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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 1 December 2023

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 11 December 2023** in Committee Room 1, County Hall, Matlock, Derbyshire DE4 3AG; the agenda for which is set out below.

Yours faithfully

Helen E. Barrington

Helen Barrington
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence

   To receive apologies for absence (if any)

2. Declarations of Interest

   To receive Declarations of Interest (if any)

3. Minutes of Previous Meeting (Pages 1 - 4)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 25 September 2023.

4. Public Questions (Pages 5 - 6)

   30 minutes maximum for this item. Questions may be submitted to be answered by the Scrutiny Committee or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure (below) for the submission of questions.

5. Colposcopy Service - update (Pages 7 - 12)

6. Access to GP Services - update (Pages 13 - 42)

7. Health and Wellbeing Strategy Development (Pages 43 - 66)

8. Review of School Meals and Children's Health - scoping report (Pages 67 - 72)

9. Work Programme (Verbal Report)

PUBLIC

MINUTES of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 25 September 2023 at Committee Room 1, County Hall, Matlock.

PRESENT

Councillor J Wharmby (in the Chair)

Councillors M Foster, D Allen, P Moss, G Musson, L Ramsey, P Smith and A Sutton.

Apologies for absence were submitted for Councillor E Fordham.

Also present: Dan Careless (Strategic Lead for School and Learning), Councillor Alex Dale (Cabinet Member - Education), Joanne Davidson (Catering Service Manager), Ellie Houlston (Director Of Public Health), Danny Sunderland (Senior Democratic Services Officer) and Jackie Wardle (Improvement and Scrutiny Officer).

30/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

31/23 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 24 July 2023 were confirmed as a correct record.

32/23 PUBLIC QUESTIONS

There were no public questions.

33/23 NOTICE OF REQUISITION - INCREASE IN COSTS OF SCHOOL DINNER MEALS

Three Members of the Committee had submitted a requisition notice which now required the Committee to look at the potential impact on children's health following the decision of the Cabinet Member for Education to increase the price of school meals.

Councillor Alex Dale, Cabinet Member for Education attended the meeting along with officers from Public Health to provide a brief explanation of the rationale behind the decision and the other options that had been considered.

On behalf of the Members who had submitted the requisition notice, Councillor Dave Allen highlighted a few areas of concern relating to the decision and the potential impact this would have on children's health. These included the low take up of free school meals which was already

being experienced and the number of families who were not entitled to this service but had a relatively low income. School meals provided children with a balanced diet which may not be the case if families were forced to provide a cheaper packed lunch.

Councillor Allen also made reference to a publication by Henry Dimbleby which had made several recommendations to improve the quality of school meals and food education and actions to assist disadvantaged children. Councillor Allen requested the Chairman to consider setting up a working group to look at various issues and the potential impact on children's health arising from the increase in price of school meals.

The Chairman and the Committee agreed to establishing a working group and in order to commence the process, Councillor Allen would submit a Scrutiny Review Proposal Form to enable the Scrutiny Officer to draft a scoping report.

RESOLVED:

To establish a Working Group to examine the health aspects concerning school meals.

34/23 EXCLUSION OF THE PUBLIC

To move that under Section 100(a)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that in view of the nature of the business, that if members of the public were present exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 would be disclosed to them and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

35/23 TO CONSIDER THE EXEMPT REPORT TO THE CABINET MEMBER ON SCHOOL MEALS (DATED 10 JULY 2023)

Members of the Committee received the exempt report of the Executive Director – Children's Services that had been submitted for approval to the Cabinet Member for Education on 10 July 2023.

RESOLVED:

To note the report.

The meeting finished at 11.17 am

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Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12 noon three working days before the Committee meeting (ie 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:
• Exceeds 200 words in length;

• is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;

• is defamatory, frivolous or offensive;

• is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or

• requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (ie.5 pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

11 December 2023

Report of the Integrated Care Board

Colposcopy Service – Buxton Clinic

1. Purpose

1.1 Following the brief provided to the Committee in March 2023 on this matter, the purpose of this paper is to update Members on the status of colposcopy provision for people living in the High Peak area.

2. Information and Analysis

2.1 A colposcopy is often done if a smear test (cervical screening) finds abnormal cells in the cervix caused by human papillomavirus (HPV).

2.2 Until March 2023, the University Hospitals of Derby and Burton NHS Foundation Trust (UHDB NHSFT) provided a colposcopy service at the Buxton Hospital, for people living in the High Peak. This service was delivered by one Consultant who lived in the Buxton area – delivering care to around 90 patients a year. This was the only 'local community based' colposcopy service in operation across Derby and Derbyshire.

2.3 In 2021, NHS England's Public Health Commissioning Team (who are responsible for the commissioning of national screening programmes) and the Screening Quality Assurance Service (SQAS), reviewed the service and recommended that, due to the fragile workforce model and an increasing level of demand, the UHDB NHSFT should consider ceasing the service when the Consultant retires.

2.4 At the last the Committee Meeting in March 2023, the NHS Derby and Derbyshire ICB (DDICB) agreed to do further work in relation to engaging

with those patients affected and consider all options with a view to formalising the clinical pathway.

3. Exploring whether UHDB NHSFT can reinstate the service.

3.1. The DDICB and UHDB NHSFT has considered the option of reinstating the service. Unfortunately, with the current constraints to capacity this is not feasible. The Trust is struggling to recruit to the post that was vacated and is unable to incorporate this activity into the job plans of its existing clinical workforce.

3.2. In this context, the strategy to consolidate service capacity at the Royal Derby Hospital is the most cost-effective option, certainly over the next 18 months. This will ensure that the Trust can maximise the efficiency its existing provision.

3.3. The DDICB has also engaged with the Chesterfield Royal Hospital NHSFT (CRH NHSFT) to explore whether the Trust could offer a similar service to what was in place. Unfortunately, this is also not possible due to workforce challenges, and considers the option of consolidating provision at its existing site as the most effective.

4. What do patients think?

4.1. The DDICB's Public Involvement Team undertook some work to examine what patients thought of the Buxton Service, in addition to the service currently delivered by the CRH NHSFT (at the Chesterfield Royal Hospital site) and UHDB NHSFT (at the Royal Derby Hospital site), with the following issues arising from the engagement:

- Patients did express a preference for the Buxton Service to be continued and felt it offered a more personalised experience.

- Some patients stated that it is a challenge for them to travel beyond the Buxton Hospital.

- Patients expressed that their experience of care at all three sites was "very good".

4.2. Since the service ceased at the Buxton Hospital, there been no complaints/concerns or comments raised received by DDICB, the Patience Experience team at the UHDB NHSFT, or Healthwatch Derbyshire.

5. What is the clinical pathway for patients?

5.1. The terms of the formally commissioned pathway are as follows:

5.1.1. **Symptomatic Primary Care presentations.** These patients will be referred to the local provider of their choice, by their General Practitioner, based on availability of clinics on the clinical patient booking system electronic-Referral System (eRS) in line with other patient pathways. This currently includes Stockport, Macclesfield, Chesterfield, Derby, and Sheffield.

5.1.2. **If the outcome of cervical screening is an abnormal,** the Public Health nationally mandated pathway is triggered. This means that patients will be directed to a pre-determined Provider for a colposcopy. For patients from the High Peak region this will be the Chesterfield Royal Hospital site.

6. Implications

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

7. Engagement

7.1. Ceasing delivery of the service at the Buxton Hospital (but maintaining the provision of the service at other sites) does trigger ICB legal responsibilities under the NHS Act 2006, as amended by the Health and Care Act 2022 to 'make arrangements' to inform, involve and consult with the public.

7.2. A robust plan to engage with our Patients/Public was developed and completed.

8. Background Papers

8.1. N/A

9. Appendices

9.1. Appendix 1 – Implications.

10. Recommendation(s)

10.1. The Committee is invited to NOTE the change to the clinical pathway with patients now directed to the Chesterfield Royal Hospital for a colposcopy.

11. Reasons for Recommendation(s)

11.1. Regional colposcopy workforce shortage has restricted the DDICB's ability to commission a local service for patients from the High Peak Area.

Report Author:

Monica McAlindon
Head of Cancer Commissioning and Derbyshire ICS Cancer Programme Lead
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Appendix 1

Implications

Financial
1.1 Colposcopy activity is funded through tariff with our NHS Providers. The volume of activity that was delivered from the Buxton site is considered financially immaterial to other acute contracts so there are no funding implications for this service change.

Legal
2.1 Stopping delivery of the service in Buxton (but maintaining the service delivered at other sites) does trigger ICB legal responsibilities under the NHS Act 2006, as amended by the Health and Care Act 2022 to 'make arrangements' to inform, involve and consult with the public.

Human Resources
3.1 This service change has highlighted the national workforce challenge in gynaecology as well as a regional risk of Colposcopists. This has been escalated to system workforce leads to support the regional review.

Information Technology
4.1 None

Equalities Impact
5.1 Work to understand the full impact of this change is ongoing through the JUCD EQIA panel. The expected impact is around increased travel time and risk that this will impact a patient's likelihood of attending for colposcopy to further determine the cause of the abnormal cervical screening.

Corporate objectives and priorities for change
6.1 Improve cancer performance against constitutional standards.
6.2 NHS Long Term Plan (LTP) - by 2028, 75% of people with cancer will be diagnosed at an early stage (stages one or two).

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

11 December 2023

Report of the Integrated Care Board

General Practice in Derbyshire – GP Services Update

1. Purpose

1.1 The purpose of this report is to provide an update on General Practice provision across Derbyshire. The report focuses on the System-level Primary Care Access Improvement Plan and an update on the recovery position of appointments in General Practice.

2. Information and Analysis

2.1 System-level Primary Care Access Improvement Plan (slides 2-24)

2.2 September 23 position including GP Appointment Data (slides 25-26)

3. Alternative Options Considered

3.1 Not applicable.

4. Implications

4.1 Not applicable.

5. Consultation

5.1 Not applicable.

6. Background Papers

6.1 System-level Primary Care Access Improvement Plan and an update on the recovery position of appointments in General Practice (PowerPoint presentation)

7. Appendices

7.1 Not applicable.

8. Recommendation(s)

8.1 Not applicable, report is for information and consideration only.

9. Reasons for Recommendation(s)

9.1 Not applicable.

Report Author: Emma Prokopiuk, Assistant Director GP Commissioning and Development

Contact details: ddicb.communications@nhs.net

NHS
Derby and Derbyshire
Integrated Care Board

Derby & Derbyshire ICB System-level Primary Care Access Improvement Plan And Appointments Update

Our plan sets out:

1. Introduction
2. Description of Derby and Derbyshire and our GP practices
3. National Context: Delivery Plan for Recovering Access to Primary Care
4. Our long-term vision for access in Derby & Derbyshire
5. How we will deliver the Primary Care Access and Recovery Plan
6. How we will organise ourselves to deliver and govern the plan
7. How we will help those who need help the most: managing inequalities
8. How we will invest local and national funding to deliver the plan
9. How we will involve patients and communicate our work
10. How we will manage risks to the delivery of our plan

Introduction

The plan is a ‘work in progress’. It is not intended as a definitive final statement but is the summary of discussion to date and the starting point for further discussion with General Practice and other providers. The focus is on the immediate actions up to 31st March 2024, though work will continue beyond that.

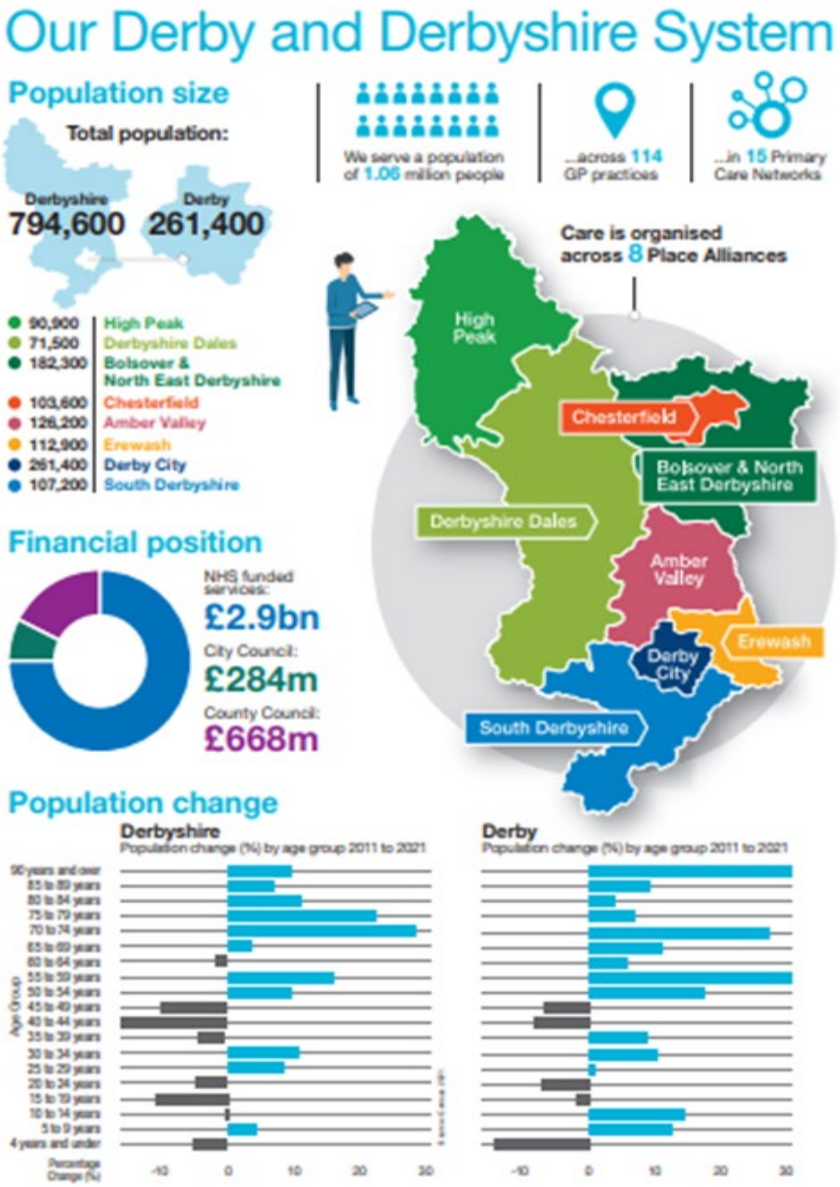
Our planning assumptions and outcomes have been aligned to and are interdependent with:

- Fuller Report
- Derby & Derbyshire ICB Joint Forward Plan
- Derby & Derbyshire ICB Integrated Care Strategy
- Derby & Derbyshire ICB Operational Plan 23/24
- Recovery Plan for Urgent & Emergency Care
- Recovery Plan for Planned Care

The primary interdependency is with the Primary Care Clinical Model for Derby & Derbyshire which is being developed by the GP Provider Board (GPPB).

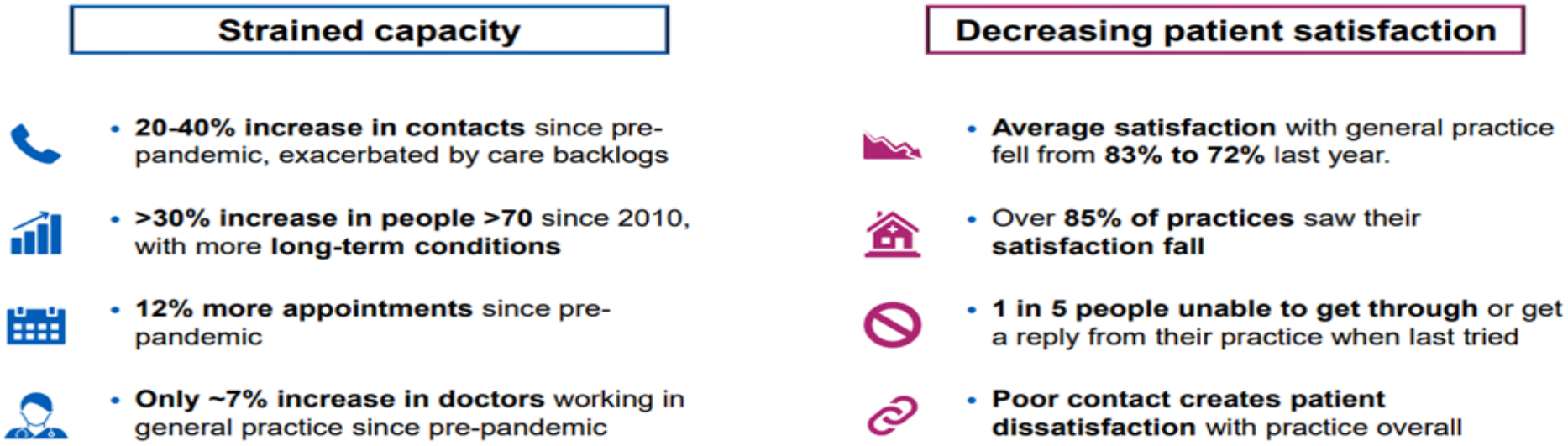
Derby & Derbyshire and our GP practices

- Derbyshire is a diverse county, with a population of over 1m people, 261,400 of which live in Derby. Our most deprived wards are largely in the city and the east of the county.
- We spend nearly £4b a year in health and social care and employ 53,000 people.
- There are 18 PCNs (113 practices) in Derby and Derbyshire, ranging in size from 32,000 – 100,000 population.
- The last three years have seen unprecedented demand on health and social care services. General Practices have had to make significant changes to the way they deliver services to adapt and respond to the COVID-19 pandemic.
- In 2022 we provided over 6.5 million appointments to our population.
- In January 2021 general practices provided 468,632 appointments increasing to 583,123 in January 2023, an increase of 24.4%.



National Context

Like many parts of the NHS, general practice is under intense pressure. Where demand is greater than capacity it means general practice cannot always be effective, and patient experience and access are negatively impacted. The diagram below describes the current situation for general practice:



National Context

The plan has two central ambitions:

- **1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.

- **2. For patients to know on the day they contact their practice how their request will be managed.**

a) If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.

b) If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.

c) Where appropriate, patients will be signposted to self-care or other local services (e.g., community pharmacy or self-referral services).

National Context

The plan seeks to support recovery by focusing this year on four areas:

- **Empowering patients –** Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- **Implementing Modern General Practice Access –** This aims to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another time. Patients will know on the day how their request will be handled.
- **Building capacity –** The national plan aims to build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- **Cutting bureaucracy –** Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practice have more time to meet the clinical needs of their patients. The aim is to give practice teams more time to focus on their patients' clinical needs.

Empowering patients

Improving information and NHS App functionality – All Practices to have enabled all four NHS App functions for patients.

- Ensure directly bookable appointments are available online by 31 July 2023
- Apply system changes or manually update patient settings to provide prospective record access to all patients by 31 October 2023
- Offer secure NHS App messaging to patients where practices have the technology to do so
- Encourage patients to order repeat medications via the App supported by comms toolkit

Increasing self-directed care where clinically appropriate – Expand self-referral routes for the following services by 30 September 2023: Falls services, Musculoskeletal services, Audiology for older people including loss of hearing aid provision, Weight management services, Community podiatry and Wheelchair and community equipment services.

Expanding Community pharmacy services – Build on the success of the increasing role of our pharmacies.

- Introduce a Pharmacy First service by the end of 2023 that enables pharmacists to supply prescription only medicines
- Expand blood pressure check and oral contraceptive services
- Invest to improve the IT system connectivity between community pharmacy and general practice

Implementing Modern General Practice

Better digital telephony – Enable all practices to move from analogue to digital telephony by 31 December 2023 and the remainder by 31 March 2024. We will achieve this by co-ordinating access to specialist procurement, agreeing a sensible approach to roll-out and use our peer networks and demonstrations with practices, Patient Participation Groups to help practices and PCNs adopt digital telephony.

Simpler online requests – Ensure that all practices are providing online access by working with practices and PCNs to decide which tools will best enable them to shift to the Modern General Practice Access model.

Faster navigation, assessment and response – Make it easier for people to contact their practice and normalise getting a same day response, so patients know how their request will be dealt with. We have asked all practices to nominate one staff member to attend the Care Navigation Training and share the learning with their practice, therefore generating a network of experts.

Building capacity

Larger Multi-Disciplinary Teams – Continue to grow the practice team, especially roles with responsibility for direct patient care which can be part of larger MDTs. We will support PCNs to use their full ARRS budget £26m by the end of March 2024.

More Doctors – We want to increase our number of new doctors in general practice by training more GPs and supporting other doctors to transition to general practice. We will work to address the pension challenges and make the GP Return to Practice and International Induction programmes easier to access and more attractive.

Retention and return of experienced GPs – Encourage GPs to return to general practice or to support services like NHS 111 in flexible roles where, for example, working from home is possible. We will encourage practices and PCNs to review and take up local offers for retention and maximise the funding we have available for these schemes.

Higher priority for primary care in housing developments – Ensure new developments are accompanied by primary care infrastructure, and that this is supported by the planning system. As part of normal planning processes, ICBs should work with local stakeholders and take account of areas where housing developments are putting pressure on existing services.

Cutting bureaucracy

Improving the primary to secondary care interface – ICB Chief Medical Officers will establish a local mechanism, to allow both general practice and consultant-led teams to raise local issues, jointly prioritise working with LMCs, and to tackle the high-priority issues. ICBs will also address the following four areas:

- Onward referrals – if a patient has been referred to secondary care and need another referral, for an immediate or related need, the secondary care provider should make this referral, rather than sending the patient back to General Practice
- Complete care (fit notes and discharge letters) – Trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than leaving the patients to return to their practice.
- Call & recall – NHS Trusts should establish their own call/recall systems for patients for follow-up test or appointments, eliminating the need for patients having to ask their practice to follow up on their behalf
- Clear point of contact – Ensure providers establish single routes for general practice and secondary care teams to communicate rapidly

Building on the Bureaucracy Busting Concordat – Reduce the demands on practice time from unnecessary or low value asks and improve processes for only the most important requests for medical evidence.

Our local long-term vision for access

GP Provider Board are working on developing a 'Sustainable Clinical Model for Primary Care in Derby & Derbyshire'. The core purpose of this document is to seek agreement to a new, sustainable clinical model for General Practice in Derby and Derbyshire. The aim is to give people hope, by demonstrating how we can mitigate the crisis facing primary care, through a shared vision for improving quality of care and staff working lives.

The vision would stratify our population into three broad categories: people with low complexity; people with rising or high complexity, and; people with extreme complexity. We will structure services differently for each of these groups.

- For people with low complexity, there will be a focus on digital and self-care, a lower skill mix and more emphasis on rapid access and less on continuity of care.
- For people with rising / high complexity this will look more like traditional General Practice, with smaller GP led teams working with a registered list with a focus on continuity of care.
- People with extremely complex needs will be served by multi-disciplinary, multi-agency teams working on a neighbourhood footprint.

Our local long-term vision for access

Stratification	Population group	Clinical Model	Continuity	Staff Mix	Escalation/de-escalation	Activity examples
Low Complexity	~60% of population People that are stable and healthy that have health conditions that can be easily managed.	Delivery at population level (large population registered list) Multiple locations.	Delivered around episodes of care and around information. Access to medical record.	ACPs, FCPs Clinical Pharmacists, HCAs, Nursing associates, GP oversight. Comm pharmacists. Optom	Escalation up where clinical need dictates. Eg persistent unexplained symptoms. Escalation for invx should stay in service.	Reactive illness service. FCP. Mental health. NHS health checks. CVD primary prevention. Smears. CPCS. etc
Rising/High Complexity	~35% of population. Chronic conditions that move in and out of stability. Increasing frailty. Persistent and/or uncontrolled symptoms.	Delivered at small registered sub lists based within a small number of distributed locations.	Focus on relational continuity with a small team.	GPs, Practice nurses, Clinical Pharmacists, ACPs	Seeks to de-escalate where possible back to low complexity. Eg Cancer patient that achieves cure.	Reactive illness service. Medication optimisation. Structured medication reviews. Long term condition management. Care planning.
Extreme Complexity	<5% of population. Heterogenous group. Multiple complex illness combined with significant psychosocial complexity. Would include EOL and severe frailty	Delivery at population utilising an integrated, multi-agency, multi disciplinary neighbourhood teams. Delivered in the location most appropriate to the needs of the patient.	Team based continuity.	GPs, ACPs, DNs, HCAs, Physio, OT, Social worker, MH, Clinical pharmacist. Specialist input where required.	Receives escalation where multi agency approach is required. De-escalated where possible eg super users.	Personalised anticipatory care planning. Reactive service to need. SMRs focused around frailty and polypharmacy.

Our local long-term vision for access

The new service model will incorporate the following key principles:

- Access will be multi-modal. We should not force people to online, telephone or face to face appointments, there will be a choice. We accept that people need and desire different access methods.
- Information gathered will include pre-existing data from medical records as well as information from the patient about the reason for their contact. The information will be gathered in a consistent way to support achieving a consistent outcome.
- Based on the information gathered a decision will be made as to who, when and where there is an appropriate appointment available. The decision will consider pressures within the system and manage the complex risk associated with triage and primary care.
- This decision will then be communicated to the professional along with the booking mechanism (including a waiting function) e.g., booking link, appointment time, warm transfer.

The key enablers to support the delivery of this model are Culture & Organisational Development, Leadership and Quality Management.

How we will deliver the national plan

We worked with our 18 PCNs to develop their Capacity & Access Improvement Plans earlier in the year. The plans incorporated all requirements of the PCARP with the ambition to achieve or work towards the target where appropriate.

National Capacity & Access Support Payment (CASP) 70% Payment	Local Capacity & Access Improvement Payment (CAIP) part or all of 30%
• The Capacity and Access Support Payment for the period 1 April 2023 to 31 March 2024 is calculated as £2.765 multiplied by the PCN's Adjusted Population. • This funding will be unconditionally paid to PCNs, proportionally to their Adjusted Population • Paid via PCSE **1 in 12 equal payments over the 2023/24 financial year**	• The maximum a PCN could earn is £1.185 multiplied by the PCN's Adjusted Population as of 1 January 2023. • The commissioner will instruct PCSE Online to make the appropriate payment to the Nominated Payee of the PCN by no later than **31 August 2024.**
DD total funding £3,061,941	**DD total funding £1,312,260**

The plans were signed off by the Access Working Group following feedback on the draft plans submitted.

We are holding mid-year reviews with PCNs to assess their progress and provide support where necessary.

How we will deliver the national plan

The key themes from the PCN plans are:

- Collaboration with Patient Participation Groups and work towards and improving against the five patient survey questions relating to access
- Develop bespoke in-house surveys to engage with patients to support the results of the patient survey
- Facilitate learning time for practices on care navigation and awareness of services to enable the ability to support getting people to the right place, first time
- Increase in onboarding and usage of Community Pharmacy Consultation Services
- Review of websites to ensure they are fit for purpose
- Development of hubs within PCN to deliver services from
- Segmentation of the population
- Triangulation of Cloud-based Telephony & online consultation data – addressing demand/capacity and staff management
- Integrated working with system partners and the voluntary sector

How we will deliver the national plan

Key deliverables from PCARP

Area	Progress & action
Cloud-based Telephony	Identified 34 practices as critical. We are working to agree a process to allocate funding across these critical practices, to enable migration.
NHS App	96.5% of practices were offering the book and cancel appointment's function and all practices are offering the repeat prescriptions within the app. Work is ongoing to ensure full functionality within the app, including secure app messaging.
Online Consultations	48 practices are achieving the Online Consultation Usage target of 260 per 1000 registered patients per annum. Engagement to encourage increased uptake is ongoing and will be discussed with PCNs during their PCARP mid-year review meetings.
General Practice Appointment Data (GPAD)	60 practices are seeing at least 85% patients within 14 days of booking an appointment, with more than half of these are seeing 90%+ patients within 14 days. Data is shared regularly with PCNs to support them to achieve the target and DDICB will continue to work with the practices who are outliers.

Area	Progress & action
Care Navigation Training	54 practices have signed up to participate in the national Care Navigation Training. We will continue to communicate to PCN Operation Managers to encourage uptake and will also be discussed at the PCARP mid-year review meetings.
General Practice Improvement Programme (NGPiP)	DDICB have 33 practices signed up to NGPiP and one PCN and will be ringfenced for Transition Funding. DDICB are agreeing an allocation of funding process for those practices who are implementing the Modern General Practice Model but not taking part in the NGPiP.
GP Community Pharmacy Consultation Service (GP-CPCS)	All practices are engaged with the GP-CPCS scheme. Locally, we have made the decision to include the scheme within the PCARP with the aim of increasing the number of referrals.
Support Level Framework (SLF)	We are recommending that practices take advantage of the SLF. A working group has been established focusing on uptake and our approach.
GP Registration Service	DDICB have the lowest sign-up rate, 9.7%. We are promoting all webinars and considering arranging a local webinar to encourage practice sign up.
Self-referral Pathway	DDICB have undertaken the initial national self-assessment, with a second self-assessment completed in late September. Our baseline figure for self-referrals is 1,100 and our target is 1,650. We are awaiting data so we can understand our position against the target. Once available, the data will be built into our community performance.

How we will organise ourselves

The Primary Care access recovery work is overseen by the Director of Primary Care (SRO). The ICB work collaboratively with other partners on this programme of work including, but not limited to the following:

- Primary Care Networks – this is with both Clinical Directors and PCN managers.
- GP Provider Board who provide a collaborative voice for developing the future of general practice provision within the Derby & Derbyshire health and care system.
- Derby & Derbyshire Local Medical Committee
- General Practice Task Force (GPTF) who now deliver the Training Hub for Derby & Derbyshire amongst many other things including System Development Fund schemes.

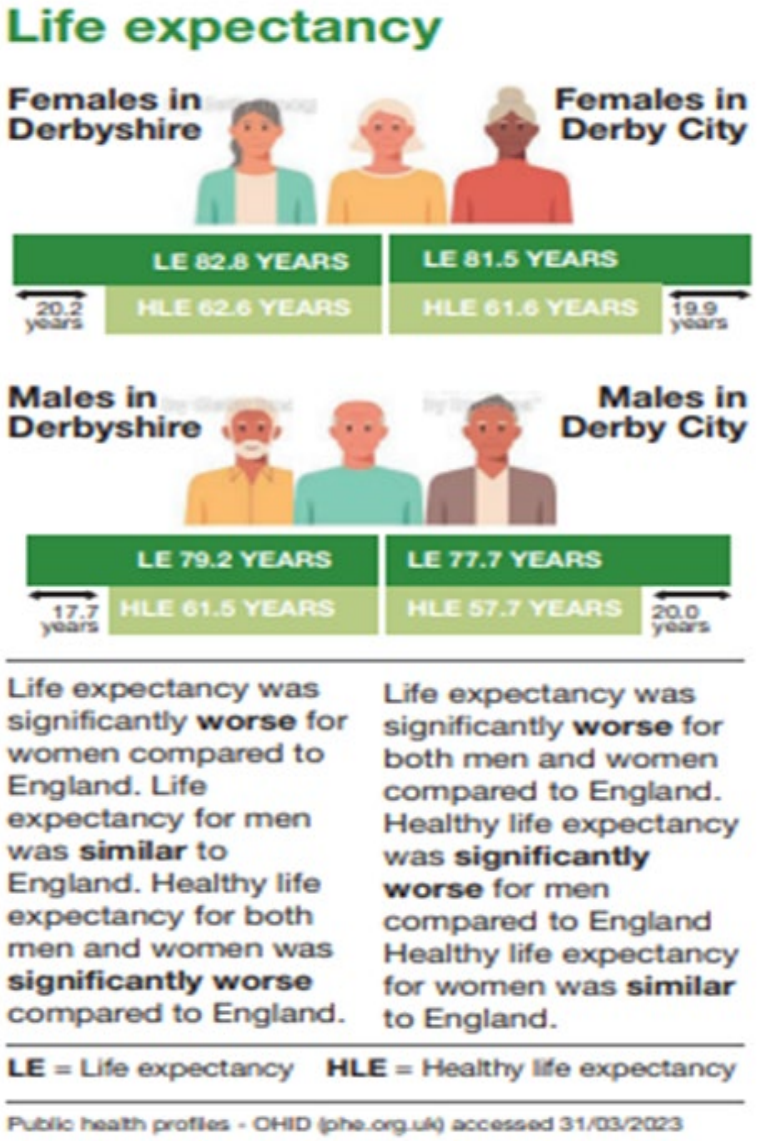
The programme of work is managed via the Access Working Group which is a subgroup of the Primary Care Network Delivery & Assurance Group, that oversees delivery of the PCN DES. The group has representation from the ICB, GP Provider Board, LMC & GPTF. The group meet monthly to discuss progress against the plan and advise on any issues/barriers that are being met.

Managing inequalities

Many people in Derby and Derbyshire live for a long time with long-term and often multiple conditions and there are stark differences in rates of healthy life expectancy between populations.

Similarly, there are also striking differences in life expectancy rates, when comparing the least and most deprived populations.

Work has been undertaken by JUCD System colleagues to develop a set of priority population outcomes and key indicators (known as Turning the Curve indicators) based upon the Derby and Derbyshire Joint Strategic Needs Assessments (JSNAs). These focus on increasing life expectancy, increasing healthy life expectancy, and reducing inequalities.



Managing inequalities

- **Start Well** - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness

- **Stay Well** - To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer

- **Age/ Die Well** - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations

How we will invest funding

The additional funding for primary care equates to £15.107m. We will ensure that funding is spent in year with practices and PCNs across Derbyshire, with deliverables being closely monitored against the funding allocations. Funding will be paid in a timely way, as per the ICBs agreement with providers, utilising payment mechanisms that are already in place and working well.

The funding has been split into the categories below providing assurance that the funding to support primary care is being used in addition to existing funding and for its intended purpose.

- Transition cover and transformation support funding
- Cloud based telephony transfer funding
- Digital 0.93p per weighted patient
- Capacity and access support payment (guaranteed element)
- Capacity and access improvement/ incentive payment (based on achievement of indicators)
- ARRS (additional value for 23/24 per allocation given)
- ARRS (funding required from ICB in line with contracts without national funding to support, high risk)

How we will involve patients

Engagement with patients, public & primary care workforce to deliver the PCARP is essential so that they can be part of the journey of transforming General Practice. Derby and Derbyshire ICB are adopting the following approach towards communications and engagement around the primary care recovery plan:

- **Amplifying national messaging –** We supported the national announcement of the primary care recovery plan by sharing key details through our stakeholder, staff and PCNs which included the development a local case study.
- **Informing and engaging local communities and stakeholders –** Primary care team leaders attended our “Derbyshire Dialogue” engagement forum in June to discuss the recovery plan and we presented at Healthwatch Derbyshire’s AGM in September, where we gained valuable insight from attendees.
- **Developing a locally specific communications campaign –** We are developing a local primary care access plan, with a view to board approval in October / November.
- **Supporting our winter campaign –** We have agreed a joint approach with our comms team and colleagues from the acute, mental health and community trusts, along with the provider of NHS111 and out of hours GP services. One element of this campaign will be to inform audiences about the range of primary care services available. This will mirror the national NHSE-led campaigns.

How we will manage risks to the plan

Key risks to the plan have been identified and mitigations will be agreed via the Access Working Group and other relevant forums. The main areas of concern are:

- Lack of agreement on some of the principles of “Modernising General Practice”
- Digital enhancements moving General Practice away from person centred holistic care and creating ‘infinite queues’, decreasing patient satisfaction even further
- Lack of workforce to support effective care navigation
- Senior and experienced clinicians moving into oversight roles when evidence suggests that they are needed on the ‘front-line’
- Plan will not be embedded or implemented in way that can support with winter pressures this year
- Demand still outweighs capacity
- Increased focus on ‘on-the-day’ care will have a detrimental impact on the management of long-term conditions and patients with high complexity
- The funding is not new and is being repurposed from the PCN DES

Derbyshire September 2023 Recovery Position

(When discussing post-pandemic recovery Glossop figures are not included because they were not part of Derbyshire in 2019. Including them would inflate our current position)

	Sep-19	Sept 23 (not including Glossop)	Overall Derbyshire Totals Sept 23	Glossop Sept 23	Appt Different Sept 23 - Sept 19 (Not inc Glossop)	% increase / Decrease	% Increase / Decrease corrected for working days
Total Appointments	524984	614488	639738	25250	180801	17.0%	17.0%
Face-to-Face	433687	468292	487589	19297	464924	8.0%	8.0%
Home Visit	3368	4351	4646	295	-59425	29.2%	29.2%
Telephone	63776	103351	108640	5289	87628	62.1%	62.1%
Unknown	15723	22254	22550	296	13824	41.5%	
Video Conference/Online	8430	16240	16313	73	2416	92.6%	92.6%
Team UP Home Visitng Service			4811				
Same Day	196769	216013	223682	7669	19244	9.8%	9.8%

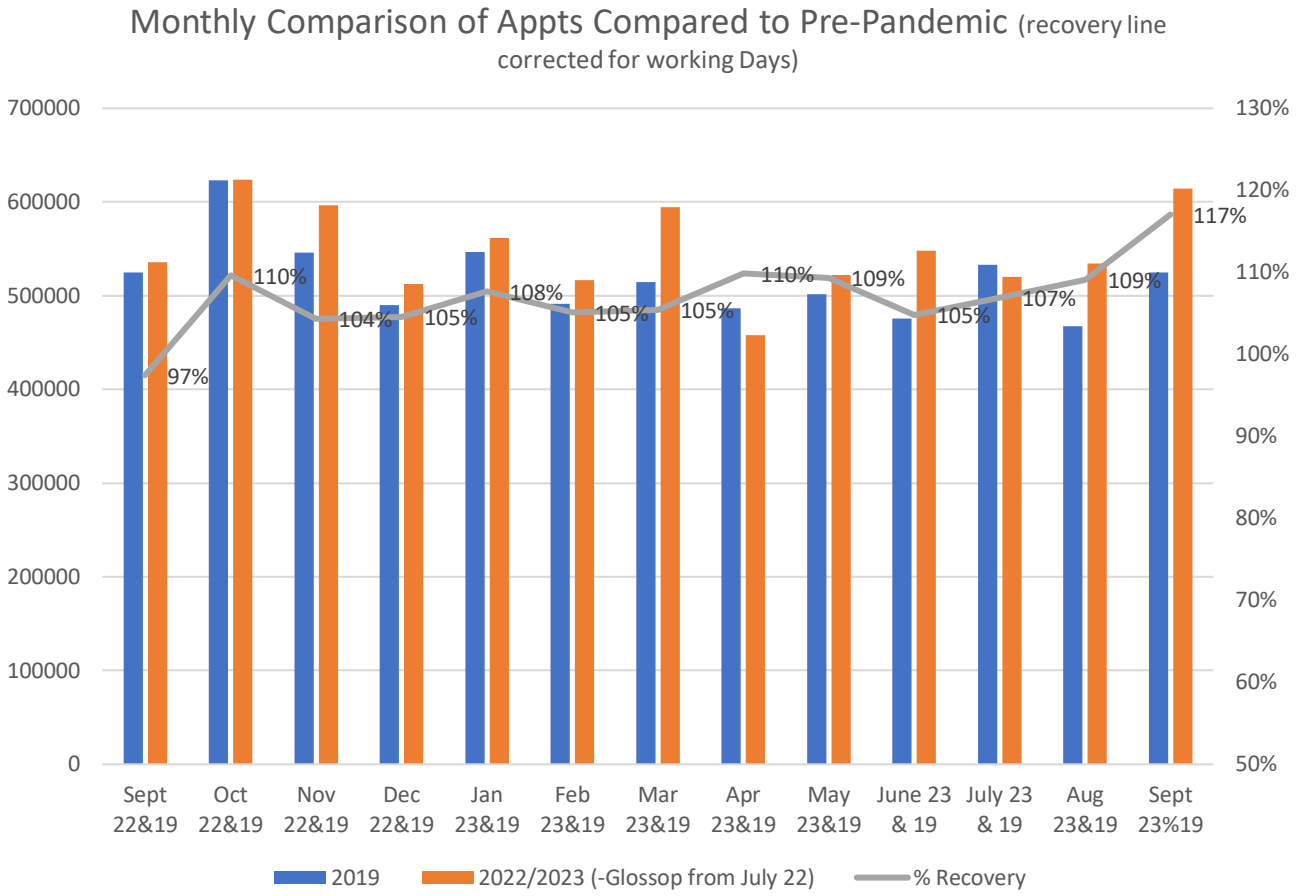
- Total number of appointments in September 23 has increased by 17% (same amount of working days) which is approx. 615,000 for the month (640,000 including Glossop). On top of the September 23 total there were 4811 home visits from the Aging Well Support Programme which relieves pressure in General Practice.
- The number of General Practice Face to face appointments in September 23 are up 8% of September 19. They made up 76% of total appointments.
- Telephone appointments in September 23 are up 62% compared to September 19. They made up 16.8% of appointments.
- Video/Online appointments are up 93% compared with September 2019, approx. 16,000 in total making up 2.6% of appointments,
- General Practice Same day appointments in September 23 are up 10% compared to September 19 making up 35% of appointments.

Derbyshire Total Appointments Delivered per month 2019 - 2023 comparison

September 2023 Derbyshire has recovered 117% compared with 2019 (corrected for working days).

The Primary Care team have been working with practices who regularly show lower levels of recovery to first of all establish if firstly it's a data issue and if not support is offered through talking through any issues, is there anything we can do to support?

Targeted support is offered through the Accelerate programme and the newly released General Practice Improvement Programme which offers varying levels of support to practices to help improve access to patients.



Note:

- Glossop PCN joined from September 2022, so in order to compare their figures have not been included.

Contact Details

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH

MONDAY, 11 DECEMBER 2023

Report of the Executive Director - Adult Social Care and Health

Joint Local Health and Wellbeing Strategy

1. Purpose

1.1 The Improvement and Scrutiny Committee – Health is asked to:

a) Note the development to date of the Joint Local Health and Wellbeing Strategy for Derbyshire

b) Note the draft areas of focus for the Joint Local Health and Wellbeing Strategy for Derbyshire

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' (JLHWBS). In preparing the Derbyshire Joint Local Health and Wellbeing Strategy, the Board must have regard to the Derby and Derbyshire system level Integrated Care Strategy. 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 Derbyshire population, as identified by the Joint Strategic Needs Assessment (JSNA). The JSNA has been published on the Derbyshire Observatory.

2.2 The current Health and Wellbeing strategy was refreshed mid-way through the strategy cycle in light of the Covid-19 pandemic in 2022. The learning and impacts from the pandemic were reflected in this refresh. It was agreed at the Health and Wellbeing Board in March 2022, that a full refresh of the strategy would take place during 2023, so that a new strategy could be in place for the start of the 2024/25 financial year.

2.3 An evaluation of the current strategy was undertaken during 2023, with recommendations from this supporting the refresh of the strategy. The evaluation recommendations included:

- Having a stronger focus on the whole life course
- Learning from other parts of the system whilst being careful to avoid duplication
- Limiting the number of areas of focus
- Having a greater emphasis on wider determinants of health and decreasing inequalities,
- Ensuring ownership of actions through an operational plan

2.4 A range of data sources and evidence have been utilised to inform the development of the new strategy and to identify health and wellbeing needs and priorities. These include:

- The JSNA
- Local Community Insight
- Other strategies including the Derby and Derbyshire Integrated Care Strategy
- Learning from the evaluation of the current strategy
- 1:1 engagement with partners and Health and Wellbeing Board members
- Health and Wellbeing Board Development Sessions.

The Board are also working alongside Derby City Health and Wellbeing Board leads and representative from the Derby and Derbyshire Integrated Care Board (ICB) to align the strategy where possible across the Integrated Care System.

2.5 Since April 2023, three development sessions with Health and Wellbeing Board members have taken place. In the initial two sessions, in June and July, board members were presented with the JSNA data and asked to consider key themes, outcomes and priorities. Key points from the development sessions included:

- ensuring the strategy is informed by the JSNA
- consider clear mobilisation and accountability of the strategy
- ensure the strategy has a focus on primary prevention
- ensure the strategy has a life course approach, including early intervention
- maintain a collaborative approach to the development and delivery
- have a limited number of areas of focus

2.6 Following the initial two development sessions, 1:1 sessions were held with representatives from district and borough councils, Derby and Derbyshire ICB, Healthwatch, local health and wellbeing partnerships and Derbyshire Police. In these sessions, local data from the JSNA was presented and discussed to help prioritisation and identification of health and wellbeing needs. In addition, local intelligence was gathered and discussed during the 1:1 sessions.

2.7 The data and intelligence gathered from the development sessions and 1:1 engagement was collated and analysed thematically, along with the data from the JSNA. From the collation of information, key themes and were established. Key themes included:

- Mental/emotional health and wellbeing
- Health experiences of children and young people
- Housing
- Falls prevention
- Winter deaths
- Cost-of-living
- Smoking/tobacco control and vaping
- Physical inactivity
- Diet and obesity
- Alcohol
- Inclusion (social, digital, and financial)
- Wider determinants
- Addressing the root causes and causes of the causes

2.8 At the third development session, in September 2023, the key health and wellbeing themes were presented. Board members were asked to discuss each key theme and identify what could be done in each area of the life course (Start Well, Stay Well, Age/Die Well). Using the key themes, this session helped form the six areas of focus.

2.9 Through all the stages of engagement six areas of focus were presented to the Health and Wellbeing Board on 5 October 2023. The draft areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Support good mental health
- Support communities to be resilient and independent
- Enable children and young people in Derbyshire to start well and tackle child poverty
- Develop the Health and Wellbeing Board to effectively deliver on the areas of focus

2.10 Positive feedback was received from the Health and Wellbeing Board on 5 October 2023. Positive feedback included the strategy development approach and the work that has taken place to understand the alignment with other strategies. Key points to consider further were also noted which included: the need to develop strategic action plan, identify leads for the areas of focus, focussing on healthy life expectancy as a key outcome measure.

2.11 Engagement and involvement of board members and partners will be ongoing to coproduce and refine the strategy and areas of focus. Case studies, best practice examples and reflections on local work already being undertaken will be regularly presented at the Health and Wellbeing board as part of the strategy governance.

2.12 There is a firm commitment to shared delivery and implementation of the Joint Local Health and Wellbeing Strategy. The Terms of Reference will be reviewed to ensure the board is effective. Delivery plans will be put in place and updated on at quarterly Health and Wellbeing Board meetings. The Key Performance Indicators will also be refreshed to track progress.

3 Consultation

3.1 A key element of the strategy development has been to co-produce, co-own and co-deliver the strategy. As outlined above in the report, engagement has taken place in the form of development sessions, 1:1 engagement and JSNA data analysis.

3.2 Presenting the strategy development process to the Improvement and Scrutiny Committee - Health demonstrates further engagement with Elected Members.

4 Alternative Options Considered

4.1 Not developing a new Joint Local Health and Wellbeing Strategy. This option is not appropriate as it was agreed in March 2022 to prepare a full strategy refresh during 2023. The Joint Local Health and Wellbeing Strategy is also a statutory responsibility of the Derbyshire Health and Wellbeing Board.

5 Implications

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

6 Background Papers

6.4 Approval of the Derbyshire Health and Wellbeing Strategy Refresh 2022 – March 2022
6.5 Health and Wellbeing Board Development and ICP Update – January 2023
6.6 Joint Local Health and Wellbeing Board Strategy – March 2023
6.7 Update on the Joint Local Health and Wellbeing Strategy – July 2023
6.8 Joint Local Health and Wellbeing Board Strategy – October 2023

7 Appendices

7.4 Appendix 1 – Implications
7.5 Appendix 2 – Draft Joint Local Health and Wellbeing Strategy

8 Recommendation(s)

That the Improvement and Scrutiny Committee – Health:

a) Note the development to date of the Joint Local Health and Wellbeing Strategy
b) Note the draft areas of focus for the Joint Local Health and Wellbeing Strategy for Derbyshire

9 Reasons for Recommendation(s)

9.1 To ensure that the Improvement and Scrutiny Committee – Health have been consulted and assured that a thorough process has taken place to refresh and develop a new Joint Local Health and Wellbeing Strategy for Derbyshire.

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Appendix 1

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 (CCGs) and their functions have been assumed by Integrated Care Boards (ICBs). 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.

Information Technology

4.1 There are no Information Technology implications of this report.

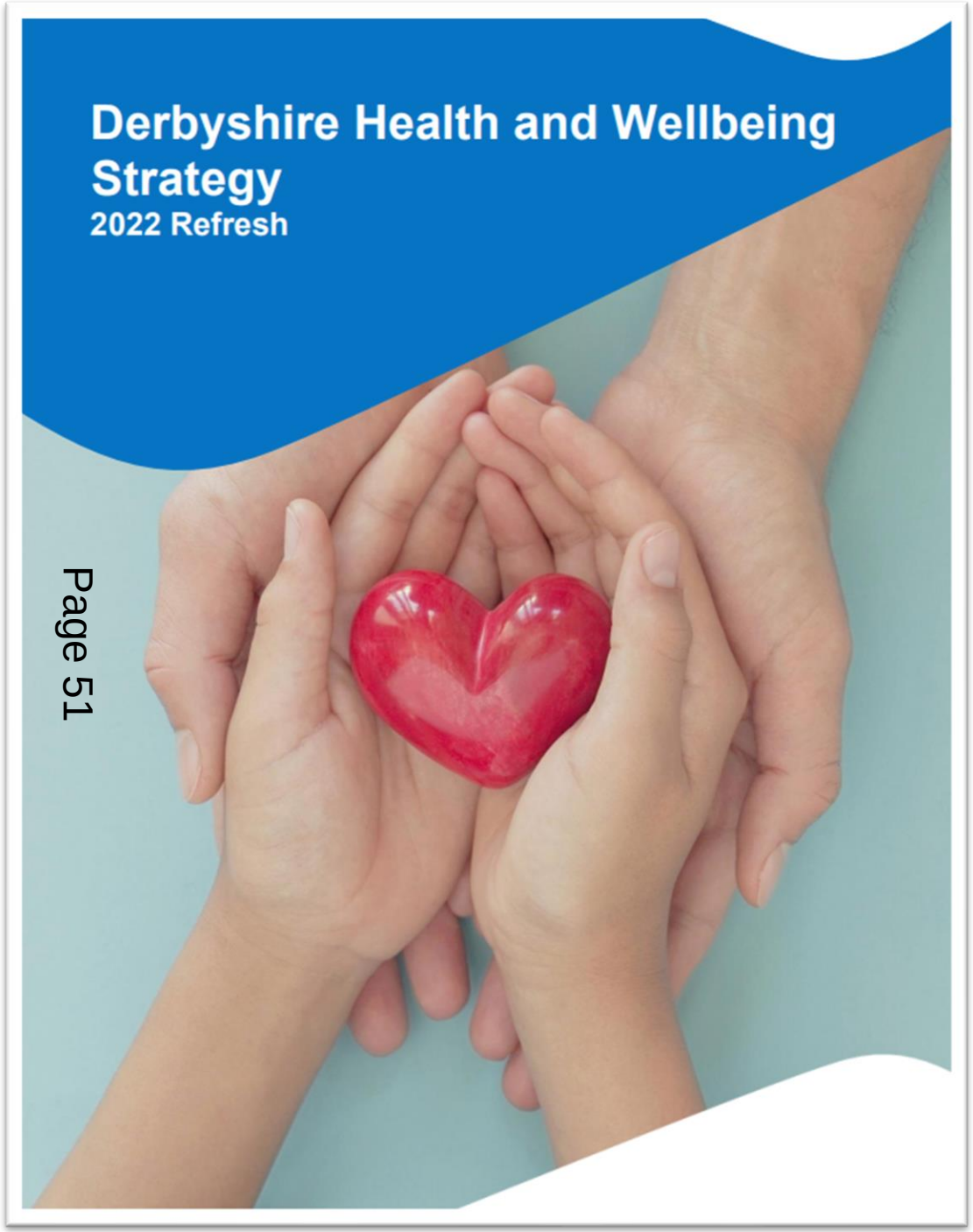
Equalities Impact

5.1 The refresh of the Joint Local Health and Wellbeing Strategy for Derbyshire seeks to reduce health inequalities and increase Healthy Life Expectancy.

Corporate objectives and priorities for change

6.1 The refresh of the Joint Local Health and Wellbeing Strategy contributes to the Council Plan priorities of:

- Resilient, healthy and safe communities
- High performing, value for money and resident focused services
- Effective early help for individuals and communities



DERBYSHIRE County Council

Joint Local Health and Wellbeing Strategy

Improvement and Scrutiny - Health Committee

11 December 2023

Background

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 and have both set functions and a core membership. The Health and Wellbeing Board is established as a committee of Derbyshire County Council and the Terms of Reference are contained within Article 14 of the Derbyshire County Council constitution.

Statutory Functions

- Preparing and publishing a Joint Strategic Needs Assessment (JSNA) of current and future health and social care needs and ensuring it informs the Health and Wellbeing Strategy and Integrated Care Strategy.
- Preparing and publishing a Joint Local Health and Wellbeing Strategy (JLHWS) for Derbyshire.
- Promoting integrated working in planning, commissioning and delivery of services to improve the health and wellbeing of the population of Derbyshire, including the use of Section 75 agreements.
- Receiving and responding to the plan of the Integrated Care Board.
- Preparing and publishing a Pharmaceutical Needs Assessment to assess the need for pharmaceutical services in Derbyshire.
- Expressing an opinion when an application is received from pharmacies in Derbyshire where they wish to consolidate or merge.

Why is a new strategy needed?

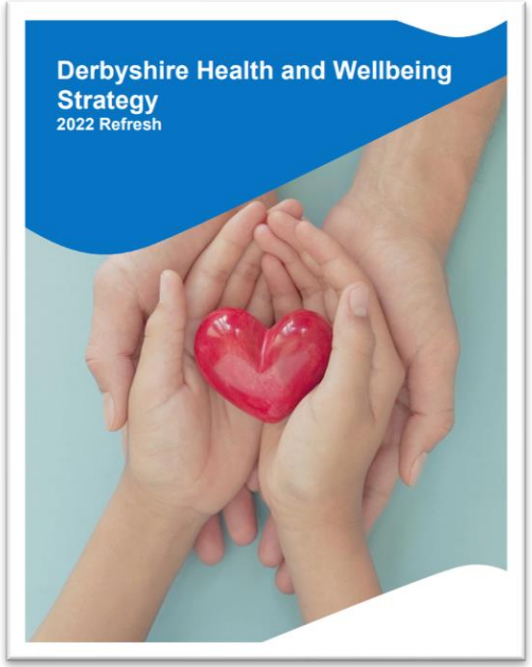
- Statutory responsibility of Health and Wellbeing Boards to prepare and produce a Joint Local Health and Wellbeing Strategy
- The Board agreed in February 2022 to have a full strategy refresh during 2023
- To identify new areas of focus for Derbyshire, utilising data from Joint Strategic Needs Assessment and local intelligence gained through engagement with partners and Board members
- Create links to the Integrated Care Strategy
- Consider the strategy in relation to Maslow Hierarchy of Need and Primary Prevention

Current strategy

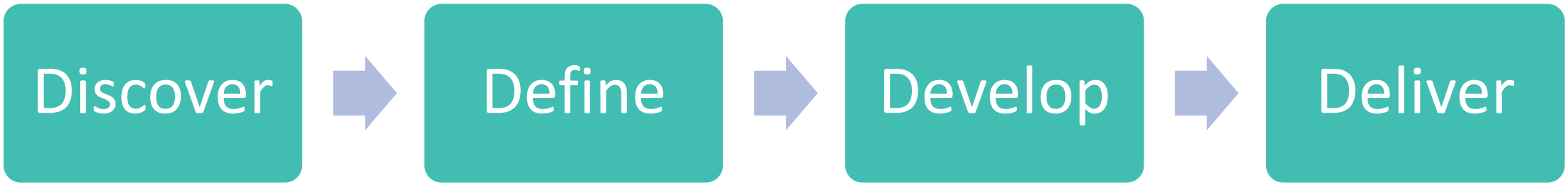
- **October 2018 -** first approved and published

- **April 2021** – agreed to refresh to reflect:
  - The impact of Covid-19
  - Launch of Derby and Derbyshire Integrated Care System
  - Changes to Public Health landscape including disbandment of Public Health England
  - Opportunities to work with partners

- **March 2022** - Refresh approved and published



Engagement and Feedback is core to the strategy development



Progress from the last strategy

Reflect and update

Development sessions and one to ones

Workshops and Feedback

Produce the finished Strategy

What are the guiding principles to the Health and Wellbeing Strategy

- Health inequality and primary prevention are the key drivers for the strategy
- The data from the Joint Strategic Needs Assessment (JSNA) and local intelligence needs to shape areas of focus for the strategy
- Improving the lives of the Derbyshire population needs to be at the heart of the strategy
- Co-producing and co-owning the strategy
- Health inequality and primary prevention are the key drivers for the strategy
- The strategy needs to have it's place in the Derbyshire system
- The strategy needs to link to the ICS strategy and other parts of the system
- A balance of county and local perspectives in the areas of focus
- Be clear on how we progress measure the impact using data and local intelligence
- Think about what other partners need to be involved to progress the strategy
- Priorities which have impact across the life course

Engagement and Feedback

- Evaluation of the current strategy
- 2 development sessions (June & July) – 18 board members (and D&B supporting officers) attended
- Individual engagement sessions with District and Borough Representatives
- Individual engagement sessions with ICB, Healthwatch and Police
- Data analysis utilising the JSNA and feedback from the sessions
- Further development session – September 2023 (20 attendees including Board members and D&B supporting officers) – themes and areas of focus identified
- Engagement session with Health and Wellbeing Partnership representatives
- Presentations at the Health and Wellbeing Board to provide progress updates and gain feedback

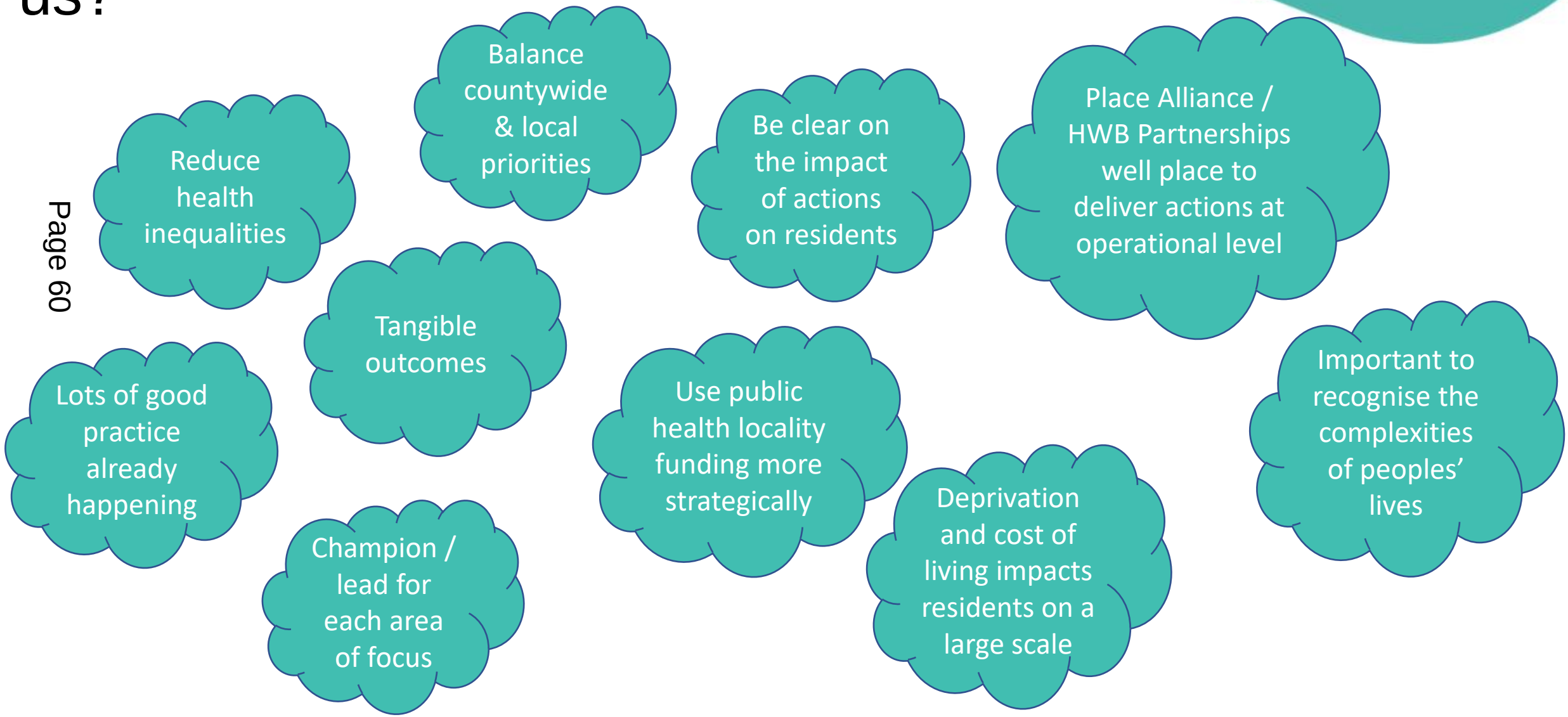
What data / evidence has informed the development of the Strategy?

- Derbyshire Joint Strategic Needs Assessment (JSNA)
- Local community insight
- Other strategies
- The story behind the data
- Learning from the existing strategy
- Case studies – work that is happening in Derbyshire
- Maslow Hierarchy of Needs
- 1:1 engagement with Districts and Boroughs
- Previous HWB Development Sessions
- Process evaluation of current strategy

Evaluation of the current Joint Health and Wellbeing Strategy

- Stronger focus on life course is needed
- Include learning from other parts of the system whilst not duplicating
- Limiting the number of areas of focus
- Greater emphasis on wider determinants and decreasing inequalities
- Outcomes and indicators could be broader to encourage greater co-production
- Opportunity to develop the Strategy and embed within the wider health and wellbeing landscape
- Ownership of actions is required including operational plans

Local Intelligence – what did the partner engagement sessions tell us?



What did the data and local intelligence identify as priorities for Derbyshire?

- Mental health / emotional health and wellbeing
- Health experiences of children and young people / best start / child poverty
- Housing
- Falls prevention
- Winter deaths
- Cost of living
- Smoking / tobacco control (including smoking in pregnancy) and vaping
- Physical inactivity
- Diet and Obesity (including childhood obesity)
- Alcohol
- Wider determinants, addressing the root causes – causes of causes
- Inclusion – Social, digital & financial

Vision, Objectives and Outcomes

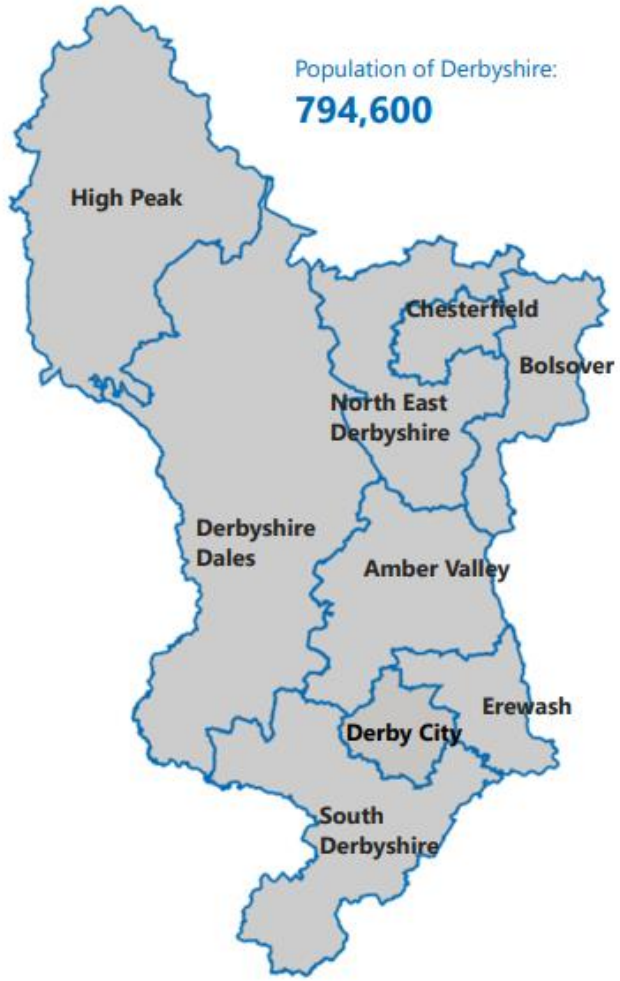
Our Vision: By focusing on prevention and the wider determinants of health, the Board will reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities

↓

Our Objectives will enable residents in Derbyshire to:
Start Well
Live Well and Stay Well
Age Well and Die Well

↓

Our Population Health Outcomes
Reduce health inequalities
Increase healthy life expectancy



Draft Areas of focus

Presented October HWB

1. Tackling multiple unhealthy risk factors – including smoking / tobacco control and vaping, physical inactivity, diet, obesity (including childhood obesity) and Alcohol

2. Support good mental wellbeing including Suicide prevention Children and young people mental health

3. Ensure we are winter ready / Winter preparedness – including falls

4. Addressing the root causes / Enabling a healthy environment, this includes the Wider Determinants – including housing, cost of living etc.

5. Enabling children and young people in Derbyshire to start well and tackle child poverty

6. Developing the HWB to deliver on the areas of focus – this could include; the development and use of the JSNA increasing local intelligence, working together, further understanding need health and wellbeing needs, links with other parts of the system and governance

Draft Areas of focus

further refined following the October HWB

Tackle the four main risk factors that lead to poor health

Smoking

Poor diet

Inactivity

Alcohol consumption

Support good mental health

Suicide prevention

Children and young people mental health

Support communities to be resilient and independent

Housing

Cost of living

Winter preparedness

Enable children and young people in Derbyshire to start well and tackle child poverty

School readiness

Financial inclusion

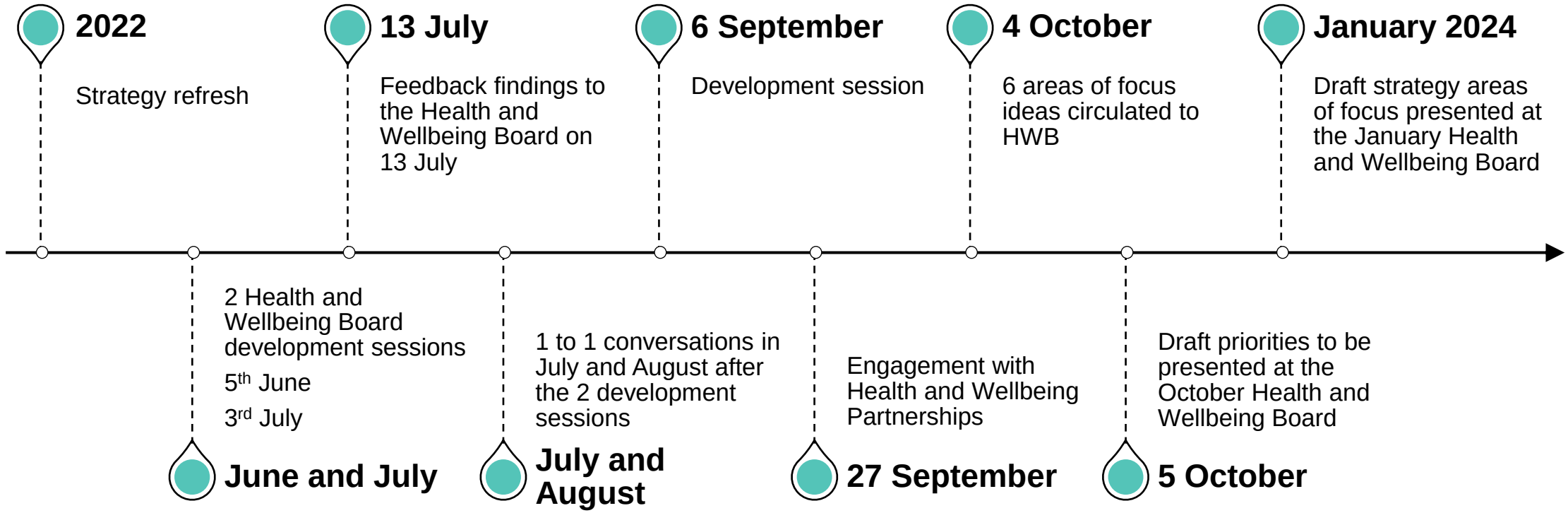
Develop the Health and Wellbeing Board to effectively deliver on the areas of focus

Deepen shared understanding of health need

Develop the system role and voice

Review the Health and Wellbeing Board membership

Timeline



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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

11 December 2023

Report of the Director of Legal Services

School Meals and Children's Health – Scoping Report

1. Purpose

To inform the Committee of a proposed review of the importance of school meals for children's health. To seek agreement to the review being undertaken and establish a review working group.

2. Information and Analysis

The health and wellbeing of Derbyshire people is a crucial part of the Council Plan and the development of children in a safe and healthy environment is a prime component in ensuring they grow into healthy adults.

The Committee, at its meeting on 25 September, following a request from Cllrs. Allen, Fordham and Ramsay, discussed the impact on children's health of a recent Cabinet Member decision to increase school meal prices.

The Committee agreed to undertake a review which would further explore the issues discussed to ensure that Derbyshire children are encouraged to eat healthily. A review proposal form was submitted to the Improvement and Scrutiny Officer which has formed the basis of this report.

The review will explore the relevant sections of the National Food Strategy which was published in 2021. The Strategy was commissioned by the Government and a review was conducted by Henry Dimbleby, who had been appointed lead non-executive board member of the Department of Environment, Food and Rural Affairs in March 2018. Mr Dimbleby also co-

authored the School Food Plan in 2013 which set out actions to transform what children eat in schools and how they learn about food.

During the discussion at the Committee meeting on 25 September, the numbers of children eligible for free school meals was raised and it was noted that some eligible children were not taking up the free school meals opportunity.

Members agreed that this was an important factor in ensuring children had healthy food options and that this was an issue the Committee should explore further.

Therefore, a key element of the review will be to examine the level of take-up of free school meals by Derbyshire children who are eligible, with a view to increasing the number of children who access free school meals.

The review may also consider;

- the Council's procurement procedure and portion control in respect of the delivery of school meals,
- how to best raise awareness of healthy eating and encourage less reliance on ultra-processed foods.
- The Government's policy on free meals eligibility.

To facilitate the review, a working group of Committee Members will be established. Members will be invited to nominate themselves to the working group, subject to the political balance of the Committee.

The working group will seek information from a number of sources and expert witnesses including the Council's Director of Public Health, officers of the Children's Services Department and the School Meals Service. The review process may also involve contributions from service users and the Council's Cabinet Member for Education and the Cabinet Member for Public Health.

As the review continues, reports will be submitted to meetings of the Improvement and Scrutiny Committee – Health to update Members on the progress and direction of the review. Once completed, the review outcomes will be reported to Cabinet with recommendations that any actions to facilitate improvements be agreed by Cabinet.

The implementation of any recommendations accepted by Cabinet will be monitored by an action plan which will identify those who will be responsible for any changes and will set out a timeline for implementation.

After an appropriate time, the Committee may wish to revisit any areas where changes have been recommended, to ascertain the success – or otherwise - of any new arrangements.

An estimated timeframe for the completion of the review is within 6 months, subject to change should additional research and investigation be required.

3. Alternative Options Considered

3.1 None

4. Implications

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

5. Consultation

5.1 Throughout the review process, the working group will engage with service commissioners, providers and users to enable all stakeholders to contribute.

6. Background Papers

6.1 None identified

7. Appendices

7.1 Appendix 1 – Implications.

8. Recommendation(s)

That the Committee:

a) Agrees to a review of school meals and children's health, as set out in the report

b) Establish a review working group of 4 Members from the Majority Group and 1 Member from the Minority Groups to recognise the political balance of the Committee.

9. Reasons for Recommendation(s)

9.1 The Committee is required to agree to the review being undertaken.

9.2 The establishment of a review working group will enable Members to conduct the review within the proposed time frame.

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Appendix 1

Implications

Financial

1.1 The review will work to ensure that the take up of free school meals is maximised for eligible children across the county.

Legal

2.1 None

Human Resources

3.1 None

Information Technology

4.1 None

Equalities Impact

5.1 None.

Corporate objectives and priorities for change

6.1 n/a

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

7.1 n/a

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