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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 27 September 2023

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 5 October 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

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Declarations of interest and Apologies for absence
To receive declarations of interest and apologies for absence (if any)
2. Minutes (Pages 1 - 6)
To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 13 July 2023.
3. Draft Local Health and Wellbeing Strategy (Pages 7 - 12)

4. Annual Section 75 update for 0-19 Commissioned Services (Pages 13 - 24)
5. Winter preparedness and cost of living update - Overview of support to Derbyshire residents (Pages 25 - 32)
6. Tobacco Control in Derbyshire (Pages 33 - 42)
7. Better Care Fund Outturn report and Better Care Fund Planning Submission (Pages 43 - 70)
8. Mental Health and Suicide Prevention (Pages 71 - 80)
9. Health Protection Board Update (Pages 81 - 86)
10. Health and Wellbeing Round Up (Pages 87 - 104)
11. Any Other Business

PUBLIC

MINUTES of a meeting of **HEALTH AND WELLBEING BOARD** held on Thursday, 13 July 2023 at Council Chamber, County Hall, Matlock, DE4 3AG.

PRESENT

Councillor C Hart (in the Chair)

Councillors M Burfoot, N Hoy, J Patten, K Rouse, E Sherman, A Archer and A McKeown.

C Cammiss, Dr C Clayton, E Houlston, and H Henderson.

Also in attendance were, T Braund, S Bostock, Ja Davies, Jo Davies, H Denness, T Dunn, H Gleeson, E Langton, S Lee, I Little, K Monk, S Lee, A White, and R Wright.

Apologies for absence were submitted for Councillor Dooley, J Corner, S Scott, G Smith, H McDougall, and B Webster.

24/23 MINUTES

RESOLVED that the minutes of the meeting of the Board held on 29 March 2023 be confirmed after the following amendments;

J Corner (in the Chair)

Minute 14/23 – 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.

Minute 21/23 – Resolved to Note the update report from the Health Protection Board.

25/23 PUBLIC QUESTION

Question received from Mr Ingham:

I note within Appendix 2 (Measuring Success) of the Health and Wellbeing Round Up Report that Derbyshire is ranked the worst for unemployment albeit there is no CIPFA range or percentage rate stated for Derbyshire. It also appears that in the previous two reports, Derbyshire was reported in

exactly the same way despite the absence of comparator ranges. I'm not therefore sure why Derbyshire has received this rating.

However, unemployment/employment levels, whatever they are in Derbyshire, can be influenced by carer responsibilities, I'm concerned when cross referencing to learn of the significant changes to the reported position concerning adult carers with enough social contact in 2021/22 - post pandemic. Derbyshire now ranks most worst. What has led to this worrying change (dropping from rank order 8 in 2018/19 to worst) and what steps are being undertaken to support adult carers accordingly and address any related mental health/wellbeing concerns?

Response provided by Councillor Hart:

Firstly, the data regarding unemployment in Derbyshire and the CIPFA neighbours has been removed from the OHID website for this indicator, therefore there is no data showing on the report. When no data is available, the CIPFA ranking defaults to 1 (worst). This indicator will be removed from the dataset for the next report.

Secondly, the 2020/21 Survey of Adult Carers in England (SACE) was not conducted in the post pandemic period, but took place in autumn 2021, when Coronavirus measures including face masks, mandatory NHS Covid passes (for specific settings) and an accelerated vaccination programme were in place.

Carers are more likely than the general population, to report loneliness and evidence suggests social contact reduces as the number of hours spent caring increases. There has been a local increase between 2011 and 2021 in the number of carers providing over 50 hours of care per week, with 47.4% of those responding to the 2021 SACE citing they provide 100 hours a week or more of care and it is this group who are more likely to feel socially isolated and unable to leave the house as a result. There are a range of steps being undertaken to support adult carer which include:

- Derbyshire Health and Social Care invests £2.1m per year, in supporting unpaid family carers, through commissioned carer support, carer personal budgets, emergency planning and support for the person depending on care, to enable carer breaks
- The commissioned carer's service creates a wide range of social opportunities for carers to connect with others e.g., befriending, physical activities, themed sessions, training and learning and help for carers to become digitally connected, etc.
- Adult Social Care provides support and opportunities, to facilitate carer breaks, so that carers have the support they need to keep up connections
- Many carers do not understand the services available to them, what they are entitled to and how to access support. The Council has a comms

strategy for carers, which sets out to increase the number of those identifying as a carer, raise the profile of carer support, increase general awareness of caring in our communities and help make life less lonely for carers

- Healthy Workplaces are providing dedicated information and training resources to supporting small businesses to effectively support carers in the workforce
- There are many universal health and wellbeing services available, that carers can access, e.g., TimeSwap, together with mental health and emotional wellbeing provision
- The Carers Strategy 2020- 2025 sets out the system wide, strategic priorities that require collective responsibility in delivering effective carer support

26/23 JOINT STRATEGIC NEEDS ASSESSMENT

The Health and Wellbeing Board were provided with a report and presentation, providing an update on the key health and wellbeing insights identified from the interim JSNA.

RESOLVED to

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

27/23 UPDATE ON THE JOINT LOCAL HEALTH AND WELLBEING STRATEGY

The Health and Wellbeing Board were provided with a report verbal update, providing an update on the proposed approach to the development of a new Joint Local Health and Wellbeing Strategy, and asked the Board to agree to engage and collate feedback from districts and boroughs on community need.

RESOLVED to

- 1) Note the update on the proposed approach to the development of a new Joint Local Health and Wellbeing 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 districts and boroughs on community need to feed into the strategy.

28/23 HEALTH AND HOUSING

The Health and Wellbeing Board were provided with a report and presentation, asking the Board to approve publication of the Derbyshire Housing and Health Impact Assessment, agree to endorse and actively share the key findings and recommendations, and consider any specific issues highlighted in the report.

Officers were to take away comments made by Board members on enforcement on landlords and access to information for tenants to the housing systems group. As well as taking away questions on how feedback was given to the planning of new build properties.

RESOLVED to

- 1) Approve publication of the Derbyshire Housing and Health Impact Assessment (2023);
- 2) Agree to endorse and actively share the key findings and recommendations contained within the publication through local health and wellbeing partnerships; and
- 3) 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.

29/23 WHOLE SYSTEM APPROACH TO TACKLE CHILDHOOD OBESITY ACROSS DERBY AND DERBYSHIRE

The Health and Wellbeing Board were provided with a report and presentation, asking the Board to acknowledge the significant progress made so far as part of the Derby and Derbyshire Childhood Obesity Plan - Time for Action 2020-2030, provide ongoing board level scrutiny and help leverage engagement and support.

RESOLVED to

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

30/23 BETTER CARE FUND OUTTURN REPORT AND BETTER CARE FUND PLANNING SUBMISSION

The Health and Wellbeing Board were provided with a report, asking the Board to sign off the update on the outturn position of the Discharge Grant and Better Care Fund, agree to review the governance and terms and approve a change to the governance and delegation.

RESOLVED to

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

31/23 HEALTH PROTECTION BOARD UPDATE

The Health and Wellbeing Board were provided with a report, providing an update of the key messages arising from the Derbyshire Health Protection Board from its meeting on 21 April 2023.

RESOLVED to

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

32/23 HEALTH AND WELLBEING ROUND UP

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

RESOLVED to

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

33/23 RATIFICATION OF DECISION TO SUPPORT THE JOINED UP CARE DERBYSHIRE JOINT FORWARD PLAN

The Health and Wellbeing Board were provided with an update on the ratification of the decision to support the Derby and Derbyshire NHS Joint Forward Plan.

The Derby and Derbyshire NHS Joint Forward Plan had been signed off in June and circulated for comment, no comments had been received. Councillor Hart had written a letter of support, and this had been sent to Zara Jones at the NHS Derby and Derbyshire Integrated Care Board. Councillor Hart had received a response in respect to the comments made in the letter. Following this, the Derby and Derbyshire NHS Joint Forward Plan had now been published.

34/23 CARE EXPERIENCED YOUNG PEOPLE UPDATE

The Health and Wellbeing Board were provided with a presentation in relation to care experienced young people. The purpose of the presentation was to inform the board about the importance of free prescriptions for non-eligible Care Experienced Young People following concern from Derbyshire's Corporate Parenting Board.

The Board provided advice for officers regarding next steps and would consider including this cohort into the Health and Wellbeing Strategy refresh and bring it back to the Board.

35/23 ANY OTHER BUSINESS

There was no other business.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

05 October 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 priorities /areas of focus of the 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) Agree the priorities / areas of focus as outlined in 2.4.

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 have taken place. These sessions, in June and July, focussed on evidence such as the Integrated Care Strategy and the JSNA.
- 2.3 18 board members attended the first two development sessions. In addition, a further 10 individual engagement sessions have taken place with representatives from district and borough councils, ICB, Healthwatch, locality health and wellbeing partnerships and Derbyshire Constabulary. The information from the engagement sessions has been collated and analysed. The information gained from these engagement and development sessions informed the content of a further development session which took place on 6 September 2023 at County Hall. The following themes were identified to inform the areas of focus were identified:
- Mental health and wellbeing
 - Health experiences of children and young people
 - Housing
 - Falls prevention
 - Winter deaths
 - Cost of living
 - Smoking and tobacco control
 - Physical inactivity
 - Diet
 - Obesity (including childhood obesity)
 - Alcohol
 - Wider determinants of health
 - Inclusion
- 2.4 The development session on 6 September 2023 focussed on the draft areas of focus for the strategy. At the session it was agreed to circulate the draft areas of focus to Health and Wellbeing Board members before the board meeting on 5 October 2023.
- 2.5 A revised timetable is included below:
- 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 In-between the milestones outlined in 2.5, there will be ongoing engagement and involvement with Board members and partners in relation the development and refinement of the Strategy to ensure case studies, best practice examples and reflections on local work already being undertaken is included.
- 2.7 We are working alongside system partners to ensure that engagement and learning from the ICS Strategy development and implementation informs the JLHWBS development.
- 2.8 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 Members of the Board attended two development sessions in June and July 2023.
- 5.2 Further individual engagement sessions were undertaken with District and Borough Representatives and other Board members in July – September 2023.
- 5.3 An engagement session was held in September 2023 to gain feedback on the draft priorities / areas of focus with representatives from Locality Health and Wellbeing Partnerships.

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](#)
- 7.4 [Joint Local Health and Wellbeing Board Strategy – July 2023](#)

8. Appendices

- 8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the update on the proposed priorities /areas of focus of the 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) Agree the priorities / areas of focus as outlined in 2.4.

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.
- 10.2 To ensure the Health and Wellbeing Board approve the priorities / areas of focus for the new 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.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 October 2023

Report of the Director of Public Health

Annual Section 75 Update for the 0-19 commissioned services

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
 - a) Note this report and the progress made within the Section 75 agreement for commissioned 0-19 Public Health Services over the period September 2021 to March 2023
 - b) Note the development and service opportunities identified for the service
 - c) Agree that regular reporting for the Section 75 agreement will transfer to the County Place Partnership Board, with the Health and Wellbeing Board retaining strategic oversight

2. Information and Analysis

- 2.1 Background

Section 75 of the NHS Act (2006) allows the NHS and local authorities to contribute to a common fund which can be used to commission health and social care related services. Following Cabinet approval, the Section 75 Partnership Agreement for the delivery of the 0-19 Public Health Nursing service commenced on 1 October 2019. The implementation of the Section 75 Partnership Agreement demonstrates a successful collaborative commissioning approach and has been the catalyst for commissioning other Public Health services via this mechanism.

2.2 This report provides the Health and Wellbeing Board with an annual update on the delivery of the 0-19 Public Health Nursing Service during the 19-month period between September 2021 to March 2023. The report summarises the key points from the annual development review for the service and includes updates on performance against key performance indicators, current challenges, as well as progress made in relation to transferring two additional Public Health commissioned services into the Section 75 Partnership Agreement in April 2023. This annual assurance report is a requirement of the Section 75 Agreement as the Health and Wellbeing Board provides strategic oversight of the approach.

2.3 0-19 Public Health Nursing Service - performance update

Health visitors and school nurses lead on the delivery of the Healthy Child Programme (HCP) that sets out the local authorities statutory responsibility for the commissioning and delivery of public health services for children and young people aged 0-19. There are five mandated reviews within the HCP that are delivered by Health Visiting Service. These include:

- The antenatal contact
- The new birth visit (NBV) review
- 6-8 week review
- 12-month review
- 2½ year review

2.4 Table 1 below summarises recent performance in relation to the delivery against the five mandated reviews completed within the required timeframe and other key service indicators:

Table 1. Performance against KPIs during the 2022-23 academic year													
KPI	Target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Antenatal contact	93%	74%	77%	90%	90%	95%	94%	96%	95%	95%	95%	97%	94%
NBV – Between 10 & 14 days	94%	95%	96%	94%	96%	97%	98%	97%	98%	98%	97%	98%	98%
NBV – normally between 10 & 14 days completed within 3 months of birth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
6/8 week review	95%	98%	98%	97%	98%	97%	98%	98%	97%	98%	96%	98%	98%
All families seen receive a post natal promotional interview at	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 1. Performance against KPIs during the 2022-23 academic year													
KPI	Target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
6/8 week review													
Mothers who received a mood review by the time the infant reaches 8 weeks	95%	98%	98%	97%	98%	98%	98%	98%	97%	98%	96%	98%	98%
Mothers who received a mood review within 3 months	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Infants being breastfed at 6 weeks	42.2 %	46.6 %	47.1 %	47.3 %	43.8 %	45.1 %	46%	45%	46.5 %	48.6 %	46.6 %	45.9 %	48.1 %
Sustained rate 10 days to 6 weeks	78.3 %	83%	79.3 %	80.7 %	76.8 %	75.7 %	77.7 %	81%	80%	85%	81%	81%	80%
Completion of 12 month review	97%	93%	94%	96%	95%	95%	97%	95%	99%	99%	90%	93%	94%
Completion of 12 month review by the time the child reaches 15 months	98%	96%	96%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Completion of 2 year review	93%	80%	88%	89%	91%	91%	92%	88%	89%	89%	90%	93%	94%
Pupils reaching the sickness absence threshold receiving a health plan	TBC	76%	70%	77%	60%	74%	67%	57%	29%	83%	100%	100%	100%
Pupils receiving a health plan identified as young carers	100%	98%	95%	95%	97%	100%	100%	95%	93%	92%	88%	92%	99%

2.5 A RAG rating system is used whereby KPIs that are on or above the target are highlighted in green. Those that are less than 5% below the KPI target are highlighted in amber and those that are more than 5% below the KPI target are highlighted in red. The data provided in table 1 shows that performance against the majority of KPIs has remained on or above target throughout this reporting period. Quarterly performance management meetings take place where performance against KPIs are discussed and plans to address areas of underperformance are agreed.

- 2.6 There is currently a national shortage of trained health visitors and school nurses and represents a challenge for all local authorities and challenges capacity within services to complete HCP reviews within the specified timeframes as well as achieve other KPI targets. Despite this challenge, over the past year the provider has put plans in place to improve performance where this has dipped below the target and performance against KPI's has tended to improve over the later months of the reporting period. Although there has been a recent reduction in the number of 12 month reviews being completed before the child reaches the age of 12 months.
- 2.7 Where there is a pressure point in the service in relation to staffing capacity priority is given to the delivery of the earlier HCP reviews (NBV and the 6-8 week review). Prioritisation of reviews sometimes means performance can dip within certain localities in the delivery against the 12 month and 2½ year review when there are staffing challenges created by long-term sickness and/or vacancies within the service. However, priority is given to vulnerable families to ensure the HCP review is completed within the specified timeframe. Where reviews cannot be offered within the specified timeframe catch up reviews are offered to ensure all families are offered the review with the service.
- 2.8 Constant efforts are made to recruit health visitors and school nurses to vacant posts. Recruitment represents a constant challenge due to the national shortage of both health visitors and school nurses.
- 2.9 Performance against the antenatal contact dipped below the KPI target in the earlier months of 2022-23, however improvements in the notification process from midwifery, coupled with improvements to the process for inviting expectant mothers to the antenatal review has helped to improve the performance against this KPI. There have been some challenges in school nurses completing health care plans for children identified as young carers, although there was a significant increase in March 2023 and Public Health and DCHS are working closely on the way this KPI is being reported to identify any issues in the time it takes for the service to complete health care plans for young people identified as young carers. On the whole performance against the KPIs in 2022-23 was strong particularly in light of the ongoing staffing challenges facing the service and there are no major concerns in relation to the current performance of the 0-19 Public Health Nursing Service.
- 2.10 Derbyshire Integrated Breastfeeding Support (DIBS) service and Oral Health Promotion (OHP) service ~

On 16 June 2022 Cabinet approved the decision to transfer the Infant and Toddler Nutrition (I&TN) Service and Oral Health Promotion (OHP) Service into the existing Section 75 Agreement for the delivery of the 0-19 Public Health Nursing Service. Following public consultation both services transferred into the existing Section 75 on 1 April 2023. The Infant and Toddler Nutrition Service is now called the Derbyshire Integrated Breastfeeding Support Service (DIBS).

2.11 The OHP service saw changes focussed around the KPI targets to ensure they were appropriate for the level of investment provided for this service.

2.12 There were some significant changes to the specification for DIBS and the aim of the service moving forward is to offer a flexible approach to breastfeeding support that is based on need. Universal contact points will continue to be offered in the earliest stages following the birth of the baby. However, thereafter support offered will be flexible meaning the service can better respond to the needs of parents to support with breastfeeding.

2.13 Changes were also made to the wider support offered around infant nutrition as weaning groups and the Health and Exercise Nutrition for the Really Young (HENRY) programme are no longer offered as part of the service model. HENRY is now delivered by Live Life Better Derbyshire. The rationale for removing these elements of the previous service was to enable the service to place more emphasis on helping new mums initiate and sustain breastfeeding in the earlier stages of the babies life. Health visitors offer weaning information and advice at the 6-8 week universal check and are still able to respond to requests for support around the safe introduction of solid foods.

2.14 Challenges

As mentioned in paragraph 2.6 staffing shortages within the 0-19 Public Health Nursing Service remains a constant challenge for the service due to the national shortage of health visitors and school nurses. To mitigate this, DCHS have a constant recruitment advert out and a 'grow our own' process in place to offer training placements each year to internal staff. At the end of 2022-23 most vacancies were recruited to by either external applicants or internal students qualifying as health visitors and school nurses that are due to come into post in September 2023. This has helped improve performance against KPIs throughout the later months of the 2022-23 year.

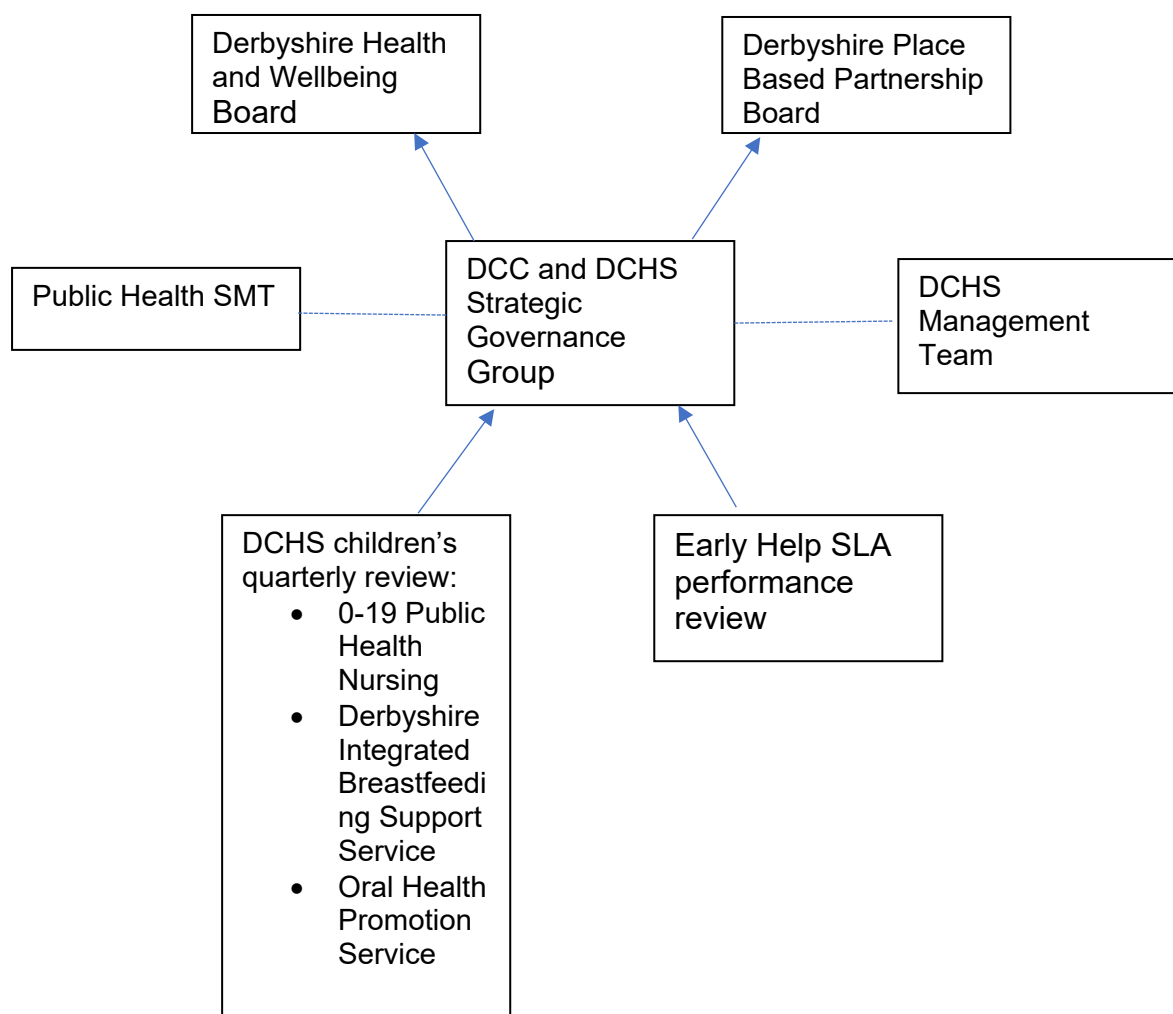
2.15 The other major challenge to the 0-19 Public Health Nursing are cost pressures that have been reported by DCHS that have resulted from

inflationary costs to deliver the current service within the existing financial envelope. The main causal factor of this cost pressure is the Agenda for Change (AfC) staff pay increments. AfC is the name for NHS employee terms and conditions. Local Authorities with public health functions are currently not provided with additional funding to meet any increased costs within contracts due to changes to AfC terms and conditions. Recent years have seen a series of pay uplifts awarded to NHS staff and the Public Health Grant has not increased at the same percentage rate as the pay increases. DCC Public Health have agreed a policy statement that will increase the annual budget of NHS commissioned services in line with either the percentage increase of the Public Health Grant or pay the full percentage uplift in AfC pay uplift (whichever is the smallest value). It should be noted that the increase in line with the Public Health Grant is for staffing costs only and does not reflect an uplift in the overall annual budget. On 27 July 2023 Cabinet approved to uplift the annual budget of all Public Health NHS commissioned services delivered by DCHS by 3.2% of staffing costs only. This is in line with the percentage uplift in the Public Health Grant for 2023-24. Cabinet have also approved two non-recurrent pay uplifts to help meet some of the shortfall in funding for DCHS to deliver the current service delivery model for the 0-19 Public Health Nursing Service.

- 2.16 A project to work collaboratively to consider service improvement and transformation options for the 0-19 Public Health Nursing Service is underway. The project will enable a range of options to be considered in order to help develop a sustainable service delivery model. Staff members, service users and key stakeholders will be engaged with and consulted, where appropriate, on the progress of the project. Future updates for the Health and Wellbeing Board will contain information relating to progress in relation to milestones in this project.

2.17 Revised governance arrangements

In line with the development of wider Integrated Care System governance arrangements, the Health and Wellbeing Board is asked to formally agree that regular reporting throughout the year of the 0-19 Public Health Nursing Service transfers to the Derbyshire Place Partnership Board. Strategic oversight will remain with the Derbyshire Health and Wellbeing Board. The Strategic Governance Group which contains representatives from the Integrated Care Board, Children's Services as well as Public Health and provides operational oversight for the agreement alongside quarterly contract monitoring meetings. The revised governance structure is summarised below:



3 Alternative Options Considered

- 3.1 This is an update report to the Health and Wellbeing Board so no other options are outlined.

4 Implications

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

5 Consultation

- 5.1 Regulation 4 of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) provides that before entering into partnership arrangements the two parties must undertake a joint public consultation with such persons as appear to them to be

affected by the arrangements. The Council and DCHS undertook a public consultation with stakeholders on the proposals to transfer the Infant and Toddler Nutrition and Oral Health Promotion Services into the existing Section 75 Partnership Agreement. This consultation exercise also included details of the proposed changes to the I&TN service (now known as the DIBS service). Further engagement and formal consultation with relevant stakeholders will be undertaken where applicable on any proposed changes to the 0-19 Public Health Nursing service as part of the transformation project to develop a sustainable service delivery model within the existing financial envelope.

6 Partnership Opportunities

- 6.1 Commissioning the 0-19 Public Health Nursing Service via a Section 75 Partnership Agreement provides a mechanism that enables Public Health and DCHS along with other key partners to work together to help meet the needs of children and young people and ensure the effective delivery against the HCP.

7 Background Papers

- 7.1 [Cabinet Report - 10 October 2019 – ‘Achieving Public Health 0-19 Outcomes – Section 75 Agreement between Derbyshire County Council and Derbyshire Community Health Services NHS Foundation Trust’](#)
- 7.2 [Cabinet Report - 16 June 2022 – ‘Transferring Infant and Toddler Nutrition and oral Health Promotion contracts into Section 75 Partnership Agreement’](#)
- 7.3 Cabinet Report – 16 March 2023 ‘Mitigating the impact of cost pressures within commissioned mandated public health services’ (Restricted)
- 7.4 Cabinet Report – 27 July 2023 ‘Public Health Service Level Agreement with Early Help 2023-24 and mitigating the impact of cost pressures within commissioned public health services delivered by Derbyshire Community Health Services NHS Foundation Trust

8 Appendices

- 8.1 Appendix 1 – Implications.

9 Recommendation(s)

That the Health and Wellbeing Board:

- a) Note this report and the progress made within the Section 75 Partnership Agreement for commissioned 0-19 Public Health Services over the period September 2021 to March 2023.
- b) Note the development and service opportunities identified for the service.
- c) Agree that regular reporting for the Section 75 Partnership Agreement will transfer to the County Place Partnership Board, with the Health and Wellbeing Board retaining strategic oversight.

10 Reasons for Recommendation(s)

10.1 The Strategic Governance Group oversees the Section 75 Partnership Agreement that in turn reports to the Derbyshire Health and Wellbeing Board. Therefore, an annual update is required to provide the Health and Wellbeing Board with assurances as to the delivery of services contained within the Section 75 Partnership Agreement as specified within the terms of the Section 75 Partnership Agreement. This annual update covers a 19-month period covering September 2021 till March 2023 to enable the 0-19 Service to report over a financial year moving forward.

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Organisation: Derbyshire County Council

HWB Sponsor: Ellie Houlston (Director of Public Health)

Implications

Financial

- 1.1 There are no financial implications for the Health and Wellbeing Board.

Legal

- 2.1 Derbyshire County Council Legal Services will continue to be consulted with as part of the 0-19 Public Health Nursing Service transformation project to understand and follow any legal processes that need to be followed.

Human Resources

- 3.1 There are no HR implications for the Health and Wellbeing Board to consider.

Equalities Impact

- 4.1 The 0-19 Public Health Nursing offer universal provision to support the residents of Derbyshire. However, the service offers enhanced provision that is often targeted to meet the needs of the most vulnerable population groups that suffer from poorer public health outcomes. The DIBS and OHP service's are also targeted to support those with the highest level of need. The re-modelling of the 0-19 Public Health Nursing service as part of the transformation project will consider the implications any proposed changes will have on the most vulnerable families in the population with the highest level of need. This is to make sure that any future service delivery model meets the needs of all Derbyshire residents and in particular those families with the highest level of health needs. An Equality Impact Assessment (EIA) will be undertaken on all proposed changes to ensure that any changes do not have any adverse impact on areas of the population and in particular those who share protected characteristics.

Partnerships

- 5.1 The Section 75 Partnership Agreement provides an opportunity for NHS and local authority partners to collaborate to address population health need and improve outcomes for the local population aged 0-19.

Health and Wellbeing Strategy priorities

- 6.1 The Section 75 Agreement contributes to the Enable people in Derbyshire to live healthy lives priority of the Health and Wellbeing Strategy.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 October 2023

Report of the Director of Public Health

Winter Preparedness and cost of living update - Overview of support to Derbyshire residents.

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note and actively share the overview of support that is being offered to Derbyshire residents, outlined in this report, to help reach the most vulnerable communities.
 - b) Review the current position and consider any further opportunities that could encourage and strengthen the broad partnership response on this key issue to help mitigate the adverse effects of the cost-of-living and winter pressures.

2. Information and Analysis

- 2.1 Across Derbyshire there has been a wide partnership response to help mitigate the adverse effects of the cost-of-living pressures. This report to the Health and Wellbeing Board, and the associated presentation, highlights the existing support to Derbyshire residents and the achievements to date.
- 2.2 The first two quarters of 2022 saw the highest rates of inflation since records started, with inflation outstripping wage growth. The affordability of essentials such as energy, food, fuel, and housing – fundamental drivers of overall health and wellbeing – is reducing. Although everyone is affected, this isn't experienced equally across our population. The

starkest difference in the ability to afford basic goods and services, and therefore at higher risk of exposure to and consequence of health damaging factors, is between those with the highest and lowest incomes.

2.3 Increased cost-of-living pressures bring considerable risk for population health and exacerbation of health inequalities. The direct impacts threaten physical and mental health in the immediate and longer term and have far reaching impacts across the wider determinants of health.

2.4 Work to support Derbyshire residents focuses on nine 'pillars' that have been identified as being significant factors in addressing key cost-of-living concerns:

- Energy affordability
- Food insecurity
- Housing sustainment
- Debt support/relief
- Income maximisation
- Affordable credit
- Employment opportunities
- Digital inclusion
- Mental health support

2.5 Cost-of-living Support

The legacy of the rising cost of living is still being felt by many people. While some pressures are easing, for instance fuel prices falling and summer meaning less reliance on heating for some, there are still many Derbyshire households who are feeling the impacts. Some of the current support in place for Derbyshire residents includes:

- Derbyshire Discretionary Fund – The fund supports residents who have an urgent need for food or heating; or who need support with specific items to help them return home or avoid admission.
- Household Support Fund – offers help to Derbyshire residents facing financial hardship by providing grants and other financial support. This funding is provided to by the Department of Work and Pensions.
- Public Health Advisory Service – Delivered by Citizens Advice, embedded in GP Surgeries and Community Settings. This service Provides local people with financial advice to help with cost of living.
- Welfare Rights Service – The service offers advice and support to residents to access their benefits entitlement. Every person

discharged from hospital and 'notified to adult social care' is contacted and offered a benefit check

- Feeding Derbyshire Network – offers sustainable solutions to address food insecurity across the county. Funded by Public Health, the programme seeks to help those struggling with low incomes, debt and poor access to affordable, nutritious food.
- Time Swap - enables people to feel more supported at home or in their community. Low level support which helps with basic tasks by swapping time. Reduces loneliness and isolation.
- Communications and Signposting – key themes include pension credit take-up; free school meal eligibility; healthy start vouchers for pregnant women and young babies; council tax support; low-cost bus travel; safe low-cost lending (avoiding loan sharks).

2.6 Winter Pressures Support

The colder months can impact on everyone health and wellbeing but especially older and vulnerable members of our community or those living with ill health or long-term conditions. Challenges have been intensified since the onset of the cost-of-living crisis. To help alleviate these challenging circumstances, various additional support measures were stood up during winter 2022, and will again be available this winter:

- The Winter Pressures Professional Signposting Service –
A single contact point for professionals to signpost people who require help with various challenges during the winter period. The service was relaunched on the 1 October 2022 for a period of 6 months to March 2023 offering support with:
 - warm homes advice and support
 - financial support
 - housing related issues including homelessness
 - food and shopping support
 - friendly phone call for people who are lonely and isolated
 - prescription collections
 - slips, trips, and falls
 - health improvement

The service will recommence from 1 October 2023 to 31 March 2024, in line with previous years.

- A Warm Spaces Grants Programme 2022/23 –
In October 2022 small grants were made available to organisations with accessible and appropriate community venues for the creation

or improvement of Warm Spaces for local communities in Derbyshire during the winter. A maximum of £1,000 per organisation was awarded, and this could be spent on a variety of project costs including:

- Additional energy costs
 - Furniture and improvement to facilities
 - Additional staffing costs to cover extended hours
 - Additional cleaning costs to ensure compliance with health protection guidance
 - Activities and refreshments
 - Additional activity costs
-
- Winter Rough Sleeping Support Scheme – Each year local authorities face fresh challenges in how they will protect vulnerable people who are rough sleeping from coming to harm and prevent homeless deaths. Funding has again been agreed for the Winter Rough Sleeping Scheme for 2023/24 and 2024/25, with the service to be coordinated by Derbyshire Homelessness Officer Group, on behalf of participating boroughs and district councils.
 - The Healthy, Warm and Well Booklet – Staying healthy, warm, and well in winter is important. However, it can be hard to know where to look for trustworthy information and services. A comprehensive guide to everything residents need to know about staying healthy, warm, and well in Derbyshire has been developed and available in previous winters.

3. Alternative Options Considered

- 3.1 For the Health and Wellbeing Board not to have oversight of this issue and the support available. This is not favoured as cost-of-living and winter pressures are likely to have far reaching health impacts across the population of Derbyshire for the foreseeable future.

4. Implications

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

5. Consultation

5.1 No consultation has been undertaken.

6. Partnership Opportunities

6.1 The Health and Wellbeing Board and its partners are asked to fully engage in promoting and disseminating the overview of support available to Derbyshire residents through relevant local networks and partnerships to help increase the scope.

7. Background Papers

7.1 6 October 2022 Health and Wellbeing Board paper:
[Health impacts of the cost-of-living pressures in Derbyshire](#)

8. Appendices

8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Acknowledges the cost-of-living and winter pressure support outlined and agrees that Health and Wellbeing Board members actively share this information.
- b) Review the current position of support in Derbyshire and highlight any further partnership opportunities to increase the scope of the response to mitigate and reduce associated health impacts.

10. Reasons for Recommendation(s)

- 10.1 To ensure that the Health and Wellbeing Board remains informed on the support available and so members can disseminate this information through local networks and partnerships.
- 10.2 To ensure that the partnership actively engage on this key issue to help shape the local response to this matter.

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Organisation: Derbyshire County Council
HWB Sponsor: Ellie Houlston, Director of Public Health

Implications

1. Financial

- 1.1 There are no direct financial implications of this report, albeit that it is recognised that the challenging financial climate impacts on all organisations delivering services, or offering support, to residents facing financial pressures.

2. Legal

- 2.1 There are no legal implications of this report.

3. Human Resources

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

4. Equalities Impact

- 4.1 There are no equalities implications of this report.

5. Partnerships

- 5.1 There are no partnership implications of this report, although it is recognised and highlighted that key support is better delivered with all partners working together effectively and all Health and Wellbeing Board stakeholders are encouraged to promote sharing of information about the services highlighted in this report.

6. Health and Wellbeing Strategy priorities

- 6.1 Increased cost-of-living will have far reaching impacts across the wider determinants of health. This will result in direct and indirect health harms. This report to the Health and Wellbeing Board and associated presentation highlights the wide overview of support available to Derbyshire residents this winter. This range of support can contribute positively to people's financial, physical, and mental health wellbeing, and enable people in Derbyshire to live healthy lives.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 October 2023

Report of the Director of Public Health

Tobacco Control in Derbyshire

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

- a) Note Derbyshire Public Health is completing a Tobacco Control Health Needs Assessment (HNA).
- b) Commit to supporting the work to develop and implement a comprehensive tobacco control framework for Derbyshire.
- c) Agree that tobacco control should be a key priority in the new Joint Health and Wellbeing Strategy.

2. Information and Analysis

Local Prevalence and Impact

- 2.1 Smoking remains the single leading cause of preventable death locally, causing over 3,000 deaths and nearly 8,000 hospital admissions in Derbyshire annually. Whilst smoking rates have reduced over the last decade, at least 1 in 7 residents still smoke, and around 1 in 5 our district with the highest prevalence (Erewash). Smoking is responsible for at least half of the difference in life expectancy between the least and most deprived in society. There are currently 84,541 smokers in Derbyshire.

- 2.2 Smoking costs Derbyshire approximately £256m, including £27.7m in NHS costs, £19.2m in social care costs and £203.2m due to lost earnings and unemployment. Further costs arise from house fires.
- 2.3 Tobacco control is integral to addressing health inequalities using the NHS [Core20PLUS5 approach](#).
- 2.4 Smoking is an important factor in each of the 5 clinical focus areas: maternity, Severe Mental Illness (SMI), chronic respiratory disease, early cancer diagnosis and hypertension of the Core20PLUS5 approach.
- 2.5 Smoking in pregnancy is the leading modifiable cause of poor birth outcomes such as miscarriage, still birth, and low birth weight. In Derbyshire 11.8% of women smoke at the time of delivery (significantly higher than the England average of 9.1%).
- 2.6 Smoking is also the leading preventable cause of cancer, causing 27% of cancer deaths - approximately 1339 cancer deaths in Derbyshire each year.
- 2.7 Cardiovascular disease risk is twice as high in smokers than non-smokers. In Derbyshire around 440 deaths from cardiovascular disease are due to smoking each year.

National Picture

- 2.8 Nationally, there is an ambition is to create a smokefree generation, where fewer than 5% of people smoke across all demographic groupings within society by 2030 (2). A [representative survey for Action on Smoking and Health \(ASH\)](#) of over 10,000 people found that 74% of the public support this ambition. Work led by Cancer Research UK, highlighted in the English Government's 2022 [Khan Review](#) shows that if current trends in reducing smoking prevalence are maintained, England is due to miss its target to bring the prevalence of smoking down to 5% by 2030. It is more likely that this will happen by 2037, and for the most disadvantaged groups not until the 2040s. More recently, modelling by University College London using the Smoking Toolkit study, estimates that current trajectories have us reaching 5% smoking prevalence even later, in 2039. The consequences of this slower pace, in terms of avoidable illness, death and costs to society, will be significant.

The Khan review makes four key recommendations:

- Increased investment of an additional £125 million per year in smokefree 2030 policies, with an extra £70 million per year ringfenced for stop smoking services
- Raising the age of sale from 18 by one year every year, until eventually no one can buy a tobacco product in this country
- Promotion of vapes as an effective “swap to stop” tool to help people quit smoking
- Improving prevention in the NHS so smokers are offered advice and support to quit at every interaction they have with health services.

2.9 In response to the Khan review, the Government has advocated for an increased role for the NHS in prevention and encouraged Integrated Care Boards (ICBs) to work in partnership with local authorities to develop system wide tobacco control programmes.

2.10 Addressing smoking will also be key to the Government’s emerging [major conditions strategy](#) and commitments in the NHS Long Term Plan. Similarly, the [Hewitt review](#) is a 2023 review of ICSs in England. The review outlined the need for ICSs to shift their focus upstream to preventative services like stop smoking services and interventions to improve population health and reduce pressures on the health and care system.

2.11 Reducing smoking prevalence is a significant contributor to meeting all four key aims of the Derbyshire ICS Strategy, Stay Well element, with a commitment to increasing the number of people referred to smoking cessation programmes as part of the prevention of ill-health, with a particular focus on people living in the most deprived communities and people with SMI

What works for smoking cessation and tobacco control

2.12 The HNA approach identifies a need for a broad evidence-based approach to tackling the harms associated with smoking. Best practice is endorsed by the World Health Organisation and is known as Tobacco Control. Tobacco control includes:

- Provision of quality stop smoking support
- Bespoke media, communications and education campaigns which underpin population wide behaviour change
- Building local infrastructure, skills/capacity to deliver tobacco control
- Reducing exposure to second-hand smoke
- Reducing availability and supply of illicit and legal tobacco

- Reducing tobacco promotion
 - Tobacco regulation
 - Research, monitoring and evaluation
 - Advocacy and influence to support tobacco control
- 2.13 When delivered and coordinated at scale, these strands of activity create the conditions through which whole population level smoking prevalence decline takes place; trying to quit is made to feel normal and achievable. In England the goal of tobacco control is to build a strong partnership of NHS, local authorities, third sector and other bodies working at scale to accelerate local progress towards the national smokefree 2030 target. HWBs are therefore well placed to support strategies like tobacco control.
- 2.14 Locally the most significant investment in tobacco control is in the provision of high-quality evidence-based stop smoking services. In Derbyshire in 2022/23 £1.45m (2.63%) of the public health grant was invested in stop smoking services delivered by Live Life Better Derbyshire (LLBD) that are accessible by anyone who lives in Derbyshire or registered with a Derbyshire GP. In 2022/23, LLBD helped 2287 people to try and quit smoking, with 1652 successfully quitting. In the autumn of 2023 LLBD plan to offer e-cigarettes (vapes) as an aide to quit smoking. LLBD has recently completed a Health Equity Audit to help improve service accessibility and outcomes.
- 2.15 LLBD has since late 2022 begun to deliver the JUCD Tobacco Dependency Treatment (TDT) programme aimed at all adult inpatients, pregnant women and their partners, and mental health inpatients. To date the TDT programme has helped almost 300 inpatients including pregnant women to quit smoking. There is ring-fenced NHS England funding provided for the TDT programme that will end in March 2024 and funding will then be part of the NHS Derby and Derbyshire ICB baseline funding. Given the pressures upon the ICB budget, there is a significant risk that the TDT programme will end, reducing the opportunities for the NHS locally to contribute to preventative services that significantly improve population health and reduce health inequalities.
- 2.16 In Derbyshire there is also significant activity by the Trading Standards team to regulate the sale of tobacco and reduce the availability and supply of illicit tobacco. Trading Standards has an approach based upon intelligence and working in partnership to undertake age verification checks, seize illicit and counterfeit tobacco. Trading Standards also further disrupt the sale of illicit tobacco by working with landlords to terminate tenancies where tenants are acting illegally.

2.17 Reducing exposure to Second Hand Smoke (SHS) is a key component of effective tobacco control, both to reduce the health harms especially to those most vulnerable e.g., children and as part of efforts to de-normalise tobacco use. Children exposed to SHS are at higher risk of asthma and chest infections. They are also at higher risk of taking up smoking themselves. Smoking within the home remains an environment in which exposure to SHS is significant and more needs to be done to raise awareness of the risks.

2.18 There are parts of the tobacco control framework where there has been less work at a local level and there are significant opportunities to develop our approach within Derbyshire including:

- Bespoke media, communications and education campaigns which underpin population wide behaviour change
- Building local infrastructure, skills and capacity to deliver tobacco control
- Advocacy and influence to support tobacco control.

2.19 Based on the gaps above, the public health team propose that in Derbyshire we have a tobacco control framework, and this is a priority for the emerging Joint Derbyshire Health and Wellbeing Strategy. This approach will build a strong partnership of NHS, local authorities, third sector and other bodies e.g., Fire and Rescue Service working at scale across the ICS, using an evidence-based approach to drive down smoking prevalence.

3 Alternative Options Considered

3.1 For the HWB not to approve tobacco control as a priority for the Health and Wellbeing Strategy. This is not recommended given the impact of smoking tobacco on the health of the population and its significant contribution to health inequalities.

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 but as we develop a system wide approach to tobacco control, we will ensure that partners are closely involved and consulted as necessary.

6 Partnership Opportunities

- 6.1 The system level approach advocated in this report optimises the value of working together, bringing different sectors (e.g., public health, trading standards, housing services, education, social care, community care, fire service and the NHS) around a shared common objective of reducing smoking, the impact of which will have far reaching benefits for local health and economic systems.

7 Background Papers

- 7.1 There are no background papers

8 Appendices

- 8.1 Appendix 1 – Implications.

9 Recommendation(s)

That the Health and Wellbeing Board:

- a) Note Derbyshire Public Health is completing a Tobacco Control Health Needs Assessment (HNA)
- b) Commit to supporting the work to develop and implement a comprehensive tobacco control framework for Derbyshire
- c) Agree that tobacco control should be a key priority in the new Joint Health and Wellbeing Strategy.

10 Reasons for Recommendation(s)

- 10.1 The Tobacco Control HNA approach provides a comprehensive overview of the impact of tobacco on the health of the population and its significant contribution to health inequalities. Once published the HNA will be circulated to the HWB.
- 10.2 Building a system wide approach to tobacco control will help Derbyshire contribute to the goal of a smokefree society by 2030 and such an approach would facilitate the ICS to meet many of its objectives. These include improved cancer mortality and early detection, reduced cardiovascular disease incidence, improved respiratory health, better

maternity and child health, and of course reducing health inequalities through a Core20PLU5 approach. To prevent further harm there is a need to eliminate smoking from our region, as fast as possible. Addressing smoking will also create a solution to health and economic inequalities.

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Organisation: Derbyshire County Council

HWB Sponsor: Ellie Houlston, Director of Public Health

Implications

Financial

- 1.1 There are no financial implications of this report at this time. However, the system wide approach to tobacco control advocated in this report may identify opportunities for investment to enhance tobacco control work in Derbyshire. Further consultation would be undertaken with partners as necessary, and agreement sought.

Legal

- 2.1 There are no legal implications of this report.

Human Resources

- 3.1 There are no human resource implications of this report currently. However, the system wide approach to tobacco control advocated in this report may identify opportunities for additional staffing resource to enhance tobacco control work in Derbyshire. Further consultation would be undertaken with partners as necessary, and agreement sought.

Equalities Impact

- 4.1 Smoking of tobacco is strongly associated with deprivation and work to reduce the prevalence of smoking will help to reduce health inequalities in local communities.

Partnerships

- 5.1 This report outlines the significant opportunities for the HWB partner organisations to work together to develop a comprehensive whole systems approach to tobacco control in Derbyshire that will improve the health of local communities and reduce health inequalities.

Health and Wellbeing Strategy priorities

- 6.1 The issues discussed in this report will contribute to the HWB priority of:
- Enable people in Derbyshire to live healthy lives.

Other implications

7.1 None

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

05 October 2023

Report of the Executive Director of Adult Social Care and Health

Derbyshire Better Care Fund Plan 2023-25

1. Purpose

The Health and Wellbeing Board is asked to:

- a) Approve the 2023-25 Better Care Fund Plan for Derbyshire
- b) Approve review of local BCF processes and arrangements to ensure match with local health, social care, and housing system priorities.

2. Information and Analysis

- 2.1 On 5 April 2023, the Department of Health and Social Care (DHSC), and Department for Levelling up Housing and Communities (DLUHC) published the Better Care Fund (BCF) planning guidance for 2023-25.

Local system partners followed this guidance, and the Derbyshire two-year plan was submitted to DHSC on the 28 June 2023. The plan has been approved regionally by National Health Service England (NHSE) and is recommended for national endorsement and approval. Final approval is subject to confirmation from Derbyshire HWB that they are supportive of the 2023-25 Better Care Fund Plan for Derbyshire.

- 2.2 Planning requirements

The BCF planning requirements for 2023-25 are moving more towards promoting a more integrated approach of jointly commissioned services. The submission includes a narrative plan setting out the priorities and ambitions of the health and social care system in Derbyshire, a finance plan detailing minimum contributions and proposed spend, together with an Intermediate Care Demand and Capacity tracker.

There are four national conditions set out in the BCF Policy Framework that must be achieved and evidenced to ensure a BCF plan can be approved, and funding accessed as set out below:

- i. A jointly agreed plan between local health and social care commissioners, signed off by the HWB
- ii. Enable people to stay well, safe and independent at home for longer
- iii. Provide the right care at the right time
- iv. Maintaining NHS contributions to Adult Care and investment in NHS commissioned out of hospital services

2.3 Confirmation of funding contribution

NHS England has published individual HWB level allocations of the BCF for 2023-25. This includes an uplift in contributions in line with Integrated Care Board revenue growth for BCF spend. The minimum contributions required for Derbyshire from ICB for 2023- 25 is:

ICB	Minimum Contribution 2023-24 £	Minimum Contribution 2024-25 £
NHS Derby and Derbyshire ICB	70,152,435	74,123,063

- 2.4 The improved BCF (iBCF is a direct grant paid to ASC and must be pooled alongside the ICB BCF contribution) funding made available to Derbyshire during 2023-25 is listed below, this includes the Winter Pressures grant for 2023-25 and now forms part of the BCF Pooled Budget.

Funding Source	2023-24 £	2024-25 £
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iBCF including Winter pressures	35,732,659	35,732,659
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2.5 Additional discharge Funding

For financial years 2023 and 2024 the Department of Health has provided additional funding focused on reducing delayed discharges and to support improved outcomes for patients. This funding is monitored through the BCF and both the ICB and local authority require sign off from the HWB against this funding. The funding is detailed below for both years, and 24-25 is an estimate as no indication of the amounts has been announced.

Discharge Funding	2023-24 £	2024-25 £
ICB	4,537,311	7,238,733
LA	5,009,663	5,009,663
Total	9,546,974	12,248,396

2.6 Disabled Facilities Grant

Following the approach taken in previous years, the Disabled Facilities Grant (DFG) will again be allocated via the BCF pooled budget which is managed by Derbyshire County Council. The funding allocation for the District & Borough Councils in Derbyshire is £7,898,005 for 2023- 24, with individual council allocations determined by DLUHC. The amount for 2024-25 indicates a 10% uplift of up to £0.700M to the overall total.

2.7 In summary the Derbyshire BCF Pooled Budget for 2023-25 is:

Source of funding	2023-24 £	2024-25 £
ICB Minimum	70,152,435	74,123,063
LA Additional (Community Equipment)	1,463,267	1,463,267
Discharge Fund	9,546,974	12,248,396
iBCF	35,732,659	35,732,659
DFG	7,898,005	8,598,005
TOTAL	124,793,341	132,165,390

2.8 National metrics

The national metrics used to monitor the BCF are detailed below for the reporting requirement for 2023-24. The emphasis is to reduce and avoid hospital admission, reduce length of stay and discharge people to their normal residency. The two local authority indicators remain the same

- Avoidable admissions to hospitals for chronic and ambulatory conditions
- Discharge to normal place of residency
- Permanent admissions to residential homes over 65's per 100,000 population
- Effectiveness of reablement; indicator for people still at home after the 91 days
- Number of falls admissions aged over 65 per 100,000 population

2.9 Local plan development, sign off and assurance

This year the plan has been agreed locally at the BCF programme board as per the guidance. The submission includes the completion of a narrative plan, evidence of minimum financial contributions, proposed service budgets and an additional Capacity Demand template which was introduced last year.

This new Capacity and Demand template summarises projected hospital discharges, community referrals and capacity of intermediate services to cover both types of demand /referrals.

Quarterly monitoring reports from quarter 2 will also be a new requirement and any changes to the 2024-25 plan including metrics spend and capacity tracker will need to be submitted in the final quarter of 2023-24. Further guidance will be published nearer the time for any changes.

2.10 The Derbyshire BCF 2023-25 Plan is, in effect, a continuation of the previous year's plan. The overarching vision and aims of the plan remain the same as they did in 2015-16 when the BCF was first implemented.

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

Therapy, Matrons, Evening Nursing, Clinical Navigation, Intermediate Care Teams (North), Social Care support packages, Reablement, Hospital Social Work Teams etc. The emphasis is on timely discharges.

- 2.12 Some preventative services have also been included to promote self-management and to reduce the demand on secondary health and care services. These include Carers services, Community Equipment service, Disabled Facilities Grants and Local Area Co-ordinators.
- 2.13 The full 2023-24 and 2024-25 expenditure plan is attached as an appendix to this report.
- 2.14 The Plan has been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan was approved by the Joint BCF Programme Board and delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB). It is intended that the Section 75 agreement that supports the delivery of the BCF will be updated by March 2024 to reflect the changes to schemes.

3 Proposed BCF Review

In the 2015 the Better Care Fund (BCF) was established and was originally called the Integration Transformation Fund. Clinical commissioning groups, local authorities and Health and Wellbeing Boards were required to work together to agree a joint area plan to access the BCF money. Since that time there has been several changes associated with the fund, including reporting mechanisms changes in funding allocations and changes in the national requirements.

The BCF programme in Derbyshire and Derby City has been subject to HWB oversight during this period with investment in key service delivery across the County and City. Many of the services and activity were established during the last 8 years to meet the statutory requirements of the health, social care and housing services.

It is now proposed that we ask for national support from the BCF team to assist with undertaking a review of the local BCF programme to help with identifying how over time we can; (Appendix 3 outlines the broad approach)

- Support delivery of shared objectives (such as the Integrated Care Strategy and other areas where partners are / or aim to, work collaboratively).

- Explore opportunities for establishment of new oversight arrangements which may include consideration of utilising Integrated Care Partnership structure reporting to the HWB. Any proposals will not impact on the governance arrangements of the HWB.
- Ensure that the ongoing component parts remain relevant to the partnership fund and the collective priorities that we now have
- Increase knowledge of, and understanding of the vital role of the BCF in funding statutory provision to support collaborative commissioning and provision
- Demonstrate value and impact.

If agreed it will be the intention of BCF Board which is made up of representatives of Health, Social Care and Housing to ensure that HWB members are engaged in the review. It is the aim to keep the HWB informed of activity and not to make any changes without sign off from the HWB and partner organisations.

4 Alternative Options Considered

- 4.5 The continued award of the BCF and DFG grants require HWB to support the planning process for the BCF. There are no alternative arrangements available to the HWB.

5 Implications

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

6 Consultation

- 6.5 There is no consultation requirement for this paper

7 Partnership Opportunities

- 7.1 This fund facilitates joint working between Derby and Derbyshire ICB Derby City, Derbyshire County Council, all 8 District and Borough Councils and the voluntary sector for commissioning purposes.
- 7.2 There is also collaborative working with the Acutes, East Midlands Ambulance Service, Mental Health Trust, DCHS and independent sector care providers to support hospital discharges.

8 Background Papers

8.1 There are no background papers for this item

9 Appendices

9.1 Appendix 1 – Implications.

9.2 Appendix 2 – Detailed Spending Plans

10 Recommendation(s)

That the Health and Wellbeing Board:

- a) Approve the BCF plans for 2023-25
- b) Approves that the Derbyshire BCF Board invites National BCF Programme to assist with a review of the local BCF Programme.

11 Reasons for Recommendation(s)

11.1 This forms part of the governance arrangements for the sign of the BCF at the HWB and subsequent sign off by NHSE

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Organisation: Derbyshire County Council Adult Social Care and Health

HWB Sponsor: Simon Stevens Executive Director Social Care and Health

Appendix 1

Implications

1. Financial

- 1.1 The financial implications are outlined in the body of the report and included in detail in Appendix 2 of this report.

2. Legal

- 2.1 There are no legal implications of this report.

3. Human Resources

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

4. Equalities Impact

- 4.1 There is no equalities impact in this paper.

5. Partnerships

- 5.1 The following describes the involvement of key partners in meeting the BCF outcomes.
- District and Borough Councils are responsible for the administration of the Disabilities Facilities Grant that forms part of the BCF assisting people to live safe meaningful lives in their own home.
 - NHS Integrated Care Board have jointly commissioned services with the County Council funded via the BCF and commissioned other eligible activity from various partners including NHS Provider Organisations and independent sector providers.
 - The Voluntary Sector deliver some of the services contained in the Derbyshire BCF programme
 - Public Health provide a range of preventive services including falls prevention
 - Adult Social Care provide and commission home care and residential care and other services to support people to stay at home or in a social care setting.

6. Health and Wellbeing Strategy priorities

6.1 The priorities are detailed below

- The fund supports people in Derbyshire to live healthy lives through the range of schemes funded by the BCF.
- Mental health and wellbeing is an important aspect of the programme with provision and support being provided for people with mental ill health and support for people with autism.
- The fund supports our vulnerable populations to live in well-planned and healthy living situations through carer support, reablement, home care and residential care.
- There are opportunities to provide employment with a specific project supporting people to be encouraged to work in health and social care services. Services promote strength base approaches to promote and improve personal resilience and capacity in the care sector in both health and social care.

7 Other implications

7.1 None

Derbyshire Better Care Fund

2023-25 Expenditure Planning Template

Contents Appendix 2

Budgeted Income 10-11

Budgeted Expenditure12-23

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board:

Derbyshire

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Derbyshire	£7,898,005	£8,598,005

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Derbyshire	£5,009,663	£5,009,663

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Derby and Derbyshire ICB	£4,537,311	£7,238,733
Total ICB Discharge Fund Contribution	£4,537,311	£7,238,733

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Derbyshire	£35,732,659	£35,732,659
Total iBCF Contribution	£35,732,659	£35,732,659

Are any additional LA Contributions being made in 2023-25? If yes, please detail below

Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2
Derbyshire	£1,463,267	£1,463,267
Total Additional Local Authority Contribution	£1,463,267	£1,463,267

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Derby and Derbyshire ICB	£70,152,435	£74,123,063
Total NHS Minimum Contribution	£70,152,435	£74,123,063

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No
---	----

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	£0	Adult Care Budget
Total NHS Contribution	£70,152,435	£74,123,063	

	2023-24	2024-25
Total BCF Pooled Budget	£124,793,341	£132,165,390

Expenditure plan summary 23-25

	2023-24			2024-25		
Running Balances	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£7,898,005	£7,898,005	£0	£9,303,927	£8,598,005	£0
Minimum NHS Contribution	£70,152,435	£70,152,435	£0	£74,123,063	£74,123,064	-£1
iBCF	£35,732,659	£35,732,658	£1	£35,732,659	£35,732,658	£1
Additional LA Contribution	£1,463,267	£1,463,267	£0	£1,463,267	£1,463,267	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	5,009,663	£5,009,663	£0	£5,009,663	£5,009,063	£0
ICB Discharge Funding	£4,537,311	£4,537,311	£1	£7,238,733	£7,238,733	£0
Total	£124,793,341	£124,793,339	£2	£132,871,313	£132,165,390	£1

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£19,755,172	£26,095,371	£0	£20,873,314	£27,572,369	£0
Adult Social Care services spend from the minimum ICB allocations	£39,720,647	£41,551,661	£0	£41,968,836	£43,903,485	£0

Detailed summary of Spend by Scheme 2023-2025

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
1	Mental Health Enablement	Local Authority	Minimum NHS Contribution	Existing	£650,901	£687,743	1%
2	Integrated care teams	Local Authority	Minimum NHS Contribution	Existing	£1,854,503	£1,959,467	1%
3	residential Care packages to maintain clients in a social care setting	Local Authority	Minimum NHS Contribution	Existing	£9,120,964	£9,637,211	7%
4	Falls Recovery	Local Authority	Minimum NHS Contribution	Existing	£172,488	£182,251	0%
5	Mental Health Triage	Local Authority	Minimum NHS Contribution	Existing	£117,452	£124,100	0%
6	Mental Health Acute Based Social Worker Support	Local Authority	Minimum NHS Contribution	Existing	£117,452	£124,100	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
7	Mental Health – Recovery and Peer Support	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£311,359	£328,981	0%
8	Community Support Beds	Local Authority	Minimum NHS Contribution	Existing	£5,004,766	£5,288,036	4%
9	Community Support Beds	Local Authority	Minimum NHS Contribution	Existing	£687,862	£726,795	1%
10	ICS – Hospital Teams	Local Authority	Minimum NHS Contribution	Existing	£1,261,845	£1,333,265	1%
11	Dementia Support	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£462,566	£488,747	0%
12	Assistive Technology (Telecare)	Private Sector	Minimum NHS Contribution	Existing	£782,035	£826,299	1%
13	Pathway 1 home care	Local Authority	Minimum NHS Contribution	Existing	£658,494	£695,765	1%
14	Local Area Coordinators	Local Authority	Additional LA Contribution	Existing	£180,433	£180,433	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
15	Carers	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£2,464,408	£2,603,893	2%
16	Disabled Facilities Grant	Local Authority	DFG	Existing	£7,898,005	£8,598,005	6%
17	Integrated Community Equipment Service	Private Sector	Minimum NHS Contribution	Existing	£5,454,926	£5,763,675	4%
18	Integrated Community Equipment Service – additional	Private Sector	Additional LA Contribution	Existing	£852,028	£852,028	1%
19	Autism Support	Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£747,239	£789,533	1%
20	Workforce Development – Talent Academy	NHS Community Provider	Minimum NHS Contribution	Existing	£291,381	£307,874	0%
21	Programme Management (BCF & TCP)	Local Authority	Minimum NHS Contribution	Existing	£482,171	£509,462	0%
22	Information sharing across health	Local Authority	Minimum NHS Contribution	Existing	£123,634	£130,631	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
23	Care Act	Local Authority	Minimum NHS Contribution	Existing	£2,572,721	£2,718,337	2%
	Community response Teams	Local Authority	Additional LA Contribution	Existing	£430,806	£430,806	0%
	Community Response Teams	Local Authority	Minimum NHS Contribution	Existing	£367,456	£388,254	0%
	Home care short term service	Local Authority	Minimum NHS Contribution	Existing	£11,008,937	£11,632,043	9%
	(iBCF) Enablers (System and Service Redesign for Capacity)	Local Authority	iBCF	Existing	£6,619,512	£6,619,512	5%
	(iBCF) Supporting the Care Market	Private Sector	iBCF	Existing	£8,178,150	£8,178,150	7%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	(iBCF) Preventative Services (inc. PH, and Housing)	Local Authority	iBCF	Existing	£1,923,557	£1,923,557	2%
	(iBCF) Reduce Budget Savings to Protect Social Care	Local Authority	iBCF	Existing	£11,695,503	£11,695,503	9%
	(iBCF) Support to Improve System Flow	Local Authority	iBCF	Existing	£3,578,723	£3,578,723	3%
	Winter Pressures	Local Authority	iBCF	Existing	£3,737,213	£3,737,213	3%
	Community Nursing	NHS Community Provider	Minimum NHS Contribution	Existing	£10,004,988	£10,571,271	8%
	Integrated Teams	NHS Community Provider	Minimum NHS Contribution	Existing	£534,495	£564,748	0%
	Evening Nursing Services	NHS Community Provider	Minimum NHS Contribution	Existing	£1,369,512	£1,447,026	1%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	Care Co-ordinators	NHS Community Provider	Minimum NHS Contribution	Existing	£836,157	£883,484	1%
	Community Matrons	NHS Community Provider	Minimum NHS Contribution	Existing	£2,602,509	£2,749,811	2%
	Community Therapy	NHS Community Provider	Minimum NHS Contribution	Existing	£4,202,722	£4,440,596	3%
	Senior Medical Input	NHS Community Provider	Minimum NHS Contribution	Existing	£429,228	£453,523	0%
	Primary Care Hubs	NHS Community Provider	Minimum NHS Contribution	Existing	£147,676	£156,035	0%
	Care Home Support Service	NHS Community Provider	Minimum NHS Contribution	Existing	£534,518	£564,772	0%
	Glossopdale neighbourhood Team	NHS Community Provider	Minimum NHS Contribution	Existing	£596,572	£630,338	0%
	Intermediate Care Team Chesterfield	NHS Community Provider	Minimum NHS Contribution	Existing	£49,594	£52,401	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	Intermediate Care Team BSV	NHS Community Provider	Minimum NHS Contribution	Existing	£242,253	£255,964	0%
	Intermediate Care Team NED	NHS Community Provider	Minimum NHS Contribution	Existing	£1,193,976	£1,261,555	1%
	Community IV Therapy	NHS Community Provider	Minimum NHS Contribution	Existing	£181,412	£191,680	0%
	Clinical Navigation Service	NHS Community Provider	Minimum NHS Contribution	Existing	£1,029,502	£1,087,772	1%
	Wheelchairs	Private Sector	Minimum NHS Contribution	Existing	£1,196,498	£1,264,219	1%
	PVI care to deliver P1 discharges from acute	Private Sector	ICB Discharge Funding	Existing	£2,216,690	£0	2%
	Staffing to deliver transformation	NHS Community Provider	Minimum NHS Contribution	Existing	£285,262	£301,408	0%
18	Mental Health discharge transformation	Local Authority	Local Authority Discharge Funding	New	£98,945	£98,945	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
10	UHDB B6 staffing to enable discharge	Charity / Voluntary Sector	Local Authority Discharge Funding	New	£100,000	£100,000	0%
7	Dementia palliative care scheme	Local Authority	Local Authority Discharge Funding	New	£427,705	£427,705	0%
11	Transport	Local Authority	Local Authority Discharge Funding	New	£300,000	£300,000	0%
10	Discharge roles at CRH to enable P1 discharges	Local Authority	Local Authority Discharge Funding	New	£104,042	£104,042	0%
11	Reablement care to support discharge	Private Sector	Local Authority Discharge Funding	Existing	£1,291,700	£1,291,700	1%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
12	VCSE P0 discharge support	Private Sector	Local Authority Discharge Funding	Existing	£1,258,282	£1,258,282	1%
18	P1 transformation delivery	Private Sector	Local Authority Discharge Funding	Existing	£300,000	£300,000	0%
10	CRH PVI Brokerage	Local Authority	Local Authority Discharge Funding	New	£50,667	£50,667	0%
10	1 group manager operatioanal lead	Local Authority	Local Authority Discharge Funding	New	£57,632	£57,632	0%
10	Social care practitioner	Local Authority	Local Authority Discharge Funding	New	£320,205	£320,205	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
10	Community support worker	Local Authority	Local Authority Discharge Funding	New	£390,650	£390,650	0%
16	OT's to support review of double handling	Local Authority	Local Authority Discharge Funding	New	£123,835	£123,835	0%
15	Mental health workers	Local Authority	Local Authority Discharge Funding	New	£186,000	£186,000	0%
	Staffing to deliver transformation	NHS Community Provider	ICB Discharge Funding	new	£380,000	£380,000	0%
	Mental Health discharge transformation	NHS Mental Health Provider	ICB Discharge Funding	new	£213,560	£322,240	0%
	UHDB B6 staffing to enable discharge	NHS Acute Provider	ICB Discharge Funding	new	£72,045	£72,045	0%

Scheme ID	Scheme Name	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
	Dementia palliative care scheme	NHS Community Provider	ICB Discharge Funding	new	£43,817	£75,116	0%
	Transport	NHS	ICB Discharge Funding	new	£370,880	£370,880	0%
	Discharge roles at CRH to enable P1 discharges	NHS Acute Provider	ICB Discharge Funding	new	£66,000	£80,000	0%
	Reablement care to support discharge	NHS Community Provider	ICB Discharge Funding	new	£410,000	£570,000	0%
	VCSE P0 discharge support	Charity / Voluntary Sector	ICB Discharge Funding	new	£156,818	£250,931	0%
	P1 transformation delivery	NHS	ICB Discharge Funding	new	£502,501	£5,117,521	0%
	CRH PVI Brokerage	Private Sector	ICB Discharge Funding	Existing	£105,000	£0	0%

Appendix 3

Proposed BCF Review

Context

- The formation of the Integrated Care System provides the opportunity for statutory partners to plan and work together differently.
- Health & Wellbeing Boards hold the responsibility for the BCF. With the support of those boards new partnership structures within the ICS provide the potential to assist with co-ordination and actioning HWB intentions.
- In Joined Up Care Derbyshire ICS the statutory partners have shared purpose and ambitions as demonstrated in our Integrated Care Strategy
- There are several pieces of work which include detailed analysis of the opportunities to improve care and efficiency through greater integration which may be progressed further via BCF
- Our Better Care Funds (Derby and Derbyshire) have been in existence since 2015 with very little refresh of content. Noting that this is because the funding is primarily linked to meeting partners statutory requirements and change is therefore limited without long term strategic planning.
- There is limited understanding of the BCF (and often misconceptions)

Aim

Optimise the opportunities offered by the BCF s75 partnership flexibilities and pooled budget to deliver HWB and Joined up Care Derbyshire integrated health, social care and housing ambitions.

Approach

- **Review and refresh where applicable BCF processes and plans to ensure they are fit for purpose to;**
 - Support delivery of shared objectives (such as the Integrated Care Strategy and other areas where partners are / or aim to, work collaboratively).

- Explore opportunities for establishment of new oversight arrangements which may include consideration of utilising Integrated Care Partnership structure reporting to the HWB. Any proposals will not impact on the governance arrangements of the HWB.
- Ensure that the ongoing component parts remain relevant to the partnership fund and the collective priorities that we now have
- Demonstrate value and impact.

Consider opportunities to expand inclusion within the BCF to bring together the resources that support integrated provision.

Increase knowledge of, and confidence in the BCF as a process to support collaborative commissioning and provision.

Identify the actions and timeframes necessary to deliver agreed improvements in BCF structure, content and governance.

Constraints

In approaching this work, it is useful to identify what might get in the way of successful delivery. The following have been highlighted as potential issues.

- Capacity is a significant concern and partners need to recognise that this will take capacity from teams across organisations.
- There is recognition that all partners have vested interests and may need to become comfortable with ceding a level of control.
- There are significant competing demands that may not affect all partners equally such as the LA risk of inspection, NHSE requirements and planning and managing operational demands.
- Under operational pressure the default for individual organisations to retreat to their own solutions.

Principles that all Partners should commit to

- Openness to change.
- Transparency
- Recognise and respect the complex nature of partners' organisational challenges.
- Build the conditions for trust and confidence in the system and each other.

Support

It is proposed that we seek to access the national support offer to add value and help us to deliver our approach and feel that in the bespoke offer the focus would be on the people and organisational development areas of expertise.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 October 2023

Report of the Director of Public Health

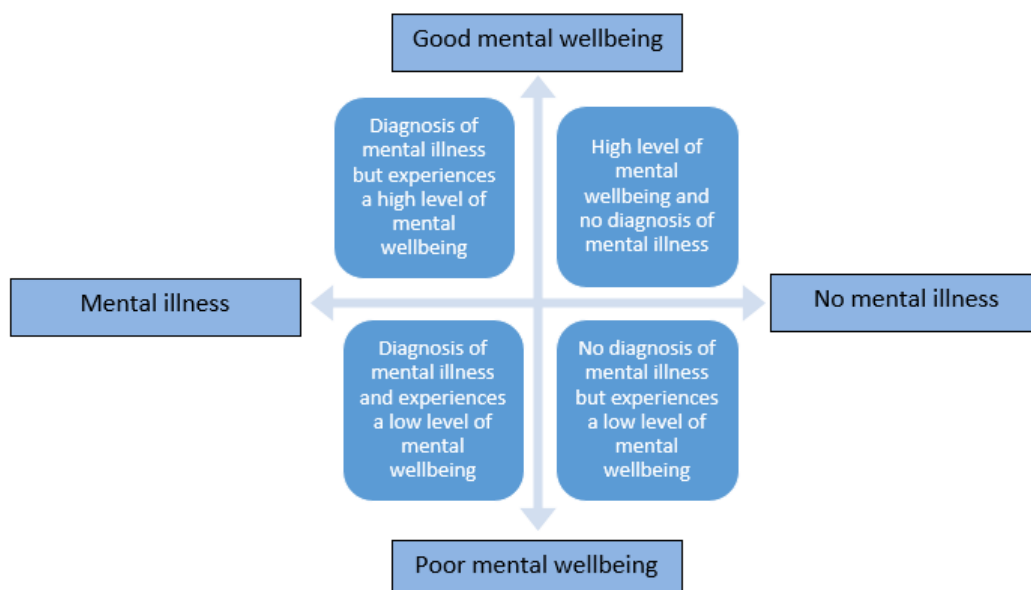
Mental Health and Suicide Prevention

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Agree the high need and the broad range of influencing factors about mental health in Derbyshire to inform the Joint Health and Wellbeing strategy development
 - b) Commit and enact ways in which they play a proactive role in prevention of mental ill health and suicide feedback to inform the Joint Health and Wellbeing strategy action plan

2. Information and Analysis

- 2.1 'To build mental health and wellbeing across the life course' is a priority in the current 2022 the Joint Derbyshire Health and Wellbeing Strategy.
- 2.2 Everyone has mental health and wellbeing. People with mental illness can have good mental wellbeing which enables them to flourish, to be resilient and to manage their illness. Equally, those without mental illness can experience poor mental wellbeing, which can have a detrimental impact on their functioning and day-to-day life, causing them to languish. Good mental health is more than the absence of mental illness, it also requires the presence of something positive i.e. mental wellbeing. The mental health dual axis model (Keyes, C 2002) demonstrates this.



- 2.3 1 in 4 people have a mental health problem in any given year, and half of adult mental health problems start by the age of 14. The vast majority of people who have a diagnosed mental health condition is of a common mental health disorder such as stress, anxiety or depression. These conditions can be considered one that people may experience for a limited period of time and can effectively recover from. A small proportion of people have long-term severe and enduring mental health conditions.
- 2.4 The Covid 19 pandemic and cost-of-living-crisis has led to a significant increase in the number of people experiencing mental ill health with an additional estimated 60-70,000 people in Derbyshire County requiring some support. There have been increases in the risk factors which contribute to emotional distress, such as: social isolation, financial difficulties, employment issues and relationship problems. Some population groups experience a higher risk of mental illness, these include children and young people, parents, older adults, people with a disability, clinically extremely vulnerable, LGBTQ+ and people from an ethnic minority.
- 2.5 In Derbyshire County
- 99,507 (14.9%) people aged 18+ in 2021/22 were living with diagnosed depression
 - 7,117 (0.87%) people (all ages) in 2021/22 had Severe Mental Illness (SMI)
 - The suicide rate in 2019-21 is similar to the national rate at 11.5 per 100,000 people, but with significant variation between sexes (male

17.7; female 5.7). There were 244 deaths by suicide over the 3 years 2019-21.

- 2.6 A population health approach is important to help reduce health inequalities. Health inequalities are ultimately about differences in the status of people's health. The term health inequalities is also commonly used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives.

Health inequalities related to mental health include:

- People with SMI die 15-20 years early
- People with mental illness are less likely to be employed
- Black and Asian males have much higher rates of psychotic disorder

A Health Needs Assessment (HNA) on the access to mental health services in Derbyshire for black people and deaf people has been completed. The HNA contains recommendations which were welcomed by the JUCD Mental Health, Learning Disability, Autism and Children's Board and are applicable to other key forums to enable a narrowing of the gap in equality. Once published the HNA will be circulated to the HWB.

- 2.7 Due to all of the influencing factors 2.1-2.7, the approach to preventing mental ill health and supporting people with mental ill health extends far beyond a clinical approach and access to mental health services.

The approach can be categorised at 3 levels:

- Primary prevention: to prevent the onset of mental health problems by addressing the wider determinants of health and using 'upstream' approaches across the whole population, or those that can be targeted to population groups at higher risk of mental illness.
- Secondary prevention: identifying the early signs of mental illness or suicide risk and early intervention to prevent progression.
- Tertiary prevention: working with people who have diagnosed mental health problems to promote recovery and prevent (or reduce the risk of) recurrence.

- 2.8 What are we doing in Derbyshire?

To enable everyone to play a role in mental health and suicide prevention an approach has been designed to raise awareness,

decrease stigma, and increase skills and confidence across our population. Targeted work is undertaken with cohorts of people who may be at higher risk of mental ill health. The approach is delivered through engagement via schools, health settings, workplaces and communities with an aim of empowering and enabling others.

- Campaigns: public-facing awareness raising utilising national campaigns such as Time to Talk Day, World Suicide Prevention Day, or locally developed campaigns based upon local need and coproduced with local stakeholders, for example Let's Chat. Resource toolkits enable individuals, groups and organisations to take ownership and deliver awareness raising themselves.
- Training: a comprehensive training offer is free to the public and voluntary sectors in Derbyshire. This ranges from e-learning to full Mental Health First Aid courses. The skill and confidence development gained during training is supported by regular communication, newsletters and Mental Health First Aider Networks to help people remain proactive. Over 1,000 people from 290 different organisations attended interactive training in 2022/23.
- Information: development of the Derby and Derbyshire Emotional Health and Wellbeing website as the central source of local information. Development of mental health booklets in partnership with stakeholders including Derbyshire Police, Derbyshire Fire and Rescue and East Midlands Ambulance Service.

The campaigns, training and information are delivered via outreach and engagement including;

- in schools via the Whole School Approach programme, School Nursing and Mental Health Support Teams
- with young people in communities via locality health and wellbeing partnerships
- across JUCD through the Suicide Prevention Programme and staff wellbeing approach
- with community groups, clubs and other organisations through the Mental Health and Suicide Prevention project
- supporting VCSE organisations with the mental health and wellbeing of their staff and volunteers
- Mentell engaging men through outreach with settings such as pubs, workplaces and businesses

- 2.9 Other programmes work to embed mental health within practice and raise awareness through different mechanisms. For example, a cross-system piece of work to embed trauma informed practice in different roles, teams and organisations is taking place from September 2023 to August 2025.
- 2.10 The Director of Public Health Annual Report 2023 focusses on Mental Health. The report, [Let's Chat About Mental Health and Wellbeing](#) builds on the Let's Chat campaign, with mental health and wellbeing being a priority for Public Health in Derbyshire and provides a snapshot of how the Public Health team, along with partners and communities, have worked together to support people with their mental health and wellbeing, but much more work is needed.
- 2.11 Public Health lead the Derbyshire Self-harm and Suicide Prevention Partnership Forum (DSSPPF) which is a strategic system delivery group under the JUCD Mental Health, Learning Disability, Autism and Children's. This multi-agency group drives forward a common approach to reduce the number of deaths by suicide.
- 2.12 Organisations can play a role in two main aspects.
- Through the functions they hold. Examples include:
 - A district council incorporating mechanisms for mental health and suicide prevention in licensing processes for alcohol venues or taxi driving
 - Upskilling housing tenancy and environmental health officers in mental health, as a core part of their role
 - Placing promotional materials and information support in public-facing areas
 - Ensuring a supportive process in police custody and criminal justice
 - Focus on staff wellbeing. Examples include:
 - Establishing an in-house Mental Health First Aider Network
 - Ensuring that HR policies and procedures are conducive to good mental health and recovery
 - Ensuring that postvention support can be accessed for people affected by a death by suicide

3 Alternative Options Considered

3.1 Not Applicable

4 Implications

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

5 Consultation

- 5.1 No

6 Partnership Opportunities

- 6.1 Member organisations can explore ways in which they can play a proactive role in the prevention of mental ill health and suicide utilising methods such as the examples in 2.9.

7 Background Papers

- 7.1 Derbyshire Health and Wellbeing Strategy Refresh 2022
<https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/health-and-wellbeing/derbyshire-health-and-wellbeing-strategy-2022.pdf>
- 7.2 Derbyshire Director of Public Health Annual Report 2023 - Let's Chat about Mental Health and Wellbeing
<https://www.derbyshire.gov.uk/social-health/health-and-wellbeing/about-public-health/public-health-annual-reports/public-health-annual-reports.aspx#:~:text=This%20year%27s%20Director%20of%20Public, and%20wellbeing%20of%20Derbyshire%20residents.>

8 Appendices

- 8.1 Appendix 1 – Implications.

9 Recommendation(s)

That the Health and Wellbeing Board:

- a) Agree the high need and the broad range of influencing factors about mental health in Derbyshire to inform the Joint Health and Wellbeing strategy development
- b) Commit and enact ways in which they play a proactive role in prevention of mental ill health and suicide feedback to inform the Joint Health and Wellbeing strategy action plan

10 Reasons for Recommendation(s)

- 10.1 To enable and support a whole system approach to mental health and wellbeing, focussed on the prevention of mental ill health and proportionate holistic support for people experiencing mental ill health. The support the reduction in the number of suicides by recognising and impacting the key root causes. Reinforcing the role that each person and each organisation can play.

Report Author: James Creaghan, Public Health Lead

Contact details: james.creaghan@derbyshire.gov.uk

Organisation: Derbyshire County Council Public Health

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 An opportunity to help prevent and reduce health inequalities.

Partnerships

5.1 Member organisations can explore ways in which they can play a proactive role in the prevention of mental ill health and suicide utilising methods such as the examples in 2.9

Health and Wellbeing Strategy priorities

6.1 This report directly concerns the priority of building mental health and wellbeing across the life course by outlining the current issue, what is being delivered and an opportunity for member organisations to play a further role.

The topic of mental health is also an influencing factor in the 3 other priorities:

- Enable people in Derbyshire to live healthy lives.
- Support our vulnerable populations to live in well-planned and healthy homes.
- Strengthen opportunities for quality employment and lifelong learning.

Other implications

7.1 NA

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 October 2023

Report of the Director of Public Health

Health Protection Board Update

1. Purpose

The Health and Wellbeing Board is asked to note the key messages arising at the Derbyshire Health Protection Board from its meetings on 23 June and 8 September.

2. Information and Analysis

- 2.1 The Health Protection Board is a Derby and 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 meetings on 23 June and 8 September 2023:
- 2.4 Health Protection Strategy development
 - further updates were provided on the development of the new strategy, with draft content shared with Health Protection Board members at the meeting on the 8 September. The following 6 areas of focus have been proposed:

- 1) Ensure we have in place strong communication and coordination between partners across the health protection system
 - 2) Develop a clear understanding of roles and responsibilities across health protection system partners
 - 3) Strengthen community infection prevention across settings and prioritise proactive control of infection
 - 4) Increase vaccination uptake amongst children and adults
 - 5) Develop specific consideration and support for risk and vulnerable groups such as migrant groups, students and care home residents
 - 6) Strengthen preparation and response to environmental hazards and emergency events such as pandemics and extreme weather events
- The Health Protection Strategy will be shared with the Health and Wellbeing Board at a future meeting

2.5 Tuberculosis (TB) services and management of those with no recourse to public funds:

- The Board were provided with an update on TB service provision across Derby and Derbyshire and plans are in place to ensure services are meeting screening and treatment standards
- An update was provided on the development of a shared pathway for management of TB in those with no recourse to public funds, and this is awaiting legal advice prior to further engagement with stakeholders

2.6 Vaccination and Immunisations and Screening programmes

- Further information has been provided on the delegation of commissioning responsibility from NHS England to Integrated Care Boards for section 7a vaccination and screening services. There is a national policy intention to work towards the delegation of vaccination and immunisation services from April 2025 (12 months later than previously proposed), and following a rapid review of screening services, these may also be delegated from April 2025. An update was provided on the organisational and governance changes currently underway in advance of the delegation.
- There are no current concerns about the performance of screening programmes.
- The age extension of the bowel cancer screening programme to those aged 54 years old has commenced in Derbyshire

- The MMR catch up continues, and will form part of the local development of an elimination plan for measles
- The Board were notified of changes to the HPV (move to 1 vaccination) and shingles (move to 2 vaccinations) vaccination programmes.
- A new provider for School Aged Immunisations commenced in September 2023
- Updates were provided on the performance of the Spring COVID-19 vaccination programme, and plans for the Autumn/Winter COVID-19 and influenza vaccination programmes

2.7 Current infections of concern

- An update of the current position of confirmed measles cases in the UK and East Midlands was provided, with the majority of cases being in London. A recently published risk assessment by UKHSA (*Risk Assessment for measles resurgence in the UK*) has suggested that there is the possibility of a large outbreak of measles in London due to lower uptake of MMR (measles, mumps and rubella) vaccination, with smaller outbreaks or isolated cases elsewhere in the country in under-vaccinated populations. NHS England have asked all Integrated Care Boards to develop an elimination plan by early October.
- An update was provided on the COVID BA.2.86 variant.

2.8 Air Quality Strategy and trends in monitoring of Air Quality

- The Board received the final version of the revised Air Quality Strategy for Derby and Derbyshire, including details of the indicators that will be used to assess delivery of the strategy
- The Board received a report on the measurement of air quality in 2022. Of the 74 sites across Derby and Derbyshire that have been continuously monitoring for NO₂ since 2011, there has been an improvement in air quality at 72 sites. Of the 184 sites that have been continuously monitored between 2020 and 2022 there has been an improvement or no change in air quality at 28% of the sites, and a deterioration at the remainder, although this should be interpreted within the context of the positive impact the COVID-19 pandemic had on air quality due to a reduction in road use for a significant part of 2020.
- The Board also received an update on the air quality monitoring indicators in the Derby and Derbyshire Air Quality strategy, with a general improvement shown across the majority of indicators compared to a baseline year of 2019

3. Alternative Options Considered

3.1 No alternative options to consider as this report is 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

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

a) Note the update report from the Health Protection Board

10. Reasons for Recommendation(s)

10.1 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: ian.little@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 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.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

05 October 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 County Place Partnership Board meetings resumed on 14 September 2023. Key points discussed were Place Based update - Erewash, Upcoming Development Session, Update on the Development of the Joint Local Health and Wellbeing Strategy and Challenges from LPA.

3. Integrated Care Partnership Update

- 3.1 A meeting of the Integrated Care Partnership (ICP) took place on 17 July 2023. The meeting received an overview of the ICP, its purpose and journey to date. The ICP agreed to a recommendation to hold a facilitated joint development session between the ICP, the Derby Health and Wellbeing Board and the Derbyshire Health and Wellbeing Board.
- 3.2 The ICP received an update on the Integrated Care Strategy and recommended that the Integrated Care Strategy should be an item on

- the joint development session between the ICP, the Derby Health and Wellbeing Board and the Derbyshire Health and Wellbeing Board.
- 3.3 The ICP endorsed and agreed to adopt the MoU between the VCSE Alliance and the Integrated Care Board.
 - 3.4 The ICP received the initial Derby and Derbyshire NHS Five Year Plan and provided comments on the content to inform the updated version which will be published in Autumn 2023.
 - 3.5 Updates from the Integrated Care Board and the Integrated Place Executive were received.
 - 3.6 Further information can be found [here](#)

4. Round-Up

- 4.1. **Rural mental health.** The Cross-Party Environment, Food and Rural Affairs Committee has published a [report](#) which expresses concern about how isolation, poor public transport and a relative lack of digital connectivity have contributed to poor mental health outcomes for all categories of people across rural communities in England.
- 4.2. **Understanding the drivers of healthy life expectancy: report.** The Office for Health Improvement and Disparities has published a [report](#) which assesses the relative impact of mortality rates and self-reported health on healthy life expectancy (HLE) and details the key factors that are most influential in driving these two components. HLE has been identified as a key outcome measure in assessing the extent to which health is improving and disparities are narrowing. There is a need to better understand what drives HLE to help inform policy.
- 4.3. **The air quality strategy for England.** The Department for Environment, Food & Rural Affairs has published the Air Quality [Strategy](#) which is for local authorities to make best use of their powers and make air quality improvements for their communities.
- 4.4. **Overcrowding in England.** The National Housing Federation has published a [briefing](#) which explores the impact overcrowding has on a family's physical and mental health, wellbeing, daily lives and relationships.
- 4.5. **Derbyshire Director of Public Health Annual Report.** The 2023: Let's Chat About Mental Health and Wellbeing Director of Public Health [Annual Report](#) was published. The report builds on the Let's Chat campaign, with mental health and wellbeing being a priority for Public Health in Derbyshire and provides a snapshot of how the Public Health team, along

with partners and communities, have worked together to support people with their mental health and wellbeing, but much more work is needed.

- 4.6. Food insecurity – what can local government do?** The Health Foundation have published a [briefing](#) exploring what local government can do to address food insecurity in local communities. This includes the actions that local government can take to support residents experiencing or at risk of food insecurity.
- 4.7. Child mental health.** The NSPCC has published a [briefing](#) which looks at learning from case reviews involving children struggling with their mental health. Analysis of case reviews published between 2021 and 2022 highlights the detrimental impact adverse experiences, such as abuse or neglect, can have on a child's mental health and the ways children's mental health problems may be related to safeguarding concerns.
- 4.8. HIV Action Plan: annual update to Parliament.** The Department for Health and Social Care has published the first [annual update](#) to the 'HIV Action Plan for England, 2022 to 2025'. In January 2019, the Government committed to an ambition to end new HIV transmissions, AIDS diagnoses and HIV-related deaths within England by 2030. The [HIV Action Plan](#), published in December 2021, set out how Government aims to achieve an 80% reduction in new HIV infections in England by 2025.
- 4.9. County spotlight: active and healthy counties.** The County Councils Network has published a [report](#) which finds that the number of adults in England's county areas who are overweight or obese has increased by 1.1 million in county and rural areas since 2015. Almost two-thirds of adults – 65% – in county areas were classed as overweight or obese in 2022, up 3.1% from 2015.
- 4.10. Understanding the drivers of healthy life expectancy: report.** The Office for Health Improvement and Disparities has published a [report](#) which assesses the relative impact of mortality rates and self-reported health on healthy life expectancy (HLE) and details the key factors that are most influential in driving these two components.
- 4.11. Alcohol treatment services.** The House of Commons Public Accounts Committee has published a [report](#) which finds there has been an alarming increase in alcohol-related deaths, which rose by 89% over the past twenty years, with sharp rises since 2019. But the number of people receiving treatment for alcohol dependency has generally been falling.

- 4.12. The health of people from ethnic minority groups in England.** The Kings Fund have published a [report](#) examining the ethnic differences in health outcomes, highlighting the variation across ethnic groups and health conditions, and considers what's needed to reduce health inequalities.
- 4.13. Inequalities in disability.** The Institute for Fiscal Studies have published a [report](#) that looks at differences in inequalities in the prevalence of disability and the degree to which health limits functional capabilities in the UK.

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 following change of ownership at Alfreton Primary Care Development, Church Street, Alfreton, Derbyshire, DE55 7BD, to Clinical Care Limited t/a Medicine Stop. From 17 July 2023, the core opening hours shall be Monday, Tuesday, and Friday 08:30 – 16:30, Wednesday 10:30 – 18:30, and Thursday 09:30 – 17:30.
- 5.2.** Please note the application for inclusion in a pharmaceutical list at Unit 6 Horizon, Buttermilk Lane, Bolsover, Chesterfield, S44 6AE, in respect of distance selling premises by PCT Healthcare Limited, has been granted.
- 5.3.** Please note the following change of ownership at Crich Medical Centre, Oakwell Drive, Crich, Matlock, Derbyshire, DE4 5PB, to LP SD Five Limited t/a Crich Pharmacy. From 28 July 2023, the core opening hours shall be Monday to Friday 09:00 – 12:30 and 14:00 – 18:00, Saturday 09:00 – 13:00, and closed on Sunday.
- 5.4.** Please note the following change of ownership at 47a Town Street, Duffield, Derby, Derbyshire, DE56 4GG, to LP SD Five Limited. From 28 July 2023, the core opening hours shall be Monday to Friday 09:00 – 13:00 and 14:30 – 18:30 and closed on Saturday and Sunday.
- 5.5.** Please note the following change of ownership at 47a Town Street,

Duffield, Derby, Derbyshire, DE56 4GG, to LP SD Five Limited. From 28 July 2023, the core opening hours shall be Monday to Friday 09:00 – 13:00 and 14:30 – 18:30 and closed on Saturday and Sunday.

- 5.6.** Please note the following change of ownership at Lloyds Pharmacy, 18-20 The Green, Hasland, Derbyshire, S41 0LJ, to LP SD Five Limited t/a Hasland Pharmacy. From 19 August 2023, the core opening hours shall be Monday, Tuesday, Thursday and Friday 09:00 – 13:00 and 15:00 – 18:00, Wednesday 09:00 – 13:00 and 14:00 – 18:00, Saturday 09:00 – 13:00, and closed on Sunday.
- 5.7.** Please note the following change of ownership at Lloyds Pharmacy, Unit 7, Wardgate Way, Chesterfield, S40 4SL, to LP SD Five Limited t/a Holme Hall Pharmacy. From 19 August 2023, the core opening hours shall be Monday, Tuesday and Wednesday 09:00 – 12:30 and 15:00 – 18:00, Thursday 09:00 – 13:00 and 14:30 – 18:00, Friday 09:00 - 13:00 and 14:00 – 18:00, Saturday 09:00 – 13:00, and closed on Sunday.
- 5.8.** Please note that the application for consolidation for Peak Pharmacy onto the site at 4-5 Thornbrook Road, Chapel-en-le-frith, High Peak, Derbyshire, SK23 0LX, and Peak Pharmacy currently at 21 High Street, Chapel-en-le-frith, High Peak, SK23 0HQ, has been granted by Derby and Derbyshire ICB.
- 5.9.** Please note the following change of ownership at Lloyds Pharmacy, Dronfield Medical Centre, High Street, Dronfield, S18 1PY, to LP Dronfield Healthcare Limited T/A Saviour Pharmacy. From 29 August 2023, the core opening hours shall be Monday to Friday 09:00 – 13:00 and 14:00 – 18:00 and closed on Saturday and Sunday.
- 5.10.** Please note the change of supplementary hours for Tesco Pharmacy Limited T/A Tesco Pharmacy, Lockoford Lane, Chesterfield, Derbyshire, S41 7JB. The supplementary hours have changed from Monday 08:00 – 22:30, Tuesday – Friday 06:30 – 22:30, Saturday 06:30 – 22:00, and Sunday 10:00 – 16:00, to Monday to Saturday, 09:00 – 21:00, and Sunday 10:00 - 16:00. The change will come into effect on Tuesday 29 August 2023.
- 5.11.** Please note the change of supplementary hours for Wellcare Partnership Limited T/A Wellbeing Pharmacy, Greenhill Primary Care Centre, Greenhill Lane, Leabrooks, Alfreton, DE55 1LU. The supplementary hours have changed from Monday – Friday 07:30 – 23:00, Saturday 08:00 – 23:00, and Sunday 09:00 – 16:30, to Monday to Friday, 08:30 – 13:00 and 14:00 21:00, Saturday 09:00 – 13:00 and

14:00 21:00, and Sunday 09:00 - 16:30. The change will come into effect on Friday 18 August 2023.

5.12. Please note the change of supplementary hours for Tesco Pharmacy Limited T/A Tesco Pharmacy, Mill Street, Clowne, Derbyshire, S43 4JN. The supplementary hours have changed from Monday 08:00 – 22:30, Tuesday – Friday 06:30 – 22:30, Saturday 06:30 – 22:00, and Sunday 10:00 – 16:00, to Monday to Saturday, 09:00 – 21:00, and Sunday 10:00 - 16:00. The change will come into effect on Tuesday 29 August 2023.

5.13. Please note the change of supplementary hours for Tesco Pharmacy Limited T/A Tesco Pharmacy, Bridge Street, Clay Cross, S45 9NU. The supplementary hours have changed from Monday 08:00 – 22:30, Tuesday – Friday 06:30 – 22:30, Saturday 06:30 – 22:00, and Sunday 10:00 – 16:00, to Monday to Saturday, 09:00 – 21:00, and Sunday 10:00 - 16:00. The change will come into effect on Tuesday 29 August 2023.

5.14. Please note the change of supplementary hours for The Mews Pharmacy, 10-14 Minster Mews, Gamesley, Glossop, SK13 0LU. The supplementary hours have changed from Monday to Friday 09:00 – 13:00 and 14:00 – 18:00, Saturday 09:00 – 13:00 and closed on Sunday, to Monday to Friday, 09:00 – 13:00 and 14:00 – 18:00, and closed on Saturday and Sunday. The change will come into effect on Saturday 14 October 2023.

5.15. Please note the change of supplementary hours for Tesco Pharmacy Limited T/A Tesco Pharmacy, Hall Street, Alfreton, Derbyshire, DE55 7BT. The supplementary hours have changed from Monday 08:00 – 22:30, Tuesday – Friday 06:30 – 22:30, Saturday 06:30 – 22:00, and Sunday 10:00 – 16:00, to Monday to Saturday, 09:00 – 21:00, and Sunday 10:00 - 16:00. The change will come into effect on Tuesday 29 August 2023.

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 July 2023. The Chlamydia Detection rate (15-24 yrs) has changed since the last report. Derbyshire rates are now similar to the national rates.

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 and 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. Please note that for some indicators on OHID Fingertips, the denominator source has been updated from the 2011 census population estimates to the 2021 census population estimates. Therefore, some indicators will not be directly comparable to previous versions.

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

<p>Derbyshire Compared to England:</p> <div> <div>Significantly Better</div> <div>Not Significantly Different</div> <div>Significantly Worse</div> <div>Not Applicable</div> </div>	<p>CIPFA Nearest Neighbour:</p> <p>CIPFA Rank: Derbyshire's rank among CIPFA neighbours. 1-16 where 1 is the worst</p> <p>CIPFA Range: the range of values for the CIPFA nearest neighbours</p>	<p>Change from previous strategy:</p> <div> <div>▲/▼ Significant increase/Decrease getting better</div> <div>▼/▲ Significant increase/Decrease getting worse</div> <div>▲/▼ Increase/decrease – not significant</div> <div>– No change</div> <div>= Change cannot be calculated</div> </div>
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*Indicators coloured shaded grey are no longer available via OHID Fingertips

1. Enable people in Derbyshire to live healthy lives

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Healthy Life Expectancy at Birth - Males	61.5	63.1	2	61.4 - 67.4	▼	Years	2018 - 20
Healthy Life Expectancy at Birth - Females	62.6	63.9	4	60.0 - 68.7	▼	Years	2018 - 20
Life Expectancy at Birth - Males	79.2	79.4	4	78.3 - 80.7	-	Years	2018 - 20
Life Expectancy at Birth - Females	82.8	83.1	3	82.0 - 84.6	-	Years	2018 - 20
Smoking Prevalence - 15 year olds - Current smokers	8.0	8.2	10	5.5 - 11.4	–	%	2014/15
Smoking Prevalence - 15 year olds - Regular smokers	5.4	5.5	10	3.2 - 7.9	–	%	2014/15
Smoking Prevalence - Adults	14.1	13.0	5	9.9 - 15.8	▼	%	2021
Smoking at time of delivery	11.8	9.1	5	7.6 - 15.0	▼	%	2021/22
Breastfeeding Prevalence at 6-8 weeks	43.6	49.2	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	1681.3	1680.1	13	1247.2 - 2366.7	▼	per 100,000	2022
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	5	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 (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
KS4 pupils achieving 9-5 pass in English and Maths*							
KS5 achieving AAB grades or above*							
16-17 year olds not in education, employment or training (NEET)	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**							
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

** The latest unemployment data for Derbyshire is not available on OHID Fingertips

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Work Programme: 2023/24 – correct for October 2023 HWB meeting

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

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

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

Report Title	Purpose	Link to Strategy Priority or Statutory report	Lead Officer	Report Author(s)
Meeting: January 2024				
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
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	Vicky Smyth
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	Parveen Sadiq

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	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
Localities Programme	To update the board on the work of the Localities Programme	Crosscuts all priorities	Ellie Houlston	Luan Wilde
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 / Annette Appleton
Health Protection Board Update	To provide the board with an update from the Health Protection Board	Statutory	Ellie Houlston	Iain Little
Review of the Terms of Reference and membership of the Health and Wellbeing Board	To provide the board with an opportunity to review and refresh the Terms of Reference and membership of the board	Statutory	Simon Stevens / Ellie Houlston	Hayley Gleeson
Meeting: March 2024				
Refresh of the ICB 5-year plan	To provide the board with a refresh of the ICB 5-year plan	Statutory	Chris Clayton	TBC

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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 and Better Care Fund through reporting of the required statutory return	Statutory	Simon Stevens	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 / Annette Appleton
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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