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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 10 January 2024

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 18 January 2024** in Committee Room 1, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

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

Helen Barrington
Director of Legal and Democratic Services

AGENDA

PART I - NON-EXEMPT ITEMS

1. Declarations of Interest and Apologies for Absence
To receive declarations of interest and apologies for absence (if any)
2. Minutes (Pages 1 - 4)
To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 05 October 2023.

Approval of the recommendations on reports from 5 October 2023

3. Minutes (Pages 5 - 10)

To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 13 July 2023.
4. Winter Preparedness and Cost of Living update - overview of support to Derbyshire residents (Pages 11 - 18)
5. Annual Section 75 Update for the 0-19 Commissioned Services (Pages 19 - 30)
6. Joint Local Health and Wellbeing Strategy (Pages 31 - 36)
7. Tobacco Control in Derbyshire (Pages 37 - 46)
8. Derbyshire Better Care Fund Plan 2023-25 (Pages 47 - 74)
9. Mental Health and Suicide Prevention (Pages 75 - 84)
10. Health Protection Board Update (Pages 85 - 90)
11. Health and Wellbeing Round Up Report (Pages 91 - 108)

Agenda Items

12. Drug and Alcohol Strategic Partnership Update (Pages 109 - 116)
13. Better Care Fund Quarter 2 Report 2023/24 (Pages 117 - 126)
14. Healthwatch Update (Pages 127 - 136)
15. Joint Local Health and Wellbeing Strategy (Pages 137 - 152)
16. Localities Programme (Pages 153 - 158)
17. Work and Health Update (Pages 159 - 164)
18. Health Protection Board Update (including Health Protection Strategy) (Pages 165 - 196)
19. Health and Wellbeing Round Up (Pages 197 - 212)
20. AOB

PUBLIC

MINUTES of a meeting of **HEALTH AND WELLBEING BOARD** held on Thursday, 5 October 2023 at Council Chamber, County Hall, Matlock, DE4 3AG.

PRESENT

Councillor C Hart (in the Chair)

Councillors J Patten, J Davies, M Dooley, A McKeown, E Sherman, and A Archer.

Also in attendance was A Appleton, T Braund, J Creaghan, H Gleeson, J Gracey, K Hanson, E Houlston, I Little, E Langton, S Lee, H McDougall, S Millar, K Monk, L Race, C Selbie, V Smyth, C Stanbrook, D West, and R Wright.

Attended Virtually – C Clayton.

Apologies for absence were submitted for Councillors M Burfoot, N Hoy, C Poole, K Rouse, and C Cammiss, J Corner, H Henderson, S Scott, S Stevens, G Smith, B Webster.

In quorate meeting

There were not a sufficient number of board members present to transact business and cast votes, therefore the meeting took place to note the information shared.

36/23 MINUTES

The following amendment had been suggested;

Minute number 34/23 to include in the resolution the addition of the review of the statutory action on the next ICP agenda.

37/23 DRAFT LOCAL HEALTH AND WELLBEING STRATEGY

The Health and Wellbeing Board were provided with a report and presentation, providing an update on the proposed priorities / areas of focus of the new Joint Local Health and Wellbeing Strategy.

RESOLVED;

1) That Board Members note the report.

38/23 ANNUAL SECTION 75 UPDATE FOR 0-19 COMMISSIONED SERVICES

The Health and Wellbeing Board were provided with a report, providing detail on the progress made within the Section 75 agreement for commissioned 0-19 Public Health Services over the period September 2021 to March 2023.

It had been outlined that regular reporting for the Section 75 agreement would transfer to the County Place Partnership Board, with the Health and Wellbeing Board retaining strategic oversight.

RESOLVED;

1) That Board Members note the report.

39/23 WINTER PREPAREDNESS AND COST OF LIVING UPDATE - OVERVIEW OF SUPPORT TO DERBYSHIRE RESIDENTS

The Health and Wellbeing Board were provided with a report and presentation, sharing the overview of support being offered to Derbyshire residents in the most vulnerable communities.

The Board were asked to 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.

RESOLVED;

1) That Board Members note the report.

40/23 TOBACCO CONTROL IN DERBYSHIRE

The Health and Wellbeing Board were provided with a report and presentation, informing that Derbyshire Public Health were completing a Tobacco Control Health Needs Assessment and would implement a comprehensive tobacco control framework for Derbyshire.

It had been suggested that tobacco control should be a key priority in the new Joint Local Health and Wellbeing Strategy.

There had been a government announcement that the age of sale was to be raised and that additional funding for stopping smoking provision would be made available.

RESOLVED;

1) That Board Members note the report.

41/23 BETTER CARE FUND OUTTURN REPORT AND BETTER CARE FUND PLANNING SUBMISSION

The Health and Wellbeing Board were provided with a report, outlining the 2023-25 Better Care Fund Plan for Derbyshire as well as the proposal to review local BCF processes and arrangements to ensure match with local health, social care, and housing system priorities.

RESOLVED;

1) That Board Members note the report.

42/23 MENTAL HEALTH AND SUICIDE PREVENTION

The Health and Wellbeing Board were provided with a report and presentation, outlining the high need and the broad range of influencing factors around mental health in Derbyshire to inform the Joint Local Health and Wellbeing Strategy development.

RESOLVED;

1) That Board Members note the report.

43/23 HEALTH PROTECTION BOARD UPDATE

The Health and Wellbeing Board were provided with a report, noting the key messages arising at the Derbyshire Health Protection Board from its meetings on 23 June and 8 September.

RESOLVED;

1) That Board Members note the report.

44/23 HEALTH AND WELLBEING ROUND UP

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

RESOLVED;

1) That Board Members note the report.

45/23 ANY OTHER BUSINESS

Board Members shared thanks to colleagues for the work done collating the agenda and balancing the wider determinants of health.

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.

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 C Cammiss, 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.

RESOLVED to

- 1) Add a review of the statutory action on the next ICP agenda.

35/23 ANY OTHER BUSINESS

There was no other business.



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.

Report Authors: Samuel Bostock, Public Health Lead for Wider Determinants; and
Lois Race, Public Health Lead for Financial Inclusion

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Lois.Race@derbyshire.gov.uk

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

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:

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%
Sustainability 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.

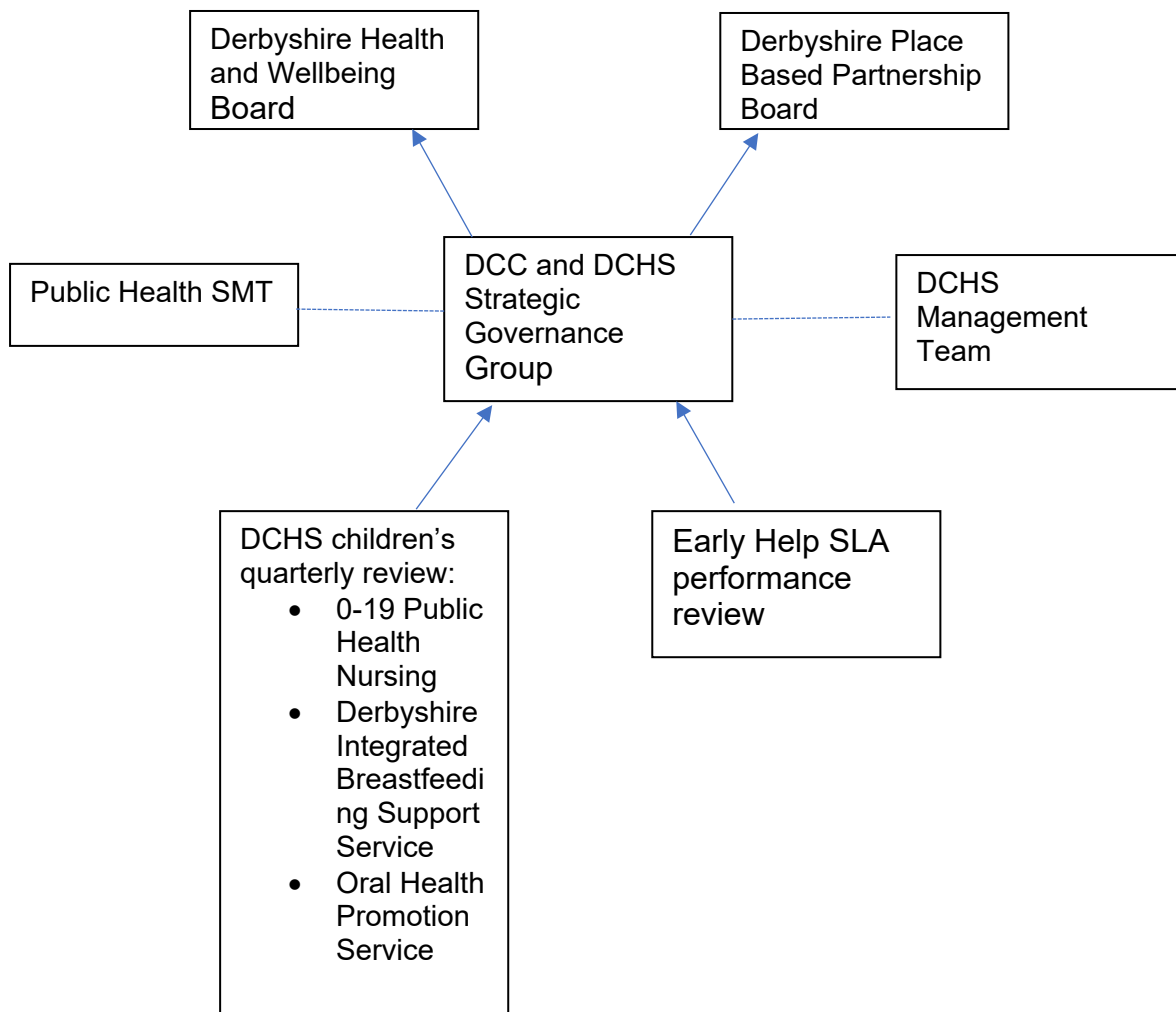
2.15 The other major challenge to the 0-19 Public Health Nursing are cost pressures that have been reported by DCHS that have resulted from

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.

Report Author: Jamie Dix (Service Manager for Public Health Commissioning)

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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

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

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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

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 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		
	Gross Contribution Yr 1	Gross Contribution Yr 2
Disabled Facilities Grant (DFG)		
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
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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

Running Balances	2023-24			2024-25		
	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)
	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

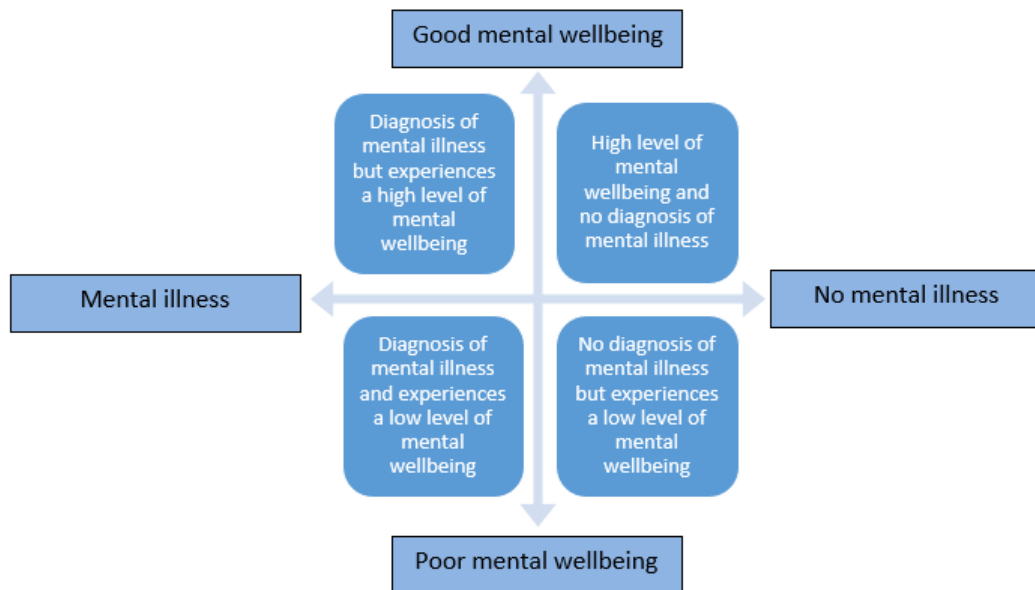
Mental Health and Suicide Prevention

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: iain.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

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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/>)

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

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

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

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

1. Enable people in Derbyshire to live healthy lives

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (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

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	Statutory	Simon Stevens	Parveen Sadiq

	Derbyshire Integration and Better Care Fund 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
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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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

18 January 2024

Report of the Derby and Derbyshire Drug and Alcohol Partnership

Tackling the effects of drugs and alcohol; an update on the work of the Derby & Derbyshire Drugs and Alcohol Strategic Partnership (the DASP)

1. Purpose

- 1.1 To provide an update on the work of the Drug and Alcohol Strategic Partnership (DASP) for Derby and Derbyshire since its establishment in November 2022.
- 1.2 To summarise the national context in which the DASP has been established and the national objectives from the Government's 10-year strategy, From Harm to Hope.
- 1.3 The Health and Wellbeing Board is asked to:
 - a) Note the role of the DASP in setting the strategic direction and joint priorities in relation to tackling the negative impacts of drugs and alcohol in Derby and Derbyshire.
 - b) Note the strategic priorities of the DASP and the progress made in delivering against those priorities.
 - c) Receive an update from the DASP at appropriate points, but annually as a minimum.

2. Information and Analysis

- 2.1 The negative effects of drugs and alcohol to both the individual and wider society are well documented; harm and deaths from drugs and alcohol have increased in recent years. The Government's 10-year

strategy, From Harm to Hope, is intended to reverse this trend. The DASP is responsible for setting the priority areas for action that will ensure that: harm and deaths from drugs and alcohol are reduced; drug and alcohol use is reduced, and drug related crime is reduced.

2.2 The 10-year Government Strategy, From Harm to Hope (2021) required all areas in England to establish a Combatting Drugs Partnership (CDP). The headline objectives of the Partnerships are to:

- reduce drug (and alcohol)-related harm and deaths
- reduce drug-related crime
- reduce drug use.

2.3 Additional funding in the form of the Supplemental Substance Misuse Recovery Grant has been received by Public Health for 2022/23 and 2023/24 to increase the capacity and availability of treatment services.

	2022/23	2023/24
Derby City	£0.916m	£1.7m
Derbyshire	£0.936m	£1.699m

2.4 The CDP, known locally as the Derby and Derbyshire Drug and Alcohol Strategic Partnership (DASP), was established in November 2022 and is formed of the following members:

- Derbyshire Constabulary
- Derby City Probation Service
- Derbyshire Probation Service
- Derby and Derbyshire Integrated Care Board (ICB)
- Derby City Council – Public Health, Children’s Services, Adult Social Care
- Derbyshire County Council – Public Health, Children’s Services, Adult Social Care
- Derbyshire Police and Crime Commissioner.

2.4 National strategic and interim objectives for CDPs like DASP are described in the National Outcomes Framework (see Appendix 2).

2.5 During its first year, the DASP has been understanding the nature and size of the drug and alcohol issues across Derby and Derbyshire, from the perspectives of all member agencies, through the completion of needs assessments. The outcomes of these assessments have been used to identify a shared set of strategic priorities to address national and local objectives. In addition, the DASP has been developing a

Partnership Agreement and Information Sharing Agreement to support its work and is in the process of recruiting an Independent Chair.

- 2.6 Needs assessments have been completed by Derbyshire Constabulary, Derby and Derbyshire Probation Services and Public Health at both Local Authorities. Examples of some of the findings from the needs assessments will be included in a presentation to the Health and Wellbeing Board.
- 2.7 The needs assessments have been used to determine a shared set of priorities for the Partnership which will be detailed in full in the presentation and come under the three strands of reducing drug related harm and deaths, reducing drug use and reducing drug related crime.
- 2.8 A wide range of initiatives has been developed and introduced by DASP partners during the last year to deliver the local priorities. These include:
- Increased distribution and use of Naloxone
 - Training and education of prison staff on continuity of care for prison leavers
 - Introduction of an intelligence-led approach to identifying those in need of alcohol treatment – and development of alcohol treatment pilots in primary care
 - Investment in additional nursing and key-worker staff at Chesterfield Hospital to improve continuity of care between hospital and community treatment for some of the most complex individuals
 - Drug Test on Arrest (DToA) Coordinator appointed by the Police; training for DToA to be commenced in early 2024 and implementation workstreams in place
 - Use of ‘Clear Hold Build’ by the Police in key hotspot areas to support communities following the disruption of supply.
- 2.9 The result of these changes is now being seen across the system. Across Derbyshire the following improvements were reported in September 2023:
- 14% increase of numbers of people in treatment
 - 36% increase in numbers accessing inpatient detox
 - 1833 new presentations to drug treatment
 - 58% increase in young people accessing specialist substance misuse treatment services
 - 5% increase in number of adults in drug and alcohol treatment
 - 49% of prison leavers with a continued treatment need picked up in community treatment services within 3 weeks.

3. Alternative Options Considered

3.1 No other options considered; CDPs are mandatory.

4. Implications

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

5. Consultation

5.1 The DASP is a partnership formed of stakeholders. Public involvement and lived experience feeds into the DASP via its sub-group structure.

6. Partnership Opportunities

6.1 The DASP includes partnership working with Police, Probation, Local Authorities, the ICB, NHS providers and the Police and Crime Commissioner.

7. Background Papers

7.1 From Harm to Hope: a 10-year drugs plan to cut crime and save lives. UK Government. 2021.

https://assets.publishing.service.gov.uk/media/629078bad3bf7f036fc492d1/From_harm_to_hope_PDF.pdf

7.2 Drugs strategy guidance for local delivery partners. UK Government 2022. <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

8. Appendices

8.1 Appendix 1 – Implications.

8.2 Appendix 2 – Summary of the National Outcomes Framework.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the role of the DASP in setting the strategic direction and joint priorities in relation to tackling the negative impacts of drugs and alcohol in Derby and Derbyshire.
- b) Note the strategic priorities of the DASP and the progress made in delivering against those priorities.

- c) Receive an update from the DASP at appropriate points, but annually as a minimum.

10. Reasons for Recommendation(s)

- 10.1 To ensure that the Health and Wellbeing Board is kept updated on the work of the Derby and Derbyshire DASP and the strategic direction set by the DASP is reflected in the strategies of the wider system.
- 10.2 To ensure the Health and Wellbeing Board maintains an understanding of the multiple negative impacts of drugs and alcohol on the health and wellbeing of the population and communities within it and ensure that action is being taken to lessen these impacts.
- 10.3 To support the partner organisations that form the DASP to share accountability for delivering against all national requirements of CDP.

Report Author: Becky Harrington, Deputy Senior Responsible Officer

Contact details: becky.harrington@derby.gov.uk

Organisation: Derby & Derbyshire Drug and Alcohol Strategic Partnership (DASP) **HWB Sponsor:** Ellie Houlston, Director of Public Health

Appendix 1

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 There are no equalities implications of this report. The DASP is an opportunity to help prevent and reduce health inequalities. The socio-economic impact of drugs and alcohol is central to the work of the DASP.

Partnerships

5.1 Drug and alcohol use will impact all members of the Health and Wellbeing Board.

Health and Wellbeing Strategy priorities







6.1 The DASP will support people impacted by drugs and alcohol and wider societal issues. It will support the following priorities:

- Enable people in Derbyshire to live healthy lives
- Build mental health and wellbeing across the life course
- Strengthen opportunities for quality employment and lifelong learning.

Other implications

7.1 N/A

1.1. Summary of CDP National Outcomes Framework. [Source.](#)

Strategic outcomes and metrics			Intermediate outcomes and metrics		
 Reduce drug use	 Reduce drug-related crime	 Reduce drug-related deaths and harm	 Reduce drug supply	 Increase engagement in treatment	 Improve recovery outcomes
Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics
<ul style="list-style-type: none"> Proportion of individuals reporting use of drugs in the last year Estimated prevalence of opiate and/or crack cocaine use (OCU) 	<ul style="list-style-type: none"> The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person The number of homicides that involve drug users or dealers, or have been related to drugs in any way 	<ul style="list-style-type: none"> Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug) 	<ul style="list-style-type: none"> Number of county lines closed Number of major and moderate disruptions against organised criminal groups 	<ul style="list-style-type: none"> Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) The numbers in treatment for adults and young people 	<ul style="list-style-type: none"> Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics
<ul style="list-style-type: none"> Number and proportion of households owed a homelessness duty with a drug dependency need Rate per population of children of referral and assessments by social services with drugs as a factor Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week 	<ul style="list-style-type: none"> Proven reoffending within 12 months Police recorded trafficking of drugs and possession of drugs offences Hospital admissions for assault by a sharp object 	<ul style="list-style-type: none"> Hepatitis C prevalence (chronic infection) in people who inject drugs Number and percentage of people in treatment that have died during their time in contact with the treatment system 	<ul style="list-style-type: none"> Volume and number of drugs seizures Number and proportion of National Referral Mechanism referrals with a county lines flag 	<ul style="list-style-type: none"> Number of individuals in treatment in prisons and secure settings Number of community or suspended sentence orders with drug treatment requirements Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) Unmet need for OCU treatment 	<ul style="list-style-type: none"> Proportion of people in treatment that have reported no housing problems in the last 28 days Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days Proportion of people in treatment reporting a mental health need who received treatment or interventions Proportion of parents that have received specific family or parental interventions

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

18 January 2024

Report of the Executive Director of Adult Social Care and Health

Derbyshire Better Care Fund Quarter 2 report 2023/24

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

- a) Approve the 2023/24 Better Care Fund Quarter 2 report in relation to the revised demand and capacity plan and metrics which are reported retrospectively.

2. Information and Analysis

2.1 As part of the planning requirement for 2023/25 Department of Health and Social Care (DHSC) have implemented additional quarterly reporting which commenced in quarter 2 in 2023 and the return has been submitted in line with the guidance and timetable.

2.2 The return covers a refresh of the demand and capacity plans and quarter 3 will confirm the activity together with the progress on the metrics. The return provides opportunity for the Derbyshire Health and Social Care system to highlight challenges, achievements and support needs in progressing the plans against metrics and demand and capacity data. The metrics and performance are detailed in Appendix 2

2.3 The return provides national partners information to inform future direction and assists local areas to identify gaps in performance and areas for improvement.

3. Alternative Options Considered

- 3.1 There are no possible alternatives as submission of this report is linked to the conditions for award of the Better Care Fund and requires signoff by the HWB in relation to the governance and grant conditions as set out by DHSC.

4. Implications

- 4.1 The national conditions for BCF 2023/24 have been met and have been signed off nationally subject to approval at the Health and Well-Being Board in January 2024

4.1.1 Avoidable Admissions

This is on target for quarter 1 as the performance shows 162.4 unplanned admissions which is below the target of 194.1. Challenges remain in the system to maintain performance in terms of recruitment and retention of care staff and impact of on-going industrial action, however, there has been progress in embedding Team Up and visiting services.

4.1.2 Discharge to Normal Residence

The target is 93.6% and the quarter 1 performance is 95.26% which is above the target. Progress continues to be made in discharge planning and integrated hubs.

4.1.3 Falls

The emergency hospital admissions due to falls in over 65's per 1000 population has an annual target of 1996.4. The quarter 1 performance is 419.5 which is on track to meet the overall target. The Ageing Well Team is continuing to pilot different approaches to falls recovery and is working with various partners to improve outcomes for individuals.

4.1.4 Residential Admissions over 65's

The overall target is 53 placements per month, per 100,000 population; for the first quarter the reported average is 57 per month so just below target. This shortfall is due to increased demand and the restructure of the Council's short-term service which once embedded will increase

capacity and effectiveness through robust performance measures improving outcomes for people.

4.1.5 91-day reablement indicator

The target is ambitious at 70.2% given that the Council's short-term reablement service is undergoing a restructure. The actual figure for quarter 1 was 59.9% and is below the desired outcome for the reasons outlined above re the restructure and increased demand. However, it is expected that performance will improve once the short-term service is fully operational.

4.2 Hospital Capacity and Demand plans

The data has been refreshed to include placements made by the Local Authority and the summary of the main changes is highlighted in appendix 2. The figures show the surplus or under provision for planned demand and provision for the various hospital discharge pathways. The revised plan shows increased demand and a realistic planned deficit of 307 placements for hospital discharges over the 5 months from November 2023 to March 2024. Alternative activity will help address this shortfall. The actual activity will be updated in Quarter 3.

4.3 Community Capacity and Demand plans

The data has been refreshed to include the Voluntary and Community Sector activity and reablement and rehabilitation provision. The summary of the main changes is highlighted in appendix 4. The figures show the surplus or under provision for planned demand for the various pathways for discharges that are managed in the community. The previous plan showed a 1068 shortfall in capacity. The revised plan is more realistic and shows a shortfall of 5 clients per month for discharges over the 5 months from November 2023 to March 2024. The actual activity will be updated in Quarter 3.

5 Consultation

5.1 There is no requirement for consultation with this report.

6 Partnership Opportunities

- 6.1 The Better Care Fund facilitates joint working between Derby and Derbyshire ICB, Derby City Council, Derbyshire County Council, all 8 District and Borough Councils and the voluntary sector for commissioning purposes.
- 6.2 There is also wider collaborative working with the Acute Hospitals, East Midlands Ambulance Service, Derbyshire Mental Health Trust, Derbyshire Community Health Service and independent sector care providers to support hospital discharges.

7. Background Papers

- 7.1 There are no background papers for this report

8. Appendices

- 8.1 Appendix 1 – Implications.
- 8.2 Appendix 2 BCF Metrics Quarter 1
- 8.3 Appendix 3 Hospital Demand and Discharge Capacity
- 8.4 Appendix 4 Community demand and Capacity

9. Recommendation

That the Health and Wellbeing Board:

- a) Note and sign off the report as presented

10. Reasons for Recommendation(s)

- 10.1 This forms part of the governance arrangements for the agreement of the Derbyshire BCF activity at the HWB and subsequent sign off by National Health Service Executive

Report Author: Parveen Sadiq, Senior Business Partner Adult Social Care and Health

Contact details: parveen.sadiq@derbyshire.gov.uk

Organisation: Derbyshire County Council Adult Social Care and Health
HWB Sponsor Simon Stevens Executive Director Adult Social Care and Health

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 There is no equality impact with this report

Partnerships

5.1 There are no implication for partners in light of this report

Health and Wellbeing Strategy priorities

6.1 Please outline how the issues discussed in the report contribute to one or more HWB priorities.

- Enable people in Derbyshire to live healthy lives.
- Build mental health and wellbeing across the life course.
- Support our vulnerable populations to live in well-planned and healthy homes.




Other implications

7.1 none

Appendix 2 Better Care Fund Performance Metrics Dashboard - Derbyshire County Council

	Exception Report	Data Source	Period	Plan	Q1			Q2			Q3			Q4			Trend	
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Admissions to residential and nursing care homes		Permanent admissions of older people (aged 65 & over) to residential and nursing care homes per 100,000 population	Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities	2021/22	526	159.6			162.6			195.2			146.4			
				2022/23	387.4	213.8			163.2			185.5			147.6			
				2023/24	631	48.2	62.0	59.6	57.8	45.8								
Reablement/ rehabilitation services		Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services	Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities	2021/22	81.1%	74.3%			72.2%			75.2%			72.5%			
				2022/23	81.1%	69.6%			65.9%			64.0%			66.3%			
				2023/24	70.2%	65.3%	52.6%	61.2%	72.6%	65.5%	69.9%							

	Exception Report	Data Source	Period	Actual / Plan	Q1			Q2			Q3			Q4			Trend	
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Avoidable Admissions		Unplanned hospitalisation for chronic ambulatory care sensitive conditions (rate given as instances per 100,000 population)	Quarterly NHS Outcomes Framework (HES)	2021/22	Actual	212.5			184.6			211.4			215.5			
					Plan	902.7												
				2022/23	Actual	199.0			189.8			214.0			181.5			
					Plan	213.0			185.0			211.0			197.0			
				2023/24	Actual	162.4												
					Plan	194.1			194.1			194.1			194.1			
Discharges		Proportion of patients discharged to place of usual residence	Monthly Secondary Uses Service Data	2021/22	Actual	92.65%	92.14%	92.34%	90.73%	91.91%	91.42%	93.26%	92.61%	92.57%	93.46%	92.34%	93.59%	
					Plan	92.0%												
				2022/23	Actual	93.25%	93.04%	92.36%	93.03%	92.41%	92.69%	93.21%	92.68%	92.37%	94.04%	93.94%	94.43%	
					Plan	94.1%			94.1%			93.8%			93.9%			
				2023/24	Actual	94.05%	94.22%	93.98%	94.44%	94.64%	94.59%	93.23%						
					Plan	93.6%												
Falls		Number of Falls Admissions aged 65+ per 100,000 population	Monthly Secondary Uses Service Data	2021/22	Actual	147.63	146.50	150.46	158.38	147.63	148.20	134.62	144.24	160.08	126.97	156.39	148.76	
				2022/23	Actual	134.60	144.95	142.22	144.40	134.60	141.13	136.23	141.13	153.67	157.33	110.77	104.35	
				2023/24	Actual	126.29	99.53	128.97	93.11	102.74	105.42	73.85						
				Plan	1966.4													

				2023/24	Plan	93.6%												
		Exception Report	Data Source	Period	Actual / Plan	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
Falls	Number of Falls Admissions aged 65+ per 100,000 population		Monthly Secondary Uses Service Data	2021/22	Actual	147.63	146.50	150.46	158.38	147.63	148.20	134.62	144.24	160.08	126.97	156.39	148.76	
				2022/23	Actual	134.60	144.95	142.22	144.40	134.60	141.13	136.23	141.13	153.67	157.33	110.77	104.35	
				2023/24	Actual	126.29	99.53	128.97	93.11	102.74	105.42	73.85						
					Plan	1966.4												

Appendix 3 Hospital Demand and Capacity

Appendix 2 Hospital Demand and Discharge Capacity															
Hospital Discharge	Previous plan23/24					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot purchasing)				
	Nov	Dec	Jan	Feb	Mar	Nov	Dec	Jan	Feb	Mar	Nov	Dec	Jan	Feb	Mar
Capacity - Demand															
Social support (including VCS) (pathway 0)	0	0	0	0	0	0	-1	0	0	-1	0	0	0	0	-1
Reablement & Rehabilitation at home (pathway 1)	8	68	54	51	3	-86	-36	-42	-63	-60	-86	-36	-42	-63	-60
Short term domiciliary care (pathway 1)	61	61	61	61	61	0	0	0	0	0	60	60	60	60	60
Reablement & Rehabilitation in a bedded setting (pathway 2)	-106	-106	-101	-95	-116	-45	-45	-40	-43	-55	-45	-45	-40	-43	-55
Short-term residential/nursing care for someone likely to require a longer-term care home	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
	-37	23	14	17	-52	-131	-82	-82	-106	-116	-65	-21	-22	-46	-56
please note positive is surplus															

Appendix 4 Community Demand and Capacity

Appendix 3 Community Demand and Discharge Capacity										
Community	Previous plan 23/24					Refreshed capacity surplus:				
Capacity - Demand	Nov	Dec	Jan	Feb	Mar	Nov	Dec	Jan	Feb	Mar
Social support (including VCS)	-4	-4	-4	-4	-160	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	-211	-145	-208	-164	-139	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5
Other short-term social care	0	0	0	0	0	0	0	0	0	0
	-220	-154	-217	-173	-304	-5	-5	-5	-5	-5
please note positive is surplus										

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

18 January 2024

Report from Healthwatch Derbyshire

Healthwatch Engagement Update

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note the overview of themes and priorities from Healthwatch Derbyshire.
 - b) Consider any further opportunities that could support a partnership response to these themes.
 - c) Consider any further opportunities for organisations to collaborate with Healthwatch, and the patient voices we can represent.

2. Information and Analysis

- 2.1 The Engagement Update provides information on current themes. Top themes from members of the public are:

- **GP and dental access**

Problems accessing a GP or a dentist is a top theme in our engagement work. We continue to share this feedback with Joined Up Care Derbyshire (JUCD) and the Care Quality Commission (CQC).

The theme that is most prevalent around GP access is communication between patients and the GP. This has most commonly been around explaining treatments and verbal advice given to patients. Also, follow-on treatment and continuity of care.

Many people are telling us they are phoning 111 due to being unable to access a GP.

There is a view/perception It's considered that many GP practices are going "digital by default". This means that people who can't access digital technology are struggling to get an appointment at their GP surgery.

- **Waiting times, and the importance of good communication and 'waiting well'**

In both health and social care, the concern we are hearing the most about is waiting times. Feedback from the public spoke about a lack of communication when waiting for care.

We are hearing about hospital waiting times for rheumatology, pulmonary rehab, dermatology, and ophthalmology. We are also hearing from Healthwatch England, as well as locally, about assessment waiting times for autism and ADHD. We've also been told about long wait times for CAMHS support for children and young people.

- **Challenges around pharmacy**

Pharmacy is a subject that has started to come up more often. With people struggling to access GP services, many people are relying on pharmacies more. Local people have told us about reduced number of staff and no regular pharmacists. We've also heard about issues with communication between GPs and pharmacies and the closure of pharmacies in rural areas.

- **Support for people with additional needs**

Support for people with learning disabilities and/or autism has been a subject that has become more frequent in the past year. Many carers have said they are struggling to find respite and that there is a lack of appropriate support. We have also had feedback about delays for wheelchair fittings and getting the correct mobility equipment. This is something that we will be asking the public more about in future, as well as reasonable adjustments for people with hearing loss.

2.2 An update is also provided on other Healthwatch work priorities, including Enter and View, and Inpatient Mental Health facilities.

3. Alternative Options Considered

3.1 Not applicable.

4. Implications

4.1 Not applicable.

5. Consultation

5.1 Not applicable.

6. Partnership Opportunities

6.1 To consider any further opportunities that could support a partnership response on these themes.

6.2 Consider any further opportunities for organisations to collaborate with Healthwatch, and the patient voices we can represent.

7. Background Papers

7.1 Not applicable

8. Appendices

8.1 Appendix 1 – Implications.

8.2 Appendix 2 – Engagement update

9. Recommendation(s)

That the Health and Wellbeing Board:

9.1 Note the overview of themes and priorities from Healthwatch Derbyshire

9.2 Consider any further opportunities that could support a partnership response to the themes and priorities identified by Healthwatch Derbyshire.

9.3 Consider any further opportunities for organisations to collaborate with Healthwatch, and the patient voices are represented.

10. Reasons for Recommendation(s)

10.1 The report and its recommendations support the role, function and duty of the Board.

Report Author: Helen Henderson, Chief Executive Officer

Contact details: helen@healthwatchderbyshire.co.uk

Organisation: Healthwatch Derbyshire

HWB Sponsor: Helen Henderson

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 Not applicable

Partnerships

5.1 This report and its recommendations are intended for all partners.

Health and Wellbeing Strategy priorities

6.1 This report supports the following strategic priorities.

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

Other implications

7.1 none

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Engagement

Updates

Welcome to our engagement updates bulletin. Read on for more information about what we're currently focusing on, what we have been hearing, updates, and our project work.

Speaking to the Community

In the past three months our engagement officers have visited a range of groups around Derbyshire to listen to feedback about health and care services. We have had 48% negative comments, and 27% positive. All other comments were neutral or mixed.

Our engagement officers have done a mix of general **engagement** and **spoken to specific groups**. These include groups supporting people with dementia, mental health conditions, and those who struggle with financial inequalities. We have also spoken to people with learning disabilities, long-term conditions, people with sight loss, and neurodiverse people.

The areas we visited the most were Erewash, Chesterfield, Amber Valley, and South Derbyshire. Next quarter we will visit Derbyshire Dales, High Peak, Bolsover, and North-East Derbyshire.



What are we hearing about?

GP and dental access

Problems accessing a GP or a dentists are things we continue to hear about in our engagement work. We continue to share this feedback with Joined Up Care Derbyshire (JUCD) and the Care Quality Commission (CQC).

The themes that have been coming up the most around **GP access** is **communication** between patients and the GP practice. This has mostly been around **explaining treatments** and verbal advice given to patients. Also, follow-on treatment and continuity of care.



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Many people are telling us they are **phoning 111** due to being unable to access a GP.

It's considered that many GP practices are going "digital by default". This means that people who can't access digital technology are **struggling to get an appointment** at their GP surgery.

Waiting times

In both health and social care, the concern we are hearing the most about is **waiting times**. Feedback from the public spoke about a lack of **communication** when waiting for care. This includes phone calls, appointments, and planned treatment. One member of the public stated, "I don't know how I will cope for another 18 months."

We have been signposting and giving information and advice on **waiting well**. We are hearing about hospital waiting times for rheumatology, pulmonary rehab, dermatology, and ophthalmology. We are also hearing from Healthwatch England, as well as locally, about assessment waiting times for autism and ADHD. We've also been told about long wait times for CAMHS support for children and young people.

Pharmacy

Pharmacy is a subject that has started to come up more often. With people struggling to access GP services, many people are **relying on pharmacies** more. Local people have told us about reduced number of staff and no regular pharmacists. We've also heard about issues with communication between GPs and pharmacies and the **closure of pharmacies** in rural areas.

Support for people with additional needs

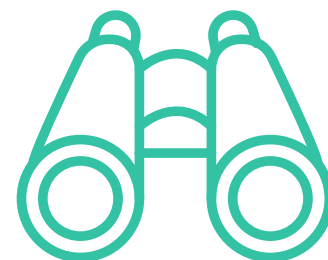
Support for people with learning disabilities and/or autism has been a subject that has become more frequent in the past year. Many carers have said they are **struggling** to find **respite** and that there is a **lack of appropriate support**.

We have also had feedback about delays for **wheelchair fittings** and getting the correct mobility equipment. This is something that we will be asking the public more about in future, as well as reasonable adjustments for people with hearing loss.



Enter and View

Our Enter and View Officer, Lisa, and our volunteers will be **visiting three** Derbyshire County Council care homes over the next few months. Reports will be published in early 2024.



Dental Project

November is the last time our Engagement Officer, Helen, and our volunteers review the NHS Find a Dentist website. We have been regularly checking this website to make sure it is kept up to date on which dentists are accepting NHS patients.



The contract is now with the Integrated Care Board which will oversee this in greater detail.

Our research on the NHS Find a Dentist website has been shared with the primary care commissioning team at JUCD. This will **inform conversations** they are having regionally about making sure the NHS Find a Dentist website is up to date. Our project has meant that they know where the **patterns and hotspots** are across Derbyshire. We will be writing a report on the past two years' worth of data we have collected.

Inpatient Mental Health Support

We continue our quarterly engagement visits to the inpatient units and will be visiting again next quarter.

Hospital Discharge

Our hospital discharge report is now available on our website. It's also available on Healthwatch England's website, and the Patient and Public Insight Library. Some of our **recommendations** in the report have already been started to be **implemented** by the hospitals. Our volunteers are also coproducing a welcome booklet.



Volunteering

Our volunteers are continuing their **hard work promoting** Healthwatch Derbyshire. One way they've been doing this is by giving presentations around Derbyshire.

The work our volunteers have done with the asylum seeker community has meant that a QR code with multiple languages is now available in the Serco hotels that accommodate **30,000 people**. Our volunteers will be reviewing the **impact** of this in the coming months.



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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

18 January 2024

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 areas of focus and outcome measures 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 to review the HWB Terms of Reference and subsequently membership of the Board to align with the new areas of focus in the Strategy

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 JLHWS, the strategy will have regard to the Integrated Care Strategy. The JLHWS 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 2024 the Board will be refreshing the JLHWS.

- 2.2 The data, intelligence and feedback gathered from the development sessions and engagement sessions were collated and analysed thematically, along with the data from the JSNA. This was utilised to prepare the draft areas of focus that were presented to the Board on 5 October 2023.
- 2.3 The draft areas of focus presented to the Health and Wellbeing Board on 5 October 2023 were:
- Tackling multiple unhealthy risk factors – smoking, physical inactivity, diet and alcohol
 - Support good mental wellbeing including suicide prevention, children and young people mental health
 - Winter preparedness
 - Addressing the root causes / enabling a healthy environment
 - Enabling children and young people in Derbyshire to start well and tackle child poverty
 - Developing the HWB to deliver on the areas of focus
- 2.4 Further feedback from Board members was obtained following the Board meeting on 5 October 2023. Feedback included that the ‘winter preparedness’ and ‘addressing root causes’ areas of focus could be combined into one as winter preparedness was viewed as being too narrow. The revised 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
- 2.5 The draft areas of focus and development of the strategy were presented to the Improvement and Scrutiny Committee – Health on 11 December 2023. The Improvement and Scrutiny Committee – Health members were appreciative of the information provided on the development of the JLHWS and the opportunity to discuss the areas of focus. The Improvement and Scrutiny Committee – Health also agreed it would be beneficial for the HWB to review the membership of the HWB to assist the delivery of the JLHWS.

The Improvement and Scrutiny Committee – Health approved the two recommendations outlined in the report:

1. Note the development to date of the Joint Local Health and Wellbeing Strategy
2. Note the draft areas of focus for the Joint Local Health and Wellbeing Strategy for Derbyshire

2.6 A revised timetable is included below:

- January 2024 – Board to approve final areas of focus
- February 2024 – final strategy to be written
- March 2024 – Board to approve final strategy
- April 2024 – June 2024 – write strategy delivery plan
- July 2024 – Board to approve strategy delivery plan

2.7 Public Health continues to work alongside system partners to ensure that engagement and learning from the ICS Strategy development and implementation informs the JLHWBS development.

2.8 Public Health are working alongside Derby City partners to align the strategy where possible across the Integrated Care System.

2.9 The HWB Terms of Reference will be reviewed and amended to reflect the new areas of focus for the Joint Local Health and Wellbeing Strategy; subsequently the membership of the HWB will also be reviewed and amended as part of the Terms of Reference update. The review of the Terms of Reference and the membership of the Board will enable effective delivery of the strategy following the revised areas of focus detailed in the strategy through ensuring that the correct representatives are part of the HWB.

The current Terms of Reference and current Membership of the Board are attached at Appendix 2. Board members are asked to comment on the Terms of Reference and Membership through a questionnaire which will be circulated to Board members in January 2024. Comments will be collated, and the Terms of Reference and list of Members will be updated and brought to the Board meeting on 28 March 2024 for approval.

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.
- 5.4 An update on the development of the Strategy and the draft areas of focus was presented to the Improvement and Scrutiny Committee – Health on 11 December 2023.

6. Partnership Opportunities

- 6.1 Partners are asked to fully engage with the process of developing the new Joint Local Health and Wellbeing 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](#)
- 7.5 [Joint Local Health and Wellbeing Strategy – October 2023](#)

8. Appendices

- 8.1 Appendix 1 – Implications.
- 8.2 Appendix 2 – Terms of Reference (October 2022)

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the update on the proposed areas of focus and outcome measures 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 to review the HWB Terms of Reference and subsequently membership of Board to align with the new areas of focus in the Strategy

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 and Annette Appleton
Project Officer

Contact details: Hayley.gleeson@derbyshire.gov.uk;
annette.appleton@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 (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.

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.

Terms of Reference October 2022

Derbyshire Health and Wellbeing Board (HWB) - Terms of Reference and core strategic functions

Background

Under the Health and Social Care Act 2012 all local authorities are required to establish a Health and Wellbeing Board (HWB) for its area. The Health and Wellbeing Board is established as a committee of Derbyshire County Council.

The legislative framework for the wider health and social care system is within the [Health and Social Care Act 2012](#).

Vision and objectives

Derbyshire Health and Wellbeing Board has a vision to:

Focus on prevention and the wider determinants of health so that the work of the Board will reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.

The objectives of the Board are to enable the residents of Derbyshire to:

- Start Well,
- Live Well and Stay Well,
- Age Well and Die Well.

Purpose and function

Derbyshire Health and Wellbeing Board must undertake the following statutory functions by:

- 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.

These statutory functions will be supported by the following actions:

- Holding organisations and partners to account for delivering against the priorities outlined in the Health and Wellbeing Strategy.
- Ensuring the Health and Wellbeing Strategy has a clear focus on activity linked to primary and secondary prevention, which the Board, through the organisations represented on it, can lead on.
- Championing prevention and population health as important strategic issues and influencing organisations and partnerships both within and external to ICS to reflect this in their work.
- Working as part of the wider system to address strategic challenges for population health, with a particular focus, where appropriate, of working collaboratively with Derby City Health and Wellbeing Board.
- Representing Derbyshire in relation to health and wellbeing issues at a regional and national level where appropriate.
- Working closely with the Derbyshire Healthwatch to ensure appropriate engagement and involvement with patients and service users.
- Ensuring that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes.
- Challenging performance against the outcomes outlined in the HWBS via the HWB dashboard indicators which make links to performance frameworks for the NHS, public health and local authorities.
- Developing mechanisms to measure, monitor and report improvements in health and wellbeing outcomes for Derbyshire.
- Ensuring there are effective and appropriate mechanisms to communicate, engage and co-produce health and wellbeing strategy priorities with local people and stakeholders.

Membership

The Health and Wellbeing Board will involve Integrated Care System and wider partners. The Cabinet member with Executive responsibility for Public Health will Chair the Board. The Vice Chair is indicated in the membership list below should the Chair be unable to attend a meeting.

Should neither the Chair nor vice-chair be able to attend a meeting of the Health and Wellbeing Board, the members present at the meeting will agree to appoint a Chair for that meeting from the members present.

The full Health and Wellbeing Board membership will comprise:

- Cabinet Member with Executive responsibility for Public Health (Chair) (Statutory)
- Chief Executive Officer for Derby and Derbyshire Integrated Care Board (Statutory)
- Non-Executive Director for Derby and Derbyshire Integrated Care Board (Vice chair) (Statutory)

- Senior officer with statutory responsibility for Adult Social Care, Derbyshire County Council (Statutory)
- Senior officer with statutory responsibility for Children’s Services, Derbyshire County Council (Statutory)
- Director of Public Health, Derbyshire County Council (Statutory)
- One representative from Healthwatch Derbyshire (Statutory)

Statutory officer who fulfils role of

- Cabinet Member with responsibility for Adult Social Care
- Cabinet Member with responsibility for Children’s Social Care
- Chair of 3D to represent the voluntary sector
- One elected member holding a relevant Cabinet portfolio or committee chairperson from each district or borough council in Derbyshire
- Police and Crime Commissioner for Derbyshire
- One senior officer representative from Derbyshire Constabulary
- One senior officer representative from Derbyshire Fire and Rescue Service

The Board can co-opt additional members as it considers appropriate in relation to Health and Wellbeing Strategy priorities.

Representatives from NHS England, Public Health England, the UK Health Security Agency, or Office of Health Improvement can attend the Board meetings as required, but in relation to specific issues or area of interest. These officers will not be able to vote on matters.

Senior officers from district and borough councils may attend the meeting to support district and borough elected members who are formal members of the committee. These officers will not be able to vote on matters.

Specific officers may be asked to attend one or a series of HWB meetings to provide detailed insight and input to particular topics or issues, such as one of the Health and Wellbeing Board priorities. These officers will not be able to vote on matters.

The Board membership will be reviewed annually in line with the municipal year.

Responsibilities of Board members

Members should be senior leaders and key decision makers who are able to actively contribute to, and be collectively accountable for, the development and delivery of the Health and Wellbeing Strategy and achievement of our shared ambition to improve population health and wellbeing outcomes and reduce health inequalities.

All members will:

- Endeavour to attend all meetings of the Health and Wellbeing Board as no substitutes will be permitted. If they are unable to attend any actions or issues will need to be raised via liaison with another Health and Wellbeing Board member.
- Fully engage in the Health and Wellbeing Board including active participation in discussions and decision-making relating to all relevant agenda items.
- Propose, as appropriate, agenda items, for information or discussion, to the Health and Wellbeing Board.
- Represent their respective organisations or networks they represent and must take responsibility for communicating all relevant information within their organisation or network.
- Actively progress any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks.
- Ensure full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks.
- Ensure their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.
- In addition to the above expectations of all members, it is also the role of the Healthwatch representative to ensure the appropriate representation of the patient, public and carer population.

Term of office

The term of office of members shall end if:

- a) Rescinded by the organisation by whom they are appointed
- b) If a Councillor appointed by a Council cease to be a member of the appointing Council
- c) If the individual change's role within an organisation and is no longer in the role that led to their appointment to the HWB

Governance

Agenda Planning

The Chair and Vice Chairs in conjunction with the Director of Public Health will set the agenda for future meetings. All Board members will be asked to put forward reports for consideration prior to agendas being finalised. The Board will be updated quarterly on the work of the Derby and Derbyshire Integrated Care Partnership.

Reporting

Reports considered by the Health and Wellbeing Board will need to make a clear recommendation and also demonstrate how they are delivering against Health and Wellbeing Strategy priorities. Reports for information and noting will be circulated electronically to the Board between meetings to ensure that information is shared in a timely manner.

All reports associated with agenda items must meet standard reporting requirements and be received by the secretariat by the date stated when agenda items are requested.

No late items will be accepted.

The agenda will be published at least five clear working days before the meeting, a copy of the agenda and associated papers will be sent to every member of the Board.

Minutes

The minutes of the proceedings will be approved at the next suitable meeting after they have been agreed as a correct record at that meeting. The minutes will be accompanied by a list of agreed action points which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for that meeting.

Minutes will be published on the Derbyshire County Council website.

Meetings of the Board

Frequency

The Health and Wellbeing Board will meet on a quarterly basis.

The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed.

Meetings will normally take place at County Hall, Matlock unless the Board is required to visit another venue or participate in a joint session with Derby City. The Board is a statutory committee of the council and therefore it is required to meet in person.

If there is insufficient business the Chair can agree to cancel the meeting up to 5 days in advance of the set meeting date

Additional meetings may be convened at the request of the Chair or Vice Chair.

Quorum

A quorum of five will apply for meetings of the HWB, with at least three statutory members present.

If any member of the Board has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Attendance

Attendance of Health and Wellbeing Board meetings will be monitored and fed back to the Health and Wellbeing Board annually.

Development sessions

In addition to the formal public meetings, the Board will hold regular development sessions – both as a Derbyshire Health and Wellbeing Board and jointly with Derby Health and Wellbeing Board as appropriate. Development sessions will be held in private to support specific issues, focused discussion and learning, ongoing review of Board functioning and active development of the Board and its members.

Voting

At this stage of its development the HWB will operate on a consensus basis. If a vote is required, it will be amongst the statutory members of the Board only.

Declaration of Interests

Any interests held by members or co-opted members should be declared on any item of business at meetings in accordance with the Council's Code of Conduct for Members and the Localism Act 2011.

Public questions

Public questions must be tabled 3 working days in advance and in line with the procedures for Full Council and will be considered at the Chair's discretion to ensure they are relevant to the work of the Health and Wellbeing Board. Questions must be asked exactly as submitted, and no supplementary questions are allowed.

Scrutiny

Decisions of the Health and Wellbeing Board will be subject to scrutiny, but will not be subject to the "call-in powers" of the Improvement and Scrutiny Committee.

Remuneration

Members attendance at meeting will not result in additional payments. Mileage and expenses can be made by the respective authorities or organisations in line with organisational policy and procedures.

Secretariat

The Secretariat role will be provided by Council Democratic Services. This role will include minute-taking and distribution, administration of all agenda items and associated papers. Democratic Services will be supported with co-ordination and operational assistance by Public Health officers.

Support arrangements

Derbyshire County Council will also provide support via the Monitoring Officer and Section 151 officer.

Information Sharing Protocol

If necessary, the ICP and partners will develop an information sharing protocol to enable the effective sharing of information and ensure compliance with GDPR.

Access to Information/Freedom of information

The Board shall be regarded as a County Council committee for access to information purposes and meetings will normally be open to the press/public.

Operational Delivery

Work will be delivered by established system groups at a county wide level. The Health and Wellbeing Board will direct and commission specific pieces of work via Board members who will need to action, coordinate and feedback to the Board within agreed timescales.

Task and finish groups will be established by exception to take forward key pieces of work for the Health and Wellbeing Board. Task and finish groups will include representatives from Health and Wellbeing Board member or partner organisations and wider stakeholders.

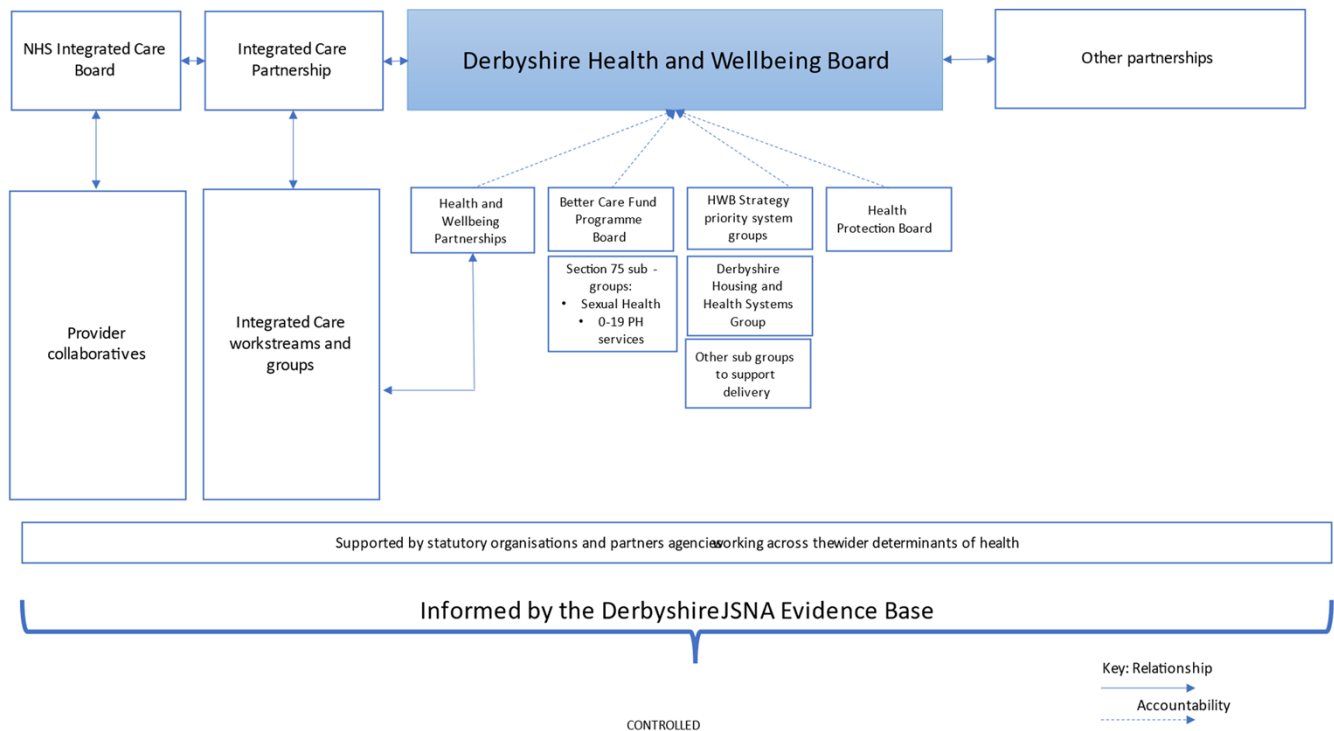
Derbyshire Locality Health Partnerships will act as a delivery structure, working alongside Integrated Care System Place Alliances, to coordinate delivery of agreed actions and pieces of work.

The governance diagram at the end of this document sets out the relationship between the HWB and other groups and programmes of work in Derbyshire. If required a protocol document between the Health and Wellbeing Board and other strategic groups will be established to facilitate discussions and delivery against priorities.

Review

These Terms of Reference will be reviewed annually or earlier if required.

Appendix 1: HWB Governance arrangements



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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

18 January 2024

Report of the Director - Public Health

Public Health Localities Approach 2024
(Cabinet Member for Health and Communities)

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

- a) Note that the Localities Approach will further support the delivery of the new Joint Local Health and Wellbeing Strategy
- b) Agree to receive regular updates on the contribution of the Localities Approach to the delivery of the Joint Local Health and Wellbeing Strategy

2. Information and Analysis

2.1 The Public Health Localities Approach has been a mechanism for delivery of key priorities for Derbyshire Public Health since 2007 at a local, place level. The Public Health Localities Approach provides a Public Health presence in local communities. Across the County the localities programme builds and maintains local partnerships around health and wellbeing outcomes and actions. Local Health and Wellbeing Partnerships (HWP) deliver a broad range of place-based projects and programmes through a devolved funding model. The locality projects and programmes aim to improve health outcomes and reduce health disparities through addressing local health priorities.

- 2.2 The Public Health Localities Approach consists of eight HWPs, each based on a district or borough council footprint, which are coordinated and facilitated by the Council's Public Health team. Membership of each HWP varies, reflecting local differences between communities.
- 2.3 The Localities Approach works to improve the health and wellbeing of Derbyshire residents. The Localities Approach aims to reduce inequalities and supports the discharge of the Council's statutory Public Health duties. The Localities Approach provides insight to support commissioning and delivery of mandated and essential services.
- 2.4 The Localities Approach continues to empower communities to support each other and develop long-term solutions, helping to shift our public service system away from crisis reaction, and towards prevention and early interventions. This is essential if public services are to be sustainable in the future.
- 2.5 A review was undertaken in July 2023 to assess the value of the Localities Approach to partners from different sectors and backgrounds. The findings of the review highlighted the wide variety of ways in which the HWPs created value for local partnerships, the complex and varied work of the eight HWPs, achieved through working with hundreds of partners across Derbyshire and how they were an essential part of Derbyshire's health and wellbeing infrastructure.
- 2.6 The July review found that the Localities Approach added immense value to all partners involved, aided local decision making on community health and wellbeing, and was highly valued. The devolved ways of working with local town, district, and borough councils, as well as community and voluntary groups also aligns with the Integrated Care System model.
- 2.7 Feedback from partners and the evaluation has also highlighted the complexities of reducing duplication and opportunities in bringing together the Place Alliance, Health and Wellbeing Partnerships, and VCSE (Voluntary, Community Social Enterprise) Alliance. The Health and Wellbeing Board is instrumental in bringing together high-level agendas across the different areas in Derbyshire, ensuring collaborative delivery of agreed Areas of Focus.
- 2.8 Enabling and supporting stronger system partnerships and collaboration across organisational boundaries, will facilitate partners to collectively tackle health inequalities through implementation of the Joint Local Health and Wellbeing Strategy.

3. Alternative Options Considered

3.1 The Localities Approach is not supported as an enabler for the delivery of the Joint Local Health and Wellbeing Strategy.

4. Implications

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

5. Consultation

5.1 N/A.

6. Partnership Opportunities

6.1 The Joint Local Health and Wellbeing Strategy and Areas of Focus can be utilised to bring system partners and Alliances together on shared health and wellbeing agendas.

7. Background Papers

7.1 N/A

8. Appendices

8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note that the Localities Approach will further support the delivery of the new Joint Local Health and Wellbeing Strategy
- b) Agree to receive regular updates on the contribution of the Localities Approach to the delivery of the Joint Local Health and Wellbeing Strategy

10. Reasons for Recommendation(s)

10.1 To highlight key deliverables and progress from the Localities Approach against the Joint Local Health and Wellbeing Strategy.

- 10.2 Feedback from partners has highlighted the complexities of reducing duplication and opportunities in bringing together the Place Alliance, Health and Wellbeing Partnerships, and VCSE Alliance. The Health and Wellbeing Board will be instrumental in facilitating the high-level health and wellbeing agendas.
- 10.3 Working together on the delivery of the Joint Local Health and Wellbeing Strategy, will ensure a sharper focus on a population level approach to tackling health inequalities. Tackling inequality in all forms will help improve the health outcomes at a population level.
- 10.4 Working together across organisational boundaries and delivering through strong collaborative leadership will lead to an impact that is greater than the sum of the individuals.

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Organisation: Public Health, Derbyshire County Council

HWB Sponsor: Iain Little, Assistant Director

Appendix 1

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 The Localities Approach is focused on reducing inequality and therefore is considering equality impact as an ongoing function.

Partnerships

5.1 To support the delivery of the strategy consideration is given to system wide partners to pool resources, ideas, and actions to make a greater impact together.

For example, the region is receiving £1.3m for smoking cessation and working together with our partners will have a greater impact than working alone.

A further example is Falls Prevention, where working collectively to reduce falls and increase support in the community enables residents to stay stronger for longer, build in social connectedness and reduce hospital admissions.

Health and Wellbeing Strategy priorities

6.1 The Locality Approach discussed in the report already contributes to the delivery of current strategy priorities.

Other implications

7.1 N/A

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

18 January 2023

Report of the Director of Public Health

Work and Health update

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note the overview of existing work and health support being offered to Derbyshire residents that will be presented at the meeting.
 - b) Receive an update on additional Government funding available to support disabled people and people with health conditions to start, stay and succeed in work.
 - c) Note any specific issues highlighted in the presentation and consider further opportunities that the Health and Wellbeing Board can champion to strengthen joint working.

2. Information and Analysis

- 2.1 There is a clear and direct link between being in good work and better health and wellbeing outcomes. Conversely, unemployment is associated with an increased risk of mortality and morbidity, including limiting long-term illness, cardiovascular disease, poor mental health and suicide and health-harming behaviours.
- 2.2 Addressing the wider determinants of health, such as employment, is key to reducing health inequalities. In Derbyshire, people living in the poorest areas will die, on average, seven and a half years earlier than those in the richest areas (JSNA, 2023). Addressing such avoidable inequalities

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

- 2.3 Poor or unsuitable working conditions continue to cause preventable deaths, illness, and accidents; they contribute to health inequalities that impact on peoples' life expectancy and on their overall quality of life. Good quality employment results in better financial stability for individuals and offers a route out of poverty.
- 2.4 Adults in employment spend a large proportion of their time in work. The type of work that people are engaged in is also an important factor. Those in routine and manual employment have poorer health outcomes than those in professional positions.
- 2.5 Health inequality exists and those with a learning difficulty, long term physical or mental health condition are less likely to be in employment than the rest of the population. The gap in employment in Derbyshire is significantly worse than the England average for those in contact with secondary mental health services (72.6%) and those who are in receipt of long-term support for a learning disability (75.3%) than the overall employment rate.

Indicator	Period	Derbyshire		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2022/23	↓	403	2.5%	4.9%	5.2%	15.2%		0.0%
Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate (Persons, 18-64 yrs)	2021/22	-	-	75.3	71.7	70.6	80.9		46.4
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate (Persons, 16-64 yrs)	2022/23	-	-	8.2	9.1	10.4	20.1		1.0
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (Persons, 18-69 yrs)	2020/21	-	-	72.6	69.7	66.1	76.0		47.7
Percentage of people in employment (Persons, 16-64 yrs)	2022/23	→	365,100	75.7%	75.1%	75.7%	62.3%		100%
Sickness absence: the percentage of employees who had at least one day off in the previous week (Persons, 16+ yrs)	2019 - 21	-	-	1.1%	1.8%	1.8%	4.0%		0.0%

2.6 To address these inequalities a wide range of work and health interventions are delivered across Derbyshire. Some of this provision includes:

- The Disability Employment Service - which aims to support disabled people to find training, work experience, voluntary and paid employment.
- Disability Employer Engagement Derbyshire (DEED) - offering support to businesses and organisations across Derbyshire, empowering them to employ people with disabilities or long-term health conditions. This includes partnership work with DWP to

increase the number of Disability Confident employers across Derbyshire.

- Well for Work – an ESF funded programme to provide personalised support to help residents feel confident and supported through their employment journey.
- Work Your Way - evidence based Individual Placement and Support (IPS) service embedded within community mental health services in Derbyshire
- Derbyshire Careers Service – giving free and impartial information, advice, and guidance about career opportunities, learning and employment to any Derbyshire resident aged 19 and over.
- YES Derbyshire Youth Hubs – providing training, careers advice and guidance to young people aged from 16 to 24 within community settings.

2.7 Long-term sickness and the number of economically inactive individuals has risen significantly since the pandemic, with the majority having a long-term health condition or disability. Mental Health and Musculoskeletal (MSK) issues are the leading causes (OHID, 2023).

2.8 To address this, the Health and Disability White paper launched in the spring budget announced a number of funded new health and work measures. These included:

- MSK health – scale up community MSK hubs so more people can access treatment and provide free access to digital support tools.
- Mental Health – expand Individual Placement Support (IPS) scheme which supports people with severe mental illness into employment.
- Cardiovascular disease (CVD) – digitise the NHS Health Check to identify CVD conditions earlier
- WorkWell – integrated work and health support for disabled people and people with health conditions who want help to start, stay or succeed in work

2.9 In November 2023 the Department for Work and Pensions (DWP) and Department of Health and Social Care (DHSC) launched the WorkWell programme. WorkWell will support the development of integrated health and work services, which will provide person-centred health and work support based on a biopsychosocial model. This offers an opportunity to strengthen work in Derbyshire and provide an integrated, seamless offer to disabled people and people with health conditions to start or stay in work.

- 2.10 At the time of writing this report the Integrated Care Board (ICB) is convening partners to explore the feasibility of submitting an expression of interest to become a WorkWell vanguard area. Further updates will be provided at the meeting.

3. Alternative Options Considered

- 3.1 For the Health and Wellbeing Board not to support a joined-up approach to work and health initiatives across Derbyshire. However, it is necessary to fully address this as a population health issue collaborative work across the system to improve health outcomes.

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.

6. Partnership Opportunities

- 6.1 The Health and Wellbeing Board and its partners are asked to fully engage in promoting and disseminating information related to work and health opportunities in Derbyshire.
- 6.2 Local Government and the Integrated Care System across Derbyshire will enable work and health to be discussed by a wide range of partners who can collaboratively tackle the issues which cause poor health and wellbeing.

7. Background Papers

N/A

8. Appendices

- 8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the overview of existing work and health support being offered to Derbyshire residents that will be presented at the meeting.

- b) Receive an update on additional Government funding available to support disabled people and people with health conditions to start, stay and succeed in work.
- c) Note any specific issues highlighted in the presentation and consider further opportunities that the Health and Wellbeing Board can champion to strengthen joint working.

10. Reasons for Recommendation(s)

- 10.1 The Public Health Outcome Framework highlights the significant gaps in employment outcomes for vulnerable populations in Derbyshire.

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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.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 There are no equalities implications of this report.

Partnerships

5.1 Local Government and the Integrated Care System across Derbyshire will allow work and health to be discussed by a wide range of partners who can collaboratively tackle the issues which cause poor health and wellbeing.

Health and Wellbeing Strategy priorities

6.1 The Derbyshire Health and Wellbeing Strategy (2022 Refresh) recognises “Strengthening opportunities for quality employment and lifelong learning” as a key priority for work.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

18 January 2024

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 meeting on 10 November 2023.

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 meeting on 10 November 2023:
- 2.4 Health Protection Strategy development
 - The final version of the Health Protection Strategy was approved (a separate presentation will be provided to the Health and Wellbeing Board). Please see Appendix 2 and 3.

- 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 in place to ensure services are meeting screening and treatment standards, including the establishment of a multi-agency group to review screening and diagnosis, treatment and vaccination for TB.
- 2.6 An update was provided on the Adverse Weather Plan
- 2.7 Vaccination and Immunisations and Screening programmes
- Further updates were provided on the work underway to support the delegation of vaccination (and potentially screening) services to Integrated Care Boards (ICB)s in April 2025, including updates to organisational and governance arrangements
 - There are no current concerns about the performance of screening programmes.
 - The Board received a deep dive on the Diabetic Eye screening programme. The performance of the local programme has been consistently at the acceptable level, but further improvement is desirable, especially for those people with diabetes who have not attended the screening programme in the previous 3 years
 - A measles elimination plan has been developed with accountability through the Health Protection Board and Vaccination and Immunisation Delivery Board
- 2.8 Air Quality Strategy
- The Board received the updated version of the Air Quality Action Plan
- 2.9 UKHSA Communicable Disease Outbreak Management Plan
- An updated version of the plan was discussed by the Board, with additional engagement with local stakeholders agreed to test local implementation of the plan as part of a desktop exercise

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

8.2 Appendix 2 – Derby and Derbyshire Health Protection Strategy

8.3 Appendix 3 – Health Protection Strategy – Plan on a Page

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the update report from the Health Protection Board and endorse the Health Protection Strategy

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

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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.

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.

Derby and Derbyshire's Health Protection Strategy

2023-2028

Introduction

Health protection aims to protect individuals, communities and populations from infectious disease and environmental hazards through expert advice and effective collaboration. There are many aspects of health protection including:

- Infection prevention and control (IPC) arrangements within health and social care settings.
- Tackling antimicrobial resistance.
- Reducing vaccine-preventable diseases through immunisation.
- Assurance of national screening programmes.
- Emergency preparedness, resilience and response (EPRR) across all hazards.

Infectious diseases and environmental hazards contribute to ill health and mortality in Derby and Derbyshire. We know that some communities are disproportionately impacted, such as older people, and those living in more deprived communities. Having an effective local health protection system is key to improving health and wellbeing and reducing inequalities. It is also important for protecting the local economy and NHS. For example, effective infection prevention and control measures can reduce the spread of infection through care home settings, protecting vulnerable residents from hospital admission.

This strategy sets out our health protection priorities in Derby and Derbyshire and clarifies and drives the work of the Health Protection Board. It also sets out how we are going to ensure delivery of the strategy and measure success.

Strategy Development

This strategy was developed in response to the formation of the Derby and Derbyshire Integrated Care Strategy and wishes of the local Health Protection Board. It has been developed with partners across Derby and Derbyshire including colleagues from Derby City and Derbyshire County Council Public Health teams, the NHS Derby and Derbyshire Integrated Care Board (ICB), UK Health Security Agency (UKHSA), and Environmental Health and Emergency Planning colleagues. Feedback from the Health Protection Board has been key to the development. The strategy has been informed by local and national strategy and local data on infectious disease and environmental hazards.

Audience

- System partners including local authorities, local authority public health teams, the United Kingdom Health Security Agency (UKHSA) and the NHS have specific mandated health protection responsibilities (as outlined on page 21).
- However, the COVID-19 pandemic emphasised the importance of collaboration across the health protection system and beyond including the importance of harnessing our community assets. The pandemic also showed how existing health inequalities impact on health protection outcomes and the need for strong links with health improvement work.
- We therefore believe that health protection is a **system wide responsibility**, and that health protection is everybody's business – everyone has a part to play. Examples include:

- Residents' response to the COVID-19 pandemic through increased infection prevention and control measures such as wearing masks and increased hand washing.
 - Voluntary, community and social enterprise sector support to local residents during the COVID-19 pandemic such as the Community Champions Scheme, where the latest information, updates and advice about COVID-19 and vaccination were shared amongst communities.
 - Local Authority Environmental Health teams' work in the private rented sector, protecting residents from risk to health from poor quality housing.
 - Primary care in their delivery of vaccination programmes.
- **We can build on lessons learned from the COVID-19 pandemic as a whole system to respond to current, and prepare for future, health protection hazards.**

Links to other strategies

- Several other strategies in the local health and care system have important links to this Health Protection Strategy.
- **The Derby and Derbyshire Integrated Care Strategy 2023.** There is an opportunity to link health protection priorities and actions to the three key areas of focus in the Integrated Care Strategy. The three key areas of focus are:
 - **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 three main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease, and cancer.
 - **Age well/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 maximise a return to independence following escalations.
 - Details of how this Health Protection Strategy contributes to delivering the key areas of focus are given in this document.
- This strategy also aligns with the vision and objectives of the Derby City Council Health and Wellbeing Strategy and Derbyshire County Council Health and Wellbeing Strategy. Aspects particularly relevant to health protection in these strategies include:
 - A focus on air quality and vulnerable populations in Derbyshire.
 - A focus on communities and the wider determinants of health including the environment in Derby City.
- Other key local strategies and reports in the health protection system include:
 - Derbyshire County and Derby City Air Quality Strategy 2020-2030 (<https://democracy.derbyshire.gov.uk/documents/s2722/Item%2012%20Joint%20Air%20Quality%20Strategy.pdf>)
 - Derby and Derbyshire Sexual Health Strategy (currently in development)
 - Infection prevention and control (IPC) Needs Assessment
 - Vaccine Inequalities Strategy
- The UKHSA Strategic Plan 2023 to 2026 outlines UKHSA's goals and strategic priorities for the next 3 years.

Vision

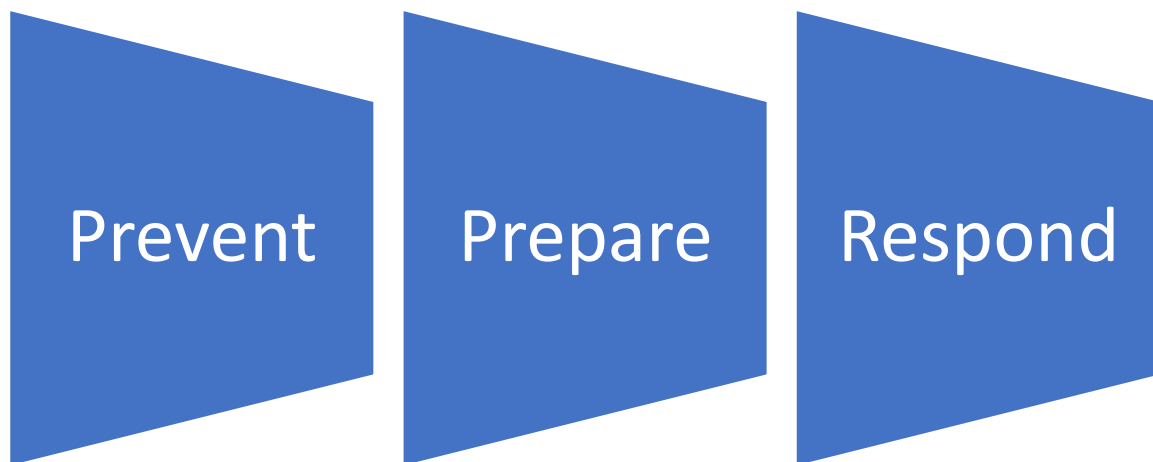
Working in partnership we will protect people in Derby and Derbyshire from infectious diseases and environmental hazards and minimise any impact on health.

Objective

Through health protection activities improve health and wellbeing and achieve more equitable outcomes so that all people in Derby and Derbyshire can:

- Start well
- Stay well
- Age well and die well

How are we going to achieve this?

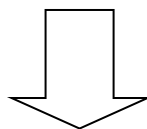


Assure

Across a broad range of Health Protection areas:

- Infection and prevention control/control of infection across the population, including tackling antimicrobial resistance
- Communicable disease control, including TB
- Vaccination and immunisation
- Screening
- Emergency preparedness, resilience, and response (EPRR)
- Environmental hazards including air quality and climate change
- Sexual health

Improve health and wellbeing
Achieve more equitable outcomes



6 areas of focus identified for this Strategy

Enablers: What will ensure the delivery of this strategy?

There are several enablers that will help us to deliver our strategy and achieve our vision. Many of these enablers echo with the enabling functions and approaches outlined in **the Derby and Derbyshire Integrated Care Strategy 2023**.

These enablers themselves (outlined below) require strengthening over the next 5 years to develop the health protection system across Derby and Derbyshire. In addition, this strategy identifies two enablers which require a specific focus over the next 5 years and therefore form two of the six areas of focus for this strategy.

Enablers

Communication and coordination

- Assurance of a coordinated response with strong communication across the health protection system.

Roles and responsibilities

- Clear understanding of system roles and responsibilities across health protection system partners.

Workforce

- Workforce development of both the health protection workforce as well as the wider workforce in health protection knowledge and skills. Making health protection everyone's business.

Data, surveillance and intelligence

- Strengthen systems for the sharing of data, surveillance and intelligence across Derby and Derbyshire.
- Ensure we have the appropriate technology to collect, store and analyse health protection data.

Governance

- Strong accountability and governance in place.

Joint working

- A system of joint working with all partners in Derby and Derbyshire including the voluntary, community and social enterprise (VCSE) sector and community engagement.

Strengths based approaches

- Use of strength based approaches and community assets.

6 areas of focus: Where are we going to have a specific focus?

Health Protection has a broad scope and core activities and functions will continue to be strengthened over the coming five years. As a local system we will **prevent, prepare, and respond** to health protection issues and seek **assurance** that these functions are of high quality and respond to local need. In addition, **six areas of focus have been identified – these are high priority areas where we can focus efforts to add value.**

Two of these areas focus on strengthening our enablers and four of these areas focus on what we can do in specific delivery areas of health protection. They are outlined below.

Areas of focus: Enablers

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

Areas of focus: Delivery

3. Strengthen community infection prevention across settings and prioritise proactive control of infection

4. Increase vaccination uptake amongst children and adults and reduce vaccine inequalities

5. Develop specific consideration and support for risk and vulnerable groups such as migrant groups and care home residents

6. Strengthen preparation and response to environmental hazards and emergency events such as pandemics and extreme weather events

Area of focus 1:

Ensure we have in place strong communication and coordination between partners across the health protection system

Why is this important?

- This is a key enabler to ensure a high-quality health protection system. There are multiple partners in the system with varying roles and responsibilities and they must work collaboratively to carry out their health protection functions. Health Protection is everyone's business so we must ensure all partners are able to communicate effectively and work together.
- Strong communication and coordination are particularly important due to current changes and developments in the health protection system. These include the formation of the UK Health Security Agency and changes to Section 7a commissioning arrangement for vaccination and screening programmes.
- **Links with ICS Strategy:** Joint working and communication are identified as key issues that need to be addressed across all three key areas of focus in the ICS Strategy. They are important aspects in providing integrated care and developing the Joined Up Care Derbyshire Integrated Care System.

What do we want to achieve?

- We want to achieve strong and effective communication and coordination between partners in the health protection system. This will ensure that information is shared in a timely way and action is coordinated between partners to achieve the best health protection outcomes possible.
- This applies to both short term work, such as responding to acute outbreaks as well as longer term work such as ensuring oversight of screening programmes.

What are we doing currently? (Example work)

- The Derby and Derbyshire Health Protection Board, chaired by the Derby City Director of Public Health, meets bimonthly to provide updates and share best practice. Assurance of the Derby and Derbyshire health protection system is sought.
- The Derbyshire Resilience Partnership enables coordination of emergency planning in Derby and Derbyshire and provides strategic oversight.
- Use of Resilience Direct, an online secure platform enabling practitioners to collaborate across geographical and organisational boundaries during the preparation, response and recovery phases of an event or emergency. For example, multi-agency emergency plans are stored and assessed via this platform.
- Regular communication between senior leaders in health protection.
- Collaborative working between organisations in response to health protection hazards and outbreaks.

How can we add value and go further? (Strategic actions)

- Develop communication mechanisms beyond the most senior level and improve the cascade of information between and within organisations in a timely way.
- Clarify data and intelligence sharing arrangements between organisations as we continue to recover from the COVID-19 pandemic.

- Harness technology to support communication between and within organisations.
- Ensure connection with existing and developing strategies in health protection e.g., Derby City and Derbyshire County Air Quality Strategy and Sexual Health Strategy. Opportunities for collaboration should be identified.
- Increase awareness and ownership of the health protection agenda e.g., through presentation of this strategy and discussion about others' roles in it.

What will success look like? How will we continue to measure success and track progress?

<i>What will success look like?</i>	<i>Example process and outcome measures</i>
Effective governance arrangements to enable strong communication between health protection partners.	<ul style="list-style-type: none"> - Appropriate membership, attendance and updates provided at the Health Protection Board from all key partners to ensure accountability. - Appropriate and timely escalation of issues to the Health Protection Board from other associated health protection groups and onwards escalation from the Health Protection Board where required. - Appropriate membership, attendance, and updates at other associated health protection groups (e.g., IPC implementation group, air quality working group) from all key partners to ensure accountability.
Strong coordination between health protection partners to deliver the health protection agenda.	<ul style="list-style-type: none"> - Health Protection Board Action Log with tracking of progress of actions. - Health Protection Board Risk Log with review of ongoing issues and appropriate routes of escalation. - Shared delivery of the Health Protection Strategy with all relevant partners, including the development of action plans. - Connection of the Health Protection Strategy with other relevant strategies
Working in partnership to achieve timely and effective management of acute health protection hazards e.g., during outbreaks and incidents.	<ul style="list-style-type: none"> - Number and quality (assessed against a framework) of debriefs after outbreaks or incidents, including reflections on communication.

Area of focus 2:

Develop a clear understanding of roles and responsibilities across health protection system partners

Why is this important?

- This is another important enabler to ensure residents of Derby and Derbyshire are protected from infectious disease and environmental hazards. It helps to ensure that the health protection system is efficient and well-coordinated, and partners work together in the best way possible.
- The health protection system in Derby and Derbyshire continues to develop after the COVID-19 pandemic. New organisations have formed, and roles and responsibilities have developed and so it is timely to focus on this enabler.
- **Links with ICS Strategy:** Organisations working collaboratively to support and protect residents in an integrated way is a key element of the ICS Strategy. Having a clear understanding of the roles and responsibilities of each organisation across the system is key for this.

What do we want to achieve?

- A health protection system where roles and responsibilities are clearly defined and enacted both during business-as-usual activities and during emergency or outbreak responses.
- Additionally, we want to be assured of and support a successful and safe transfer of the responsibility (through the transfer of section 7a responsibilities) to commission vaccination and screening programme services from NHS England to NHS Derby and Derbyshire Integrated Care Board.

What are we doing currently? (Example work)

- Regional work taking place by members of the East Midlands Community of Improvement to develop an assurance framework, an Outbreak Management Plan, and Memorandums of Understandings to define roles and responsibilities from a regional perspective.
- Directors of Public Health regional work looking at approaches to IPC across the East Midlands.
- Proactive work to prepare for the transfer of Section 7a commissioning arrangements including:
 - The development of new governance arrangements in place to oversee vaccination programmes across JUCD in collaboration with the NHSE teams that currently commission services.
 - Upskilling of the ICB team to increase knowledge of wider vaccination programmes.
 - System partners working together for example to develop the measles elimination plan.

How can we add value and go further? (Strategic actions)

- Define and clarify local roles and responsibilities for health protection functions across partners in Derby and Derbyshire.
- Ensure a clear understanding of the skill set and resources needed for a safe, effective, and well-resourced transfer of Section 7a commissioning arrangements to the ICB.

- Ensure oversight of vaccination and screening programmes is appropriately linked to the ICS, and continues to be reported to the Health Protection Board, especially as Section 7a commissioning arrangements change.
- Ensure responsibility and accountability for actions are specified in action/implementation plans developed in response to this strategy.

What will success look like? How will we continue to measure success and track progress?

	Example process and outcome measures
Clearly defined roles and responsibilities of health system partners.	<ul style="list-style-type: none"> - Roles and responsibilities of partners assigned to action plans and action cards with accurate local system roles detailed. - Accountability specified for actions relating to action plans developed in response to this strategy.
Safe and successful transfer of Section 7a commissioning responsibilities.	<ul style="list-style-type: none"> - Reporting of Section 7a commissioning responsibility transfer to Health Protection Board. - Development, review, and updates to the Health Protection Board Risk Register.

Area of focus 3:

Strengthen community infection prevention across settings and prioritise proactive control of infection

Why is this important?

- Infection prevention and control (IPC) measures play a significant role in reducing the spread of infectious disease and reducing the risk of outbreaks. Preventing the spread of infectious disease has an impact on antibiotic use and helps to reduce antimicrobial resistance.
- Healthcare associated infections (HCAI) alone result in ill health, increased mortality, and increased healthcare costs. It is estimated that the inpatient costs of managing HCAI in the UK each year is £774 million¹. Effective IPC measures can help to prevent this.
- IPC is not only important for healthcare settings but for care homes, schools and other community services and settings in reducing the spread of infection.
- There are current inconsistencies in IPC coverage, capacity, and governance for community settings across Derby and Derbyshire. Therefore, there is an opportunity to strengthen prevention and control of infection across the system.
- **Links with ICS Strategy:** Infection prevention and control are important across the life course in many different settings from nurseries in the early years, to hospitals and care homes in adult and later life. Reducing infectious disease contributes to improved health outcomes in the early years, helps prevent respiratory disease in adult life and can enable older people to live healthier and more independent lives.

What do we want to achieve?

- Ensure a comprehensive, consistent, and robust IPC approach across all community settings. This includes organisations delivering health and social care services and other community services such as schools. This requires considering need and vulnerability across all settings.

What are we doing currently? (Example work)

- An IPC Needs Assessment has recently been completed by Derby City and Derbyshire County Public Health teams and identified recommendations to strengthen IPC across non-healthcare community settings.
- IPC implementation group has been established to take forwards the recommendations from the IPC Needs Assessment.
- Joined Up Care Derbyshire Antimicrobial Resistance and IPC committee is in place.
- Re-commissioning of specialist community IPC provision by Derby and Derbyshire Integrated Care Board.
- Partnership working with Derby City Council and NHS Community IPC Team. IPC Nurses are conducting in-depth IPC audits with care homes, with a view to expanding to other care settings soon. Audit data is collected for evidence of current IPC status and bespoke training delivered. Care homes are re-audited after 6 months to monitor changes.

How can we add value and go further? (Strategic actions)

- Increase awareness of the importance of IPC in community settings. For example, this should include the consideration of indicators relating to social care services alongside health care service indicators at Joined Up Care Derbyshire IPC committees.
- Support community settings to develop robust and sustainable IPC processes.
- Sharing of findings from the IPC Needs Assessment and the consideration of recommendations by commissioners and providers for implementation e.g., an extension to the IPC audit work.
- Increase workforce capability and confidence in IPC e.g., through IPC awareness training and development of IPC Champions.

What will success look like? How will we continue to measure success and track progress?

<i>What will success look like?</i>	<i>Example process and outcome measures</i>
Upskilling of the workforce in community settings in IPC knowledge and skills.	- IPC training completed, and qualifications gained. - Training and awareness raising sessions in schools. - Audit programme in settings, e.g., care homes and demonstrable improvement in scores through re-audit.
Reduction in HCAI (community and hospital onset) in Derby and Derbyshire.	- HCAI reported by the Office for Health Improvement & Disparities e.g., C. difficile, Klebsiella.
Reduction in cases and outbreaks of other community acquired infections.	- Rates of norovirus and influenza in Derby and Derbyshire through HPZone.

Rapid and thorough outbreak response with a focus on IPC.	- Measured by outbreak debriefs, outbreak reports and learning.
Improvements in antimicrobial resistance measures.	- Reduction in broad spectrum antibiotic prescribing in primary care. - Reduction in total antibiotic prescribing: 12-month rolling total of number of prescribed antibiotic items, as per STAR-PU, by ICB in England. STAR-PU is a value calculated to reflect not only the number of patients in a GP practice, but also the age and sex mix of that group. - Reduced proportion of antibiotic resistant E-coli samples. (AMR local indicators - produced by the UKHSA - Data - OHID (phe.org.uk))

Area of focus 4:

Increase vaccination uptake amongst children and adults and reduce vaccine inequalities.

Why is this important?

- Vaccinations are the most effective way to prevent infectious disease and prevent up to 3 million deaths worldwide every yearⁱⁱ.
- In the UK the national immunisation schedule protects against infections such as measles, polio, and meningococcal disease. Most vaccinations are offered in childhood but some such as shingles are available for older adults. Other vaccinations such as seasonal influenza and COVID-19 are offered to groups at risk of more severe disease.
- Inequalities in vaccination uptake exist, for example there are differences in uptake depending on where people live and socioeconomic statusⁱⁱⁱ.
- The uptake of certain vaccinations is below target across the UK and this is no exception in Derby and Derbyshire. For example, the Measles, Mumps and Rubella vaccination has a population coverage target of 95% for two doses as set out by the World Health Organization (WHO) to achieve and maintain elimination^{iv}. In Derby City the population coverage for two doses of MMR is 80.9%, significantly worse than England average of 86.7%. In Derbyshire the population coverage is 93.4%, and although is higher than national average, still lower than the WHO target.
- **Links with ICS Strategy:** This links with all 3 key areas of focus from the ICS Strategy. Vaccination is important throughout the life course - preventing disease in the early years, as adults, and helping older people to stay healthy and independent for longer.

What do we want to achieve?

- Increase vaccination uptake with the aim of reaching national vaccination coverage targets.
- Reduce inequalities in vaccination coverage.

What are we doing currently? (Example work)

- Working together across the system on the immunisation agenda with good governance and oversight.
- Established work focussing on COVID-19 and Influenza vaccine programmes e.g., the Vaccine Inequalities Group.

- Working with specific communities and groups of individuals, supported by task and finish groups, to better understand decision making around vaccination e.g., Black communities in Derby City, People with Serious Mental Illness (SMI), Pregnant women, Bolsover communities, children’s influenza.
- Ongoing work focussing on MMR in Derby City. This includes completing a risk assessment of the population and identifying those that are partially or unvaccinated as well as working with migrant groups to ensure they know how to access vaccinations offered in the UK.
- Completed an options appraisal exploring availability of quality vaccination advice in Derby City.
- System quality improvement work to make health information easier to read (Health Literacy).

How can we add value and go further? (Strategic actions)

- Enable informed decision making with regards to vaccination and immunisations. This can be achieved by:
 - Improving population knowledge of vaccine preventable disease and the role of vaccination, and dispelling myths about vaccination.
 - Communication in line with health literacy principles.
- Build on the learning from the Vaccine Inequalities Group to inform approaches to reducing inequalities in other vaccination programmes.
- Ensure that inequalities data is collected and reviewed across all vaccination programmes and that this data is used routinely in planning. This includes improving data collection of vaccination status by demographic characteristics.
- Continue to work with specific communities with lower uptake to support ease of access to vaccination and enable informed decision making. Utilise our community assets and the strengths of local partners involved with vaccination such as the voluntary and community sector, primary care, and the Integrated Care Board.
- Ensure that vaccination programme commissioning and provision profiles investment adequately to enable a tailored approach to be taken where necessary to reach communities and individuals at risk of vaccine inequalities.
- Develop a comprehensive programme of training around disease presentation, vaccination and decision making that considers clinicians, non-clinician workforce and community members.
- Increase focus on disease that may resurge if vaccination is not increased e.g., measles.
- Ensure that vaccination uptake and reducing inequalities is in scope for the Integrated Care Strategy ‘Start Well’ Key Area of Focus on school readiness.

What will success look like? How will we continue to measure success and track progress?

<i>What will success look like?</i>	<i>Example process and outcome measures</i>
Upskilling of the clinical and non-clinical workforce in knowledge and skills around vaccination and supporting informed decision making.	- Numbers of people trained around disease presentation, vaccination and enabling informed decision making.

Enable informed decision making, for example by improving population knowledge of vaccination.	- Numbers of people attending community events, evidence of co-production with communities.
Increased population vaccination coverage in Derby and Derbyshire to reach national aspirational targets.	- Increased offer of vaccination - Monitoring of vaccination coverage for vaccinations such as MMR, influenza, HPV. (Public Health Outcomes Framework - Data - OHID (phe.org.uk))
Reduction in vaccine inequalities.	- Increased vaccination uptake in groups/communities with lower uptake rates. Indicators could include influenza vaccination coverage in children aged 2 to 3, by ethnicity. - Reduction in inequalities in vaccine coverage as reviewed by Index of Multiple Deprivation, geography, ethnicity, and gender as well as population groups such as asylum seekers, traveller communities and people in prison.
Reduction in cases of vaccine preventable disease in Derby and Derbyshire.	- Monitoring of vaccine preventative disease e.g., Measles, seasonal influenza.

Area of focus 5:

Develop specific consideration and support for risk and vulnerable groups such as migrant groups and care home residents

Why is this important?

- Specific groups of individuals are at a higher risk of infectious disease and environmental hazards. The impact of health protection issues may also be greater on vulnerable groups.
- For example, migrants and refugees are potentially at a higher risk of developing infectious disease. This can be due to an increased exposure to infection, lack of vaccination programmes within their home countries, poor living conditions and lack of access to, or interrupted, medical care during the migration process^v.
- Care home residents are likely to be at higher risk of developing infectious disease such as seasonal influenza, as well as being at higher risk of developing complications and having poor health outcomes.
- **Links with ICS Strategy:** Across the life course there are groups of people who are more at risk of, or vulnerable to, health protection hazards. Providing specific focussed support to these individuals will contribute to preventing ill health and improving health outcomes across all three ICS strategy key areas of focus. It is also key to helping reduce health inequalities across Derby and Derbyshire.

What do we want to achieve?

- Improve health outcomes for individuals in risk and vulnerable groups by providing specific and tailored health protection support in response to the needs of these groups.

What are we doing currently? (Example work)

- Health & Asylum group chaired by Derby DPH. Developed protocols on outbreak management of scabies and diphtheria. Currently developing a measles vaccination programme working across the system to deliver MMR vaccines on-site.
- Midlands Migrant Health Network established.
- IPC Project in care homes in Derby City.
- Establishment of a vulnerable settings cell across Derby and Derbyshire.

How can we add value and go further? (Strategic actions)

- Increased focus on migrant communities due to a high communicable disease risk. They are a vulnerable population with low vaccination rates and lack access to health services.
- Develop pathway improvements for individuals with complex health protection needs e.g., those with TB who have no recourse to public funds.
- Ensure that prevention programme commissioning and provision e.g., vaccinations and screening, profiles investment adequately to enable a tailored approach to be taken to reach communities and individuals at risk of health inequalities.
- Develop plans to support vulnerable groups with a wide range of health protection hazards beyond infectious disease, such as air quality and screening.
- Support proactive prevention activities in risk or vulnerable settings such as in prisons.

What will success look like? How will we continue to measure success and track progress?

<i>What will success look like?</i>	<i>Example process and outcome measures</i>
Timely, coordinated, and effective reporting and response to health protection hazards in risk and vulnerable settings.	- Appropriate reporting of outbreaks or health protection issues to health protection partners from settings where vulnerable/risk groups may live or work. - Reporting of vulnerability characteristics in settings during outbreak management, this could be measured using audit.
Increased rates of prevention activities in risk/vulnerable settings such as vaccination and screening.	- Recording of preventive activities/events supported. - Increased rates of vaccination and screening coverage in risk/vulnerable groups and settings - Reduced rates of vaccine preventable disease and other infectious diseases in risk/vulnerable groups and settings
Ensure that those with complex health protection needs have access to appropriate management and support.	- An appropriate pathway is developed for people with TB who have no recourse to public funds.

Area of focus 6:

Strengthen preparation and response to environmental hazards and emergency events such as pandemics and extreme weather events

Why is this important?

- The COVID-19 pandemic highlighted the importance of effective preparation to emergency events. Preparation is needed to understand our potential local threats, and how different groups of people may be impacted, so we can prevent and respond effectively. We recognise a need to build on the experiences of the pandemic and work together as partners to plan, prepare and respond to future emergency events.
- Climate change also poses a significant public health threat and could result in more extreme weather events such as flooding and heatwaves.
- Beyond emergency events, preparing and responding to environmental hazards such as poor air quality and poor food safety that may impact individuals' day to day are vitally important to protect Derby and Derbyshire residents.
- **Links with ICS Strategy:** Preparing, preventing, and responding to environmental hazards and emergency events is important for all three key areas of focus in the ICS Strategy. Not only as these activities have a direct impact on preventing ill health across the life course, but also ensure that other health care services, communities and businesses can continue to function to protect the health and wellbeing of Derby and Derbyshire residents.

What do we want to achieve?

- Be prepared and ready to respond to environmental hazards and emergency events so that any harmful impacts to health can be minimised and communities protected.

What are we doing currently? (Example work)

- Proactive work with Environmental Health partners including work on food safety, contaminated land, and emergency response to flooding and fires.
- Development and refresh of the Air Quality Strategy for Derby City and Derbyshire County (<https://democracy.derbyshire.gov.uk/documents/s2722/Item%2012%20Joint%20Air%20Quality%20Strategy.pdf>)
- Development of the local risk register via the Risk Assessment working group. This work enables an assessment of local risks, reflecting the National Risk Register (<https://www.gov.uk/government/publications/national-risk-register-2023>).
- Embedding the Adverse Weather and Health Plan into the local Derby and Derbyshire system.
- Partnership working within the Derbyshire Resilience Partnership (DRP) including representation from Local Authorities, UKHSA, NHS England, local NHS Trusts, the Emergency Services, and the ICB. This forum is responsible for the overall direction and policies for emergency planning and preparation in Derbyshire. Additionally, Local Health Resilience Partnerships (LHRPs) facilitate health sector planning and preparedness for emergencies. Public Health partners bring an inequalities perspective to this forum.

How can we add value and go further? (Strategic actions)

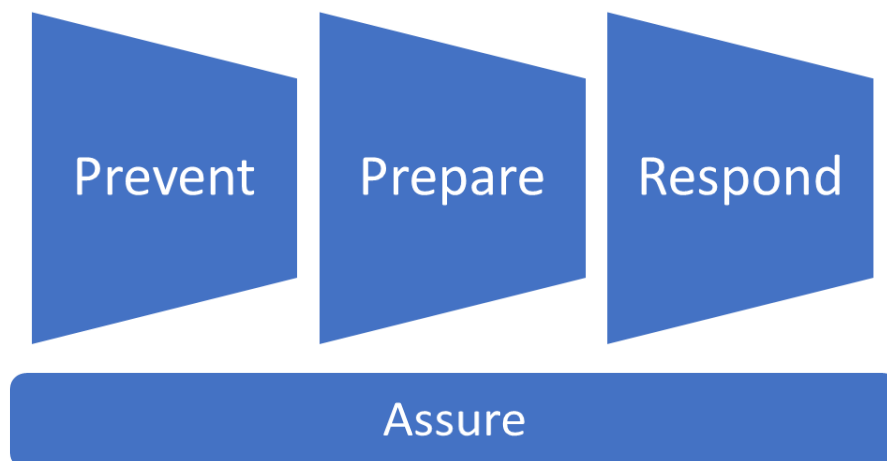
- Increase the capability of the workforce to respond to environmental hazards and emergency events e.g., through increased utilisation of emergency planning exercises.
- Support an increase in community resilience so our local communities have the ability to cope with, adapt to, and recover from emergency events. Utilising our community assets is key to this.
- Ensure the continued development of support for vulnerable people in our communities in relation to emergency situations. For example, the promotion of utility priority lists in the event of national power outages.
- Ensure that environmental hazards in the local area are understood by partners, for example by keeping the local risk register up to date with appropriate hazards.
- Develop emergency plans in response to risks identified by the local risk register work and update current emergency plans with learning from the COVID-19 pandemic.
- Continue to work towards carbon reduction across Derby and Derbyshire to help prevent the impacts of climate change.
- Further characterise the climate risk across Derby and Derbyshire to enable accurate planning and preparedness e.g., for wildfires and flooding.
- Strengthen preparedness for infectious disease emergencies e.g., large outbreaks that require mass vaccination.

What will success look like? How will we continue to measure success and track progress?

<i>What will success look like?</i>	<i>Example process and outcome measures</i>
Increased understanding of environmental hazards including climate change in Derby and Derbyshire across all partners.	<ul style="list-style-type: none"> - Completion and regular update of the local risk register. - Completion and regular update of emergency plans. - UKHSA Centre for Climate and Health Security's climate health metrics and indicators including a local authority risk assessment toolkit (currently in development this year). These will help to measure the health impacts of climate change.
Increased preparedness for emergency events.	<ul style="list-style-type: none"> - Recording and analysis of emergency planning exercises including number of attendees, organisations represented, scope of exercise, learning, and implementation of this learning in future exercises. - Completion and regular update of emergency plans. - Increased promotion of utility priority lists for vulnerable people.
Improved air quality in Derby and Derbyshire.	<ul style="list-style-type: none"> - Monitor indicators outlined in the Air Quality Strategy including nitrous oxide and particulate matter (link above).

Wider health protection work and functions

We recognise there are many health protection activities that are not explored in the six areas of focus in this strategy. Over the next five years we will continue to carry out and develop many health protection functions beyond the six areas of focus. A summary of some of those activities are given below and show the breadth of health protection functions.



Screening

- Commissioning of national population screening programmes i.e. cancer and non-cancer programmes
- Exploration of inequalities in screening uptake

Emergency Preparedness, Resilience and Response (EPRR)

- Local Health Resilience Partnerships and Derbyshire Resilience Partnership
- Emergency planning exercises
- Development of emergency plans and policies

Environmental health (and trading standards)

- Food safety
- Environmental crime
- Private sector housing
- Air quality and carbon reduction
- Environmental hazards e.g. contaminated land, noise
- Cosmetic treatments and procedures e.g. piercing, tattoos

Sexual health

- Development of the Sexual Health Strategy for Derby and Derbyshire
- Specific focus areas include cervical screening, HIV, chlamydia, HPV and inclusivity and prevention

Infection Prevention & Control (IPC)

- Infection Prevention and Control Needs Assessment - implementation
- Community IPC
- Antimicrobial resistance workstreams

Communicable disease control

- Outbreak response and management
- Preventative activities to reduce spread of communicable disease

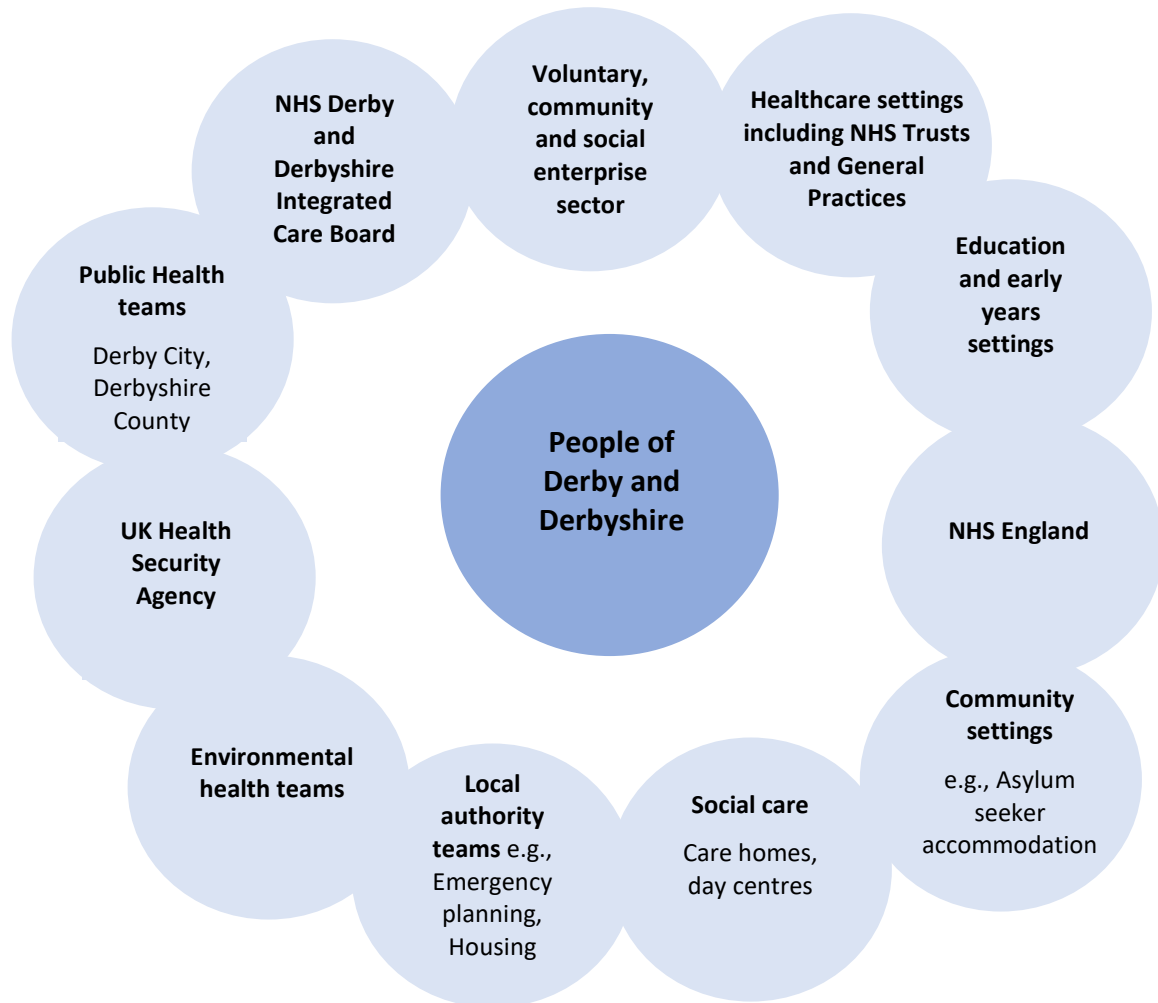
Vaccination

- Improving population knowledge of vaccine preventable disease and the role of vaccination
- Working with communities in areas of low vaccination coverage

How will we deliver this strategy?

- The Derby and Derbyshire Health Protection Board will establish a working group to lead on the implementation of this strategy. Member organisations/teams of the board include:
 - Health Protection teams, Derby City Council and Derbyshire County Council
 - UK Health Security Agency
 - Clinical Quality, Primary Care, Derby and Derbyshire Integrated Care Board
 - Screening and Immunisations team, NHS England Midlands
 - Vaccination Operations Cell at Derby and Derbyshire Integrated Care Board
 - Infection Prevention and Control team, University Hospital of Derby & Burton NHS Foundation Trust
 - Representative from Derbyshire Chief Regulators Group (Environmental Health and Trading Standards)
- Action and implementation plans will be developed in response to this strategy.
- During implementation of the strategy Population Health Management approaches such as the plan, do, study, act (PDSA) cycle will be used to make change, build on learning, and support improvement.
- Climate change poses a significant public health threat, and we understand the importance of collaborative action on environmental sustainability. Therefore, during the implementation of this strategy, we will consider how we can mitigate and adapt to climate change across health protection activities.
- We recognise health protection is a system wide responsibility and therefore a wide range of partners will be involved in the delivery of this strategy.

- Partners we anticipate will be engaged and involved in the delivery of this strategy include:



Measuring progress– Process and outcome measures will be collated by the working group and be reported to and monitored by the Health Protection Board.

Specific roles and responsibilities: an outline

- Several organisations in the health protection system have specific, mandated roles and responsibilities. These are summarised below.
- Regional **UK Health Security Agency (UKHSA)** teams are responsible for providing specialist health protection input alongside health protection partners, to prevent and reduce the impact of infectious diseases, environmental hazards, and major emergencies. This includes responding to cases, incidents and outbreaks, surveillance activities, providing technical scientific support and contributing to emergency planning, resilience, and response.
- The **Directors of Public Health (DsPH)** have the duty, under the Health and Social Care Act (2012), to be assured that the local health protection system is working effectively, responding to local need, and to ensure that the health of the population is protected.

- Locally, this is sought through the Derby and Derbyshire Health Protection Board, chaired by the Derby City DPH, and reporting to the Health and Wellbeing Boards.
- **Local Authority Health Protection Teams:**
 - Derbyshire County Council and Derby City Council operate differently in terms of the delivery of Health Protection functions. The Derby City Health protection function operates under a service level agreement with Derbyshire County Council.
 - Local authorities, through the Directors of Public Health and their teams, provide public health system leadership within their local authority area. They work collaboratively with partners and provide information and advice to relevant local organisations to ensure partners can effectively carry out their roles for the protection of the local population.
- **NHS England** currently directly commissions some public health services as set out in the annual public health functions agreement (section 7a). These include vaccination services and screening programmes. NHS England has set out plans to delegate the responsibility for these services to **NHS Integrated Care Boards**.
- **The Derbyshire Resilience Partnership (DRP)** is a multi-agency partnership that provides strategic oversight and coordination of emergency planning in accordance with the requirements of the Civil Contingencies Act 2004. The DRP members include the emergency services, local authorities, the NHS, and the Environment Agency. **Local Health Resilience Partnerships (LHRPs)** facilitate health sector planning and preparedness for emergencies.
- To deliver an effective health protection response locally, collaboration and coordination is needed between health protection partners.

References

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ⁱⁱ NHS. Why vaccination is important and the safest way to protect yourself. July 2022. Available from: [Why vaccination is safe and important - NHS \(www.nhs.uk\)](https://www.nhs.uk/why-vaccination-is-safe-and-important)

ⁱⁱⁱ Public Health England. National Immunisation Programme: health equity audit. February 2021. Available from: [National Immunisation Programme: health equity audit \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/national-immunisation-programme-health-equity-audit)

^{iv} GOV.UK. Parents urged to check children's MMR vaccine records following rise in measles cases. May 2023. Available from: [Parents urged to check children's MMR vaccine records following rise in measles cases - GOV.UK \(www.gov.uk\)](https://www.gov.uk/parents-urged-to-check-childrens-mmr-vaccine-records-following-rise-in-measles-cases)

^v World Health Organization. Migrants and refugees at higher risk of developing ill health than host populations, reveals first-ever WHO report on the health of displaced people in Europe. January 2019. Available from: [Migrants and refugees at higher risk of developing ill health than host populations, reveals first-ever WHO report on the health of displaced people in Europe](https://www.who.int/news-room/feature-stories/migrants-and-refugees-at-higher-risk-of-developing-ill-health-than-host-populations-reveals-first-ever-who-report-on-the-health-of-displaced-people-in-europe)

Appendix 1: Derby and Derbyshire Health Protection Population Health Outcomes

Sources:

[Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-outcomes-framework)

[Local Health Protection Profiles- OHID \(phe.org.uk\)](https://www.phe.org.uk/local-health-protection-profiles)

Health Protection Indicators

Environmental and EPRR	Year	Derby	Derbyshire	England
Rate of complaints about noise (per 1,000)	2020/21	7.6	5.7	12.0
Percentage of the population exposed to road, rail and air transport noise of 55db at night	2016	6.4%	6.4%	8.5%
Fraction of mortality attributable to particulate air pollution	2021	5.7%	5.3%	5.5%

Screening	Year	Derby	Derbyshire	England
Cancer screening coverage: breast cancer	2022	68.4%	71.4%	65.2%
Cancer screening coverage: bowel cancer	2022	68.4%	74.0%	70.3%
Cancer screening coverage: cervical cancer (25-49 years old)	2022	66.8%	77.6%	67.6%
Cancer screening coverage: cervical cancer (50 to 64 years old)	2022	74.3%	78.7%	74.6%
Abdominal Aortic Aneurysm screening coverage	2021/22	80.8%	84.9%	70.3%

Immunisation	Year	Derby	Derbyshire	England
Population vaccination coverage: Hepatitis B (1 year old)	2021/22	92.3%	100%	-
Population vaccination coverage: Dtap IPV Hib (1 year old)	2021/22	93.1%	96.7%	91.8%
Population vaccination coverage: MenB (1 year)	2021/22	92.8%	96.6%	91.5%
Population vaccination coverage: Rotavirus (Rota) (1 year)	2021/22	90.9%	95.4%	89.9%
Population vaccination coverage: PCV	2019/20	92.5%	96.0%	93.2%
Population vaccination coverage: Hepatitis B (2 years old)	2021/22	75.0%	100%	-
Population vaccination coverage: Dtap IPV Hib (2 years old)	2021/22	93.4%	97.3%	93.0%
Population vaccination coverage: MenB booster (2 years)	2021/22	86.3%	95.5%	88.0%
Population vaccination coverage: MMR for one dose (2 years old)	2021/22	88.6%	95.7%	89.2%

Population vaccination coverage: PCV booster	2021/22	88.0%	95.8%	89.3%
Population vaccination coverage: Hib and MenC booster (2 years old)	2021/22	88.1%	95.8%	89.0%
Population vaccination coverage: DTaP and IPV booster (5 years)	2021/22	80.0%	92.4%	84.2%
Population vaccination coverage: MMR for one dose (5 years old)	2021/22	93.2%	97.3%	93.4%
Population vaccination coverage: MMR for two doses (5 years old)	2021/22	80.9%	93.4%	85.7%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2021/22	63.8%	77.9%	69.9%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male)	2021/22	53.5%	70.1%	62.4%
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female)	2021/22	64.2%	78.5%	67.3%
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Male)	2021/22	59.6%	73.8%	62.4%
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2021/22	73.5%	89.7%	79.6%
Population vaccination coverage: Flu (2 to 3 years old)	2021/22	51.6%	63.5%	50.1%
Population vaccination coverage: Flu (primary school aged children)	2021	46.2%	67.5%	57.4%
Population vaccination coverage: Flu (at risk individuals)	2021/22	53.7%	61.9%	52.9%
Population vaccination coverage: Flu (aged 65 and over)	2021/22	83.4%	87.2%	82.3%
Population vaccination coverage: PPV	2020/21	72.2%	73.7%	70.6%
Population vaccination coverage: Shingles vaccination coverage (71 years)	2021/22	49.6%	52.1%	44.0%

Sexual Health	Year	Derby	Derbyshire	England
New STI diagnoses rate per 100,000 (excluding chlamydia under 25 years)	2022	538	313	496
Syphilis diagnostic rate per 100,000	2022	13.4	6.5	15.4
Gonorrhoea diagnostic rate per 100,000	2022	158	90	146
Chlamydia detection rate per 100,000 aged 15 to 24	2022	2065	1681	1680
Chlamydia proportion aged 15 to 24 screened	2022	16.0%	14.7%	15.2%
Chlamydia diagnostic rate per 100,000	2022	445	263	352
Genital herpes diagnosis rate per 100,000	2022	47.8	40.9	44.1
Genital warts diagnostic rate per 100,000	2022	64.0	36.5	46.1
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	2.65	0.83	2.34
HIV late diagnosis in people first diagnosed with HIV in the UK	2019-21	34.8%	47.6%	43.4%

HIV testing coverage, total	2021	48.9%	33.8%	45.8%
Acute hepatitis B incidence rate/100,000	2018	0.39	0	0.69

Communicable diseases and IPC	Year	Derby	Derbyshire	England
Adjusted antibiotic prescribing in primary care by the NHS	2021	0.64	0.77	0.74
TB incidence (three year average)	2019-2021	12.7	1.4	7.8
Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	2020	66.7%	100%	84.2%
Legionnaires' disease confirmed incidence rate/100,000	2020	1.56	1.36	0.56
Invasive Meningococcal Disease (IMD) confirmed cases rate/100,000	2020-21	0.0	0.5	0.1
Measles incidence rate/100,000	2021	0.0	0.0	0.0
Mumps incidence rate/100,000	2018	1.9	2.3	1.9
Pertussis incidence rate/100,000	2021	0.4	0.0	0.1
Mortality rate from a range of specified communicable diseases, including influenza	2021	9.7	9.9	9.4

Key

Green = Value better than England value

Yellow = Similar to England value

Red = Value worse than England value

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Vision

Working in partnership we will protect people in Derby and Derbyshire from infectious diseases and environmental hazards and minimise any impact on health

Objective

Through health protection activities improve health and wellbeing and achieve more equitable outcomes so that all people in Derby and Derbyshire can start well, stay well, age well and die well

How?

Prevent

Prepare

Respond

Assure

6 areas of focus

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 and reduce vaccine inequalities

5. Develop specific consideration and support for risk and vulnerable groups such as migrant groups and care home residents

6. Strengthen preparation and response to environmental hazards and emergency events such as pandemics and extreme weather events

Enablers

- Strong communication and coordination
- Clear understanding of roles and responsibilities
- Workforce development

- Data, surveillance, and intelligence
- Strong governance
- Joint working
- Strengths based approaches

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

18 January 2024

**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.
- 1.2. To provide the Board with an update on the performance indicators for the key priorities in the Health and Wellbeing Strategy.

2. County Place Partnership Board Update

- 2.1 The County Place Partnership Board (CPPB) meetings resumed on 14 September 2023. The Board has been focussing on development of the Board's remit and understanding how it can support Place Alliances and system working.

Each Place Alliance have been presenting at the CPPB to help shape understanding around each locality. Since October 2023 the Board have had Erewash and South Derbyshire share their presentations. These presentations support the CPPB's understanding of what is happening at a local level.

The Board has recently explored how the work around Falls Prevention can be supported from a system perspective.

The Board has also had cardiovascular prevention and smoking services present updates to help with filtering this information through to the local Place Alliances and cross working with partner organisations.

3. Integrated Care Partnership Update

3.1 A meeting of the Integrated Care Partnership (ICP) took place on 18 October 2023.

3.2 The Board received an overview of Start Well, which is a key priority within the Integrated Care Strategy. The Start Well delivery outcomes are overseen by the Joined-Up Care Derbyshire's Children and Young People's Delivery Board. The Board noted and supported the report's recommendations.

3.3 The Board received a report on Establishing a Prevention and Health Inequalities Board in the Joined-Up Care Derbyshire System. The report gave an overview of the prevention and health inequalities agendas and set out a proposal to establish a multi-agency Prevention and Health Inequalities Board (PHIB), which would report into the ICP Board. The PHIB would provide strategic direction, co-ordination and oversight of the prevention and health inequalities agendas across the whole Derbyshire system. The Board approved the establishment of the new PHIB, which will be accountable to the ICP Board. The Board requested that they receive regular future reports on system wide action to tackle health inequalities and increase prevention activity from the new PHIB.

3.4 A meeting of the ICP took place on 13 December 2023 and considered the following:

- Implementing the Integrated Care Strategy – Stay Well
- Tackling the effects of drugs and alcohol; an update on the work of the Derby and Derbyshire Drugs and Alcohol Strategic Partnership
- An update from the Integrated Care Board
- Integrated Care Strategy: Start Well Update
- An update from the Prevention and Health Inequalities Board
- ICP – forward plan

3.5 Further information can be found [here](#).

4. Round-Up

4.1 New national suicide prevention strategy for England 2023-2028

HM Government has published a new 5 year cross-sector suicide prevention [strategy](#) for England. It outlines the Government's ambitions

for 2023-2028 to reduce suicide rates, improve support for people who have self-harmed and improve support for people bereaved by suicide. The strategy sets out actions for suicide prevention, priority areas and principles including suicide is everybody's business.

- 4.2 Stopping the start: our new plan to create a smokefree generation**
Smoking is the single most preventable cause of ill health, disability and death in the UK. This [command paper](#) sets out the Government's proposed actions for tackling smoking and youth vaping. It also sets out wider measures to support existing smokers to quit smoking and ensure the law is enforced.
- 4.3 Chief Medical Officer's annual report 2023: health in an ageing society**
The Chief Medical Officer Professor Chris Whitty's [annual report](#) focuses on health in an ageing society and recommends actions to improve quality of life for older adults and calls for prioritising areas where the numbers of older people are growing fastest. The focus is on how to maximise older people's independence, and minimise their time spent in ill health. The report features a case study from Derbyshire (starting on page 103).
- 4.4 Holding us back: tobacco, alcohol and unhealthy food and drink**
Action on Smoking and Health (ASH), the Obesity Health Alliance (OHA) and the Alcohol Health Alliance (AHA) have published a [report](#) which outlines the scale of harm caused collectively by tobacco, alcohol and unhealthy food and drinks, which are major causes of death and chronic disease.
- 4.5 HIV Action Plan monitoring and evaluation framework 2023 report**
The UK Health Security Agency has added the HIV Action Plan and evaluation framework [reports](#) measuring progress towards England's long-term commitment to end HIV transmission by 2030. These annual reports specifically focus on the interim ambitions of England's HIV Action Plan 2022 to 2025 to reduce HIV diagnoses first made in England (by 80%), AIDS-defining conditions diagnosed within 90 days of HIV diagnosis (by 50%), and HIV-related deaths (by 50%) between 2019 and 2025. This report summarises progress from 2019 to 2022.
- 4.6 State of ageing 2023**
The Centre for Ageing Better has published a [report](#) aiming to shine a light on the diversity and inequality among the country's older populations, including the growing financial pressures felt by many. It looks at housing, financial security, employment, and health and wellbeing.

4.7 Health Effects of Climate Change in the UK: State of the evidence 2023

The UK Health Security Agency has published a [report](#) which provides evidence, analysis and recommendations based on climate change projections for 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.** The following change of ownership at Lloyds Pharmacy Ltd at Ashbourne Health Centre, Clifton Road, Ashbourne, DE6 1DR, to LP SD Twenty Six Limited T/a Ashbourne Pharmacy. From 20 September 2023, the core opening hours shall be Monday to Friday 08:30 – 12.00 and 16:00 – 18:15, Saturday 08:30 – 14:30, and closed on Sunday.
- 5.2.** The consolidation of the pharmacies at PCT Healthcare Limited T/A Peak Pharmacy, 4-5 Thornbrook Road, Chapel-en-le-frith, High Peak, Derbyshire, SK23 0LX, (the remaining site) and 21 High Street, Chapel-en-le-frith, High Peak, SK23 0HQ (the closing site) will take effect from 15/09/2023. The core opening times shall be Monday to Friday 09:00 – 13.00 and 14:00 – 18:00, Saturday 09:00 – 13:00, and closed on Sunday.
- 5.3.** The following change of ownership at Peak Pharmacy, 2 Barley Close, Little Eaton, Derby, DE21 5DJ, to PCT Healthcare Limited. The core opening hours shall be Monday to Friday 09:00 – 13.00 and 13:30 – 17:30.
- 5.4.** LP SD Five Limited T/A Duffield Pharmacy will have a one-off change of hours on 1 January 2024. The opening times shall be 13:00 - 13:30 and 14:00 - 14:30.
- 5.5.** LP SD Six Limited T/A Hasland Pharmacy will have a change of supplementary hours from 1 January 2024. The core opening times shall be Monday, Tuesday, Thursday, and Friday 09:00 – 13:00 and 14:00 – 18:00, Wednesday 09:00 – 13:00 and 15:00 – 18:00, Saturday 09:00 – 13:00, and closed on Sunday.

5.6. Derby and Derbyshire ICB has approved the application to include Quality Health Ltd, Unit 101, Coney Green Business Centre, Clay Cross, Chesterfield, S45 9JW on the pharmaceutical list.

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 previously presented to the Board in October 2023. There are changes in data which are of note:

- Rate of smoking at delivery has decreased which is an improvement. In 2021/22, the rate was 11.8% and it is now 10.9% (2022/23)
- Breastfeeding prevalence at 6-8 weeks has increased which is an improvement. In 2021/22 it was 43.6% and it is now 44.5% (2022/23)
- Excess weight in 10–11-year-olds has decreased which is an improvement. In 2021/22 the rate was 36.3% and it is now 34.5% (2022/23)
- HIV coverage has improved. In 2021 it was 33.8% and it is now 38.8%
- HIV Late Diagnosis rates are decreasing which is a positive change. In 2019-21 the rate was 47.6% and it is now 25% (2020-22). A HIV key strategic priority is to decrease HIV-related mortality and morbidity through reducing the proportion and number of HIV diagnoses made at a late stage of HIV infection.

7. Work Plan

The proposed work plan for the Health and Wellbeing Board is attached at appendix 3.

8. Background Papers

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

9. Appendices

9.1. Appendix 1 – Implications

9.2. Appendix 2 – Measuring Success

9.3. Appendix 3 – Work plan 2023-2024

10. Recommendation(s)

10.1. That the Health and Wellbeing Board:

- a) Note the information contained in this round-up report.
- b) Note the update on the performance indicators.

11. Reasons for Recommendation(s)

- 11.1.** 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.
- 11.2.** To provide the Health and Wellbeing Board with an update on the performance indicators for the key priorities in the Health and Wellbeing Strategy.

Health and Wellbeing Board Sponsor: Ellie Houlston

Report Authors: Ruth Shaw and Annette Appleton

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Implications

Financial

1.1 No implications

Legal

2.1 No implications

Human Resources

3.1 No implications

Equalities Impact

4.1 No implications

Partnerships

5.1 No implications

Health and Wellbeing Board Strategy Priorities

6.1 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/>)

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

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

Recent Trend:
▲/▼ Significant increase/Decrease getting better
▼/▲ Significant increase/Decrease getting worse
▲/▼ Increase/decrease – not significant
- No change
- Change cannot be calculated

Recent Trend is from Fingertips and is based on the most recent 5 points

*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	Recent Trend	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	14.0	12.7	3	9.3 - 16.0	▼	%	2022
Smoking at time of delivery	10.9	8.8	4	7.7 - 14.1	▼	%	2022/23
Breastfeeding Prevalence at 6-8 weeks	44.5	49.2	9	43.3 - 58.7	▲	%	2022/23
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	20.6	21.3	9	18.7 - 23.3	▼	%	2022/23
Excess weight - 10-11 yrs	34.5	36.6	8	30.3 - 37.6	▲	%	2022/23
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	38.8	48.2	9	25.9 - 67.1	▼	%	2022
HIV late diagnosis	25.0	43.3	13	25.0 - 63.3	▼	%	2020 - 22

* 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	Recent Trend	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	Recent Trend	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	Recent Trend	Value Type	Period
People with SMI receiving complete physical health checks*							
Fuel poverty	13.9	13.1	7	11.0 - 15.8	–	%	2021
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	Recent Trend	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)	2.5	5.2	16	2.5 - 9.7	▼	%	2022/23
Qualified to NVQ4 and Above*							
Working age population in employment, 16-64 years	75.7	75.7	4	72.7 - 81.8	▼	%	2022/23
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

Work Programme: 2023/24 – correct for January 2024 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: March 2024				
Refresh of the ICB 5 year plan	To provide the board with a refresh of the ICB 5 year plan and request board feedback	Statutory	Chris Clayton	TBC
Refresh of Joint Capital Resource Use Plan and Performance Assessment	To provide the board with a refresh of the ICB Joint Capital Resource Use Plan and Performance Assessment	Statutory	Chris Clayton	TBC
Annual report from ICB	To provide the board with the ICB Annual Report	Statutory	Chris Clayton	TBC
Better Care Fund planning submission and outturn report	To provide information on the BCF Planning Submission and the outturn position of the Derbyshire Integration 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
Health Protection Board Update	To provide the board with an update from the Health Protection Board	Statutory	Ellie Houlston	Iain Little
Review of the ToR and membership of the Health and Wellbeing Board	To provide the board with an opportunity to review and refresh the ToR and membership of the board	Statutory	TBC	Hayley Gleeson
Sign off the JLHWBS	Board to approve the final version of the Joint Local Health and Wellbeing Strategy	Statutory	Simon Stevens / Ellie Houlston	Hayley Gleeson
Best Start, Child Poverty and 0-19 Transformation	To provide the board with an update	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	TBC
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

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