4.4. **Alcohol treatment services**



The National Audit Office has published a [report](#) for alcohol treatment services which describes the background of alcohol consumption and also access to, and outcomes from, treatment services.

**4.5. The tooth hurts – smiles shaped by poverty**

The British Dental Association has published a joint [report](#) which highlights poor oral health in Britain and aims to understand the impact of the cost of living crisis on the oral health of students and on the role of teachers in classrooms across Britain.

**4.6. New paths and pathways: Tobacco control and stop smoking services in English local authorities in 2022**

The Action on Smoking and Health has published a [report](#) outlining the finding from the 2022 annual survey of local government public health teams, funded by Cancer Research UK, which finds NHS investment in new inpatient treatment for smokers is strongly supported by local government.

**4.7. Healthy people, prosperous lives: the first interim report of the IPPR Commission on Health and Prosperity**

The Institute for Public Policy Research (IPPR) have published a [report](#) looking across the pre-pandemic and pandemic periods, it finds that experiencing a physical health condition, mental illness and the long-term physical illness of another household member was associated with a drop in annual earnings.

## **5 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.

- 5.1.** Please note the change of supplementary hours for the Saffron Apothecaries (Leicester) Limited, Willington Pharmacy, Willington Primary Care Centre, Kingfisher Lane, Willington, DE65 6QT. The supplementary hours have changed from Monday – Friday 13:00 – 14:00 and Saturday 09:00 – 13:00 to Monday to Friday 09:00 – 13:00 – 14:00 – 18:00 and closed on Saturday. Total opening hours with effect from 14 April 2023 (Core and Supplementary hours) Monday – Friday 09:00 – 13:00 – 14:00 – 18:00 and closed on Saturday and Sunday.

- 5.2.** Please note the following pharmacy ceased pharmaceutical services on 22<sup>nd</sup> April 2023. Lloyds Pharmacy (In Sainsburys), Rother Way, Chesterfield, S41 OUB.
- 5.3.** Please note the following pharmacy ceased pharmaceutical services on 22<sup>nd</sup> April 2023. Lloyds Pharmacy (In Sainsburys), Civic Way, Swadlincote, DE11 OAD.
- 5.4.** Please note the following change of ownership at Unit 3, Mill Green Way, Rear Mill Green Way, Clowne, S43 4LJ from Lloyds Pharmacy Ltd to Ascent (Clowne) Ltd.
- 5.5.** Please note the change of supplementary hours for the Etwall (Midlands) Limited, Etwall Pharmacy, 4-6 Chestnut Grove, Etwall, Derbyshire, DE65 6NG. The supplementary hours have changed from 23<sup>rd</sup> December 09:00 – 12:00 to being closed, and Saturday 30 December 09:00 – 12:00 to being closed.
- 5.6.** Please note the change of supplementary hours for the Riddings Limited, Riddings Pharmacy, 31 Greenhill Lane, Riddings, Alfreton, Derbyshire, DE55 1LU. The supplementary hours have changed from 23<sup>rd</sup> December 09:00 – 13:00 to being closed, and Saturday 30 December 09:00 – 13:00 to being closed.
- 5.7.** Please note the change of supplementary hours for the Hilton Pharmacy Ltd, Welland Road, Hilton, Derbyshire, DE65 5GZ. The supplementary hours have changed from 23<sup>rd</sup> December 09:00 – 12:00 to being closed, and Saturday 30 December 09:00 – 12:00 to being closed.
- 5.8.** Please note the following change of ownership at Alfreton Primary Care Development, Church Street, Alfreton, Derbyshire, DE55 7BD, from Lloyds Pharmacy Ltd to Clinical Care Ltd.
- 5.9.** Please note the following change of ownership at Dronfield Medical Centre, High Street, Dronfield, S18 1PY, from Lloyds Pharmacy Ltd to Dronfield Healthcare Limited.
- 5.10.** Please note the change of supplementary hours for the Barlborough Pharmacy, 11-13 High Street, Barlborough, Derbyshire, S43 4EY. The supplementary hours have changed from Monday, Wednesday, and Friday 08:45 – 18:30, Tuesday and Thursday 08:45 – 18:00, and Saturday 09:00 – 13:00, to Monday – Friday 09:00 – 18:30, and Saturday is now closed. The total opening hours will come into effect from 19<sup>th</sup> June 2023.

- 5.11.** Please note a new distance selling premises, Sirj Pharma Ltd t/a Chesterfield Delivery Pharmacy at 1st Floor, 26 High Street, Staveley, Chesterfield, S43 3UX, will start to provide pharmaceutical services on 1<sup>st</sup> June 2023. The core hours for the pharmacy are Monday to Friday, 09:00 – 13:00, and Monday to Friday, 14:00 – 18:00.
- 5.12.** Please note the following change of ownership at Lloyds Pharmacy, 18-20 The Green, Hasland, Derbyshire S41 0LJ, from Lloyds Pharmacy Ltd to LP SD Six Limited.
- 5.13.** Please note the following change of ownership at Lloyds Pharmacy, Unit 7 Wardgate Way, Holme Hall, Chesterfield, S40 4SL, from Lloyds Pharmacy Ltd to LP SD Six Limited.
- 5.14.** Please note the following change of ownership at Lloyds Pharmacy, 47A Town Street, Duffield, Derby, Derbyshire, DE56 4GG, from Lloyds Pharmacy Ltd to LP SD Six Limited.
- 5.15.** Please note the following change of ownership at Lloyds Pharmacy, Crich Medical Centre, Oakwell Drive, Crich, Matlock, DE4 5PB, from Lloyds Pharmacy Ltd to LP SD Six Limited.
- 5.16.** Please note the following change of ownership at Lloyds Pharmacy, 22 Chapel Street, Spondon, Derbyshire, DE21 7JP, from Lloyds Pharmacy Ltd to LP SD Six Limited.
- 5.17.** Please note the following change of ownership at Ashbourne Health Centre, Clifton Road, Ashbourne, Derbyshire, DE6 1DR, from Lloyds Pharmacy Ltd to LP SD Six Limited.
- 5.18.** Please note the change of supplementary hours for Asda Stores Ltd (trading as Asda Pharmacy), Midland Street, Long Eaton, Derbyshire, NG10 1NY. The supplementary hours have changed from Monday – Friday 07:00 – 23:00, Saturday 07:00 – 21:00, and Sunday 10:00 – 16:00, to Monday to Saturday 09:00 – 12:30, 13:00 – 16:30, 17:00 – 21:00, and Sunday 10:00 – 16:00. The change will come into effect on 10<sup>th</sup> July 2023.
- 5.19.** Please note the change of supplementary hours for Asda Stores Ltd (trading as Asda Pharmacy), Wesley Street, Langley Mill, Derbyshire, NG16 4ED. The supplementary hours have changed from Monday – Friday 07:00 – 23:00, Saturday 07:00 – 21:00, and Sunday 10:00 – 16:00, to Monday to Saturday 09:00 – 12:30, 13:00 – 16:30, 17:00 –

21:00, and Sunday 10:00 – 16:00. The change will come into effect on 10<sup>th</sup> July 2023.

**5.20.** Please note the change of supplementary hours for DAY-NIGHT Pharmacy Ltd (trading as DAY-NIGHT Pharmacy), 24 Town End, Bolsover, Chesterfield, Derbyshire, S44 6DT. The supplementary hours have changed from Monday – Friday 07:00 – 00:00, Saturday 09:00 – 00:00, and closed on Sunday, to Monday to Saturday, 09:00 - 21:00, and closed on Sunday. The change will come into effect on 29<sup>th</sup> June 2023.

**5.21.** Please note the change of supplementary hours for VIBHU LTD (Trading as Killamarsh Pharmacy), 209a Sheffield Road, Killamarsh, Derbyshire, S21 1DX. The supplementary hours have changed from Monday – Saturday 07:00 – 22:00, and Sunday 07:00 – 17:00, to Monday to Friday, 10:00 - 14:00, 15:00 - 21:00, Saturday 09:00 - 21:00 and Sunday 07:00 - 17:00. The change will come into effect on 5<sup>th</sup> July 2023.

**5.22.** Please note the following change of ownership at 3 Market Place, Long Eaton, Nottingham, NG10 1JL, to Jaysons Pharmacy Ltd (trading as Jaysons Pharmacy). With effect from 1<sup>st</sup> July 2023, the opening hours shall be Monday, Tuesday, Wednesday and Friday 09:00 - 13:30, 14:00 - 17:00, Thursday and Saturday 09:00 - 13:00, and closed on Sunday.

**5.23.** Please note that NHS England removed Lloyds Pharmacy from the pharmaceutical list for the area of Derbyshire Health and Wellbeing Board with effect from 13<sup>th</sup> June 2023. Details are as follows: Lloyds Pharmacy Ltd, Civic Way, Swadlincote, Derbyshire, DE11 0AD.

**5.24.** Please note that NHS England removed Lloyds Pharmacy from the pharmaceutical list for the area of Derbyshire Health and Wellbeing Board with effect from 13<sup>th</sup> June 2023. Details are as follows: Lloyds Pharmacy Ltd, Rother Way Chesterfield Derbyshire S41 0UB.

## **6 Performance reporting to the Health and Wellbeing Board**

An update on performance indicators for the current priorities can be found at appendix 2. Performance indicators were presented to the board in March 2023. There have been slight improvements in two of the indicators:

- Excess weight in adults has improved slightly since the last report, however Derbyshire remains significantly worse than England.

- The rates of physical inactivity have slightly improved since the last report.

## **7 Background Papers**

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

## **8 Appendices**

- 8.1 Appendix 1 – Implications  
8.2 Appendix 2 – Measuring Success  
8.3 Appendix 3 – Work plan 2023-2024

## **9 Recommendation(s)**

- 9.1 That the Health and Wellbeing Board:

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

## **10 Reasons for Recommendation(s)**

- 10.1 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.

**Health and Wellbeing Board Sponsor:** Ellie Houlston

**Report Authors:** Ruth Shaw and Annette Appleton

**Contact details:** [ruth.shaw@derbyshire.gov.uk](mailto:ruth.shaw@derbyshire.gov.uk) and [annette.appleton@derbyshire.gov.uk](mailto:annette.appleton@derbyshire.gov.uk)

**Implications**

**Financial**

1.1 No implications

**Legal**

2.1 No implications

**Human Resources**

3.1 No implications

## 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/>)

| Derbyshire Compared to England: |
|---------------------------------|
| Significantly Better            |
| Not Significantly Different     |
| Significantly Worse             |
| Not Applicable                  |

| CIPFA Nearest Neighbour:   |
|--|
| <b>CIPFA Rank:</b> Derbyshire’s rank among CIPFA neighbours. 1-16 where 1 is the worst |
| <b>CIPFA Range:</b> the range of values for the CIPFA nearest neighbours               |

| Change from previous strategy:                   |
|--|
| ▲/▼ Significant increase/Decrease getting better |
| ▼/▲ Significant increase/Decrease getting worse  |
| ▲/▼ Increase/decrease – not significant          |
| - No change                                      |
| = Change cannot be calculated                    |

\*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<br>(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       | 49.2    | 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   | 66.7       | 63.8    | 4                          | 60.5 - 70.4    | ▲                              | %            | 2021/22         |
| 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                                       | 20.6       | 22.3    | 11                         | 16.8 - 23.7    | ▲                              | %            | 2021/22         |
| Admissions - Alcohol-specific                                      | 615.0      | 626.1   | 2                          | 364.8 - 748.6  | ▼                              | DASR/100,000 | 2021/22         |
| 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 | 5.3        | 5.5     | 3                       | 3.8 - 5.8   | -                              | %          | 2021   |
| 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 | 40.7       | 40.6    | 5                       | 33.8 - 48.8   | ▼                              | %              | 2021/22   |
| Adult carers with enough social contact            | 19.3       | 28.0    | 1                       | 19.3 - 38.7   | ▼                              | %              | 2021/22   |

\* 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                       | 86.1       | 78.8    | 14                      | 34.4 - 92.8 | ▲                              | %          | 2021/22 |
| 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<br>(1 is worst) | CIPFA Range   | Change<br>since<br>previous<br>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)                    | 2.4        | 4.7     | 16                         | 2.4 - 7.9     | ▼                                       | %            | 2021    |
| 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                    | 75.3       | 70.6    | 3                          | 69.2 - 79.0   | ▲                                       | Gap % points | 2021/22 |
| 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

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**Work Programme: 2023/24 – correct for July 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](mailto:director.publichealth@derbyshire.gov.uk)

| Report Title   | Purpose   | Link to Strategy Priority or Statutory report              | Lead Officer   | Report Author(s)  |
|--|---|--|----------------|---|
| <b>Meeting: October 2023</b>   |   |  |                |   |
| Draft Joint Local Health and Wellbeing Strategy  | To provide the board with an update on the progress of the Joint Local Health and Wellbeing Strategy  | Statutory  | TBC            | Hayley Gleeson  |
| Annual Section 75 update for 0-19 commissioned services<br><br>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                       |
| Climate change   | To provide the board with an update on Climate change   | Lower levels of air pollution in Derbyshire                | Ellie Houlston | Iain Little / Russell Sinclair (possibly also corporate team) |
| Director of Public Health Annual Report  | To inform the board of the publication of the DPH AR  | Statutory  | Ellie Houlston | Annette Appleton  |
| 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

|  |   |  |  |                                 |
|--|---|--|--|---------------------------------|
| Review of the ToR and membership of the Health and Wellbeing Board   | To provide the board with an opportunity to review and refresh the ToR and membership of the board  | Statutory  | TBC                                    | Hayley Gleeson                  |
| 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                             |
| LLBD Preventative work in hospitals  | To update the board on the prevention work of the LLBD team within hospitals  | All people in Derbyshire are enabled to live healthy lives   | Ellie Houlston                         | Darran West / Hayley Gleeson    |
| Mental Health and Suicide Prevention   | To update the board on mental health and suicide prevention   | All people in Derbyshire are enabled to have good mental health and wellbeing across the life course | Ellie Houlston                         | Helene Denness / James Creaghan |
| 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    |
| Localities Programme   | To update the board on the work of the Localities Programme   | Cross-cuts all priorities  | Ellie Houlston                         | Luan Wilde                      |
| Making our Move – annual update  | To update the board on the progress of the Making our Moving and joining up work across the system  | All people in Derbyshire are enabled to live healthy lives   | Ellie Houlston                         | Stuart Bachelor                 |

Derbyshire Health and Wellbeing Board

|  |   |           |  |                |
|--|---|-----------|--|----------------|
| 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 | Simon Stevens (Interim Executive Director of Adult Social Care and Health) | Parveen Sadiq  |
| Health and Wellbeing Board Round up (to include future work plan, and updates from ICP and CPPB) | 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      |
| Health Protection Board Update   | To provide the board with an update from the Health Protection Board  | Statutory | Ellie Houlston   | Iain Little    |
| <b>Meeting: January 2024</b>   |   |           |  |                |
| Draft of the refresh of the ICB 5-year plan  | To provide the board with a draft of the refresh of the ICB 5-year plan and request feedback from the board   | Statutory | Chris Clayton  | TBC            |
| Joint Local Health and Wellbeing Strategy  | Board to approve the final version of the Joint Local Health and Wellbeing Strategy   | Statutory | TBC  | Hayley Gleeson |
| Better Care Fund planning submission and outturn report  | To provide information on the BCF Planning Submission and the outturn position of the Derbyshire Integration and Better Care Fund                   | Statutory | Simon Stevens (Interim Executive Director of Adult Social Care and Health) | Parveen Sadiq  |

Derbyshire Health and Wellbeing Board

|  |  |  |  |                 |
|--|--|--|--|-----------------|
|  | through reporting of the required statutory return.  |  |  |                 |
| 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 |
| Health and Wellbeing Board Round up (to include future work plan, and updates from ICP and CPPB) | 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       |
| Health Protection Board Update   | To provide the board with an update from the Health Protection Board   | Statutory  | Ellie Houlston   | Iain Little     |
| <b>Meeting: March 2024</b>   |  |  |  |                 |
| Refresh of the ICB 5 year plan   | To provide the board with an refresh of the ICB 5 year plan  | Statutory  | Chris Clayton  | TBC             |
| Refresh of Joint Capital Resource Use Plan and Performance Assessment                            | To provide the board with a refresh of the ICB Joint Capital Resource Use Plan and Performance Assessment  | Statutory  | Chris Clayton  | TBC             |
| Annual report from ICB   | To provide the board with the ICB Annual Report  | Statutory  | Chris Clayton  | TBC             |
| Better Care Fund planning submission and outturn report  | To provide information on the BCF Planning Submission and the outturn position of the Derbyshire Integration                                     | Statutory  | Simon Stevens (Interim Executive Director of Adult Social Care and Health) | Parveen Sadiq   |



## Derbyshire Health and Wellbeing Board

|  |  |           |                |             |
|--|--|-----------|----------------|-------------|
|  | and Better Care Fund through reporting of the required statutory return.   |           |                |             |
| Health and Wellbeing Board Round up (to include future work plan, and updates from ICP and CPPB) | 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   |
| Health Protection Board Update   | To provide the board with an update from the Health Protection Board   | Statutory | Ellie Houlston | Iain Little |

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