

# Public Document Pack



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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 20 March 2024

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 28 March 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 - 8)  
  
       To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 18 January 2024.
  
3.     Joint Local Health and Wellbeing Strategy (Pages 9 - 46)

4. Review of the Terms of Reference and Membership of the Health and Wellbeing Board (Pages 47 - 62)
5. ICB Joint Forward Plan Update (Pages 63 - 68)
6. Housing and Planning (Pages 69 - 76)
7. Update on Tobacco Control and East Midlands Statement on Vaping (Pages 77 - 90)
8. Health and Wellbeing Round Up (Pages 91 - 102)
9. Better Care Fund Quarter 3 Report (Pages 103 - 112)
10. Any Other Business

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**MINUTES** of a meeting of **HEALTH AND WELLBEING BOARD** held on Thursday, 18 January 2024 at Committee Room 1, County Hall, Matlock, DE4 3AG.

## **PRESENT**

Councillor C Hart (in the Chair)

Councillors M Dooley, N Hoy, J Patten and E Sherman.

Also in attendance was A Appleton, T Braund, T Dunn, L English, H Gleeson, B Harrington, H Henderson, E Houlston, S Lee, E Langton, I Little, S Millar, K Monk, C Selbie, C Stanbrook, S Stevens and L Wilde.

Attended Virtually – C Reilly.

Apologies for absence were submitted for Councillor M Burfoot, Councillor L Burns, C Cammiss, C Clayton, C Durrant, K Hanson, Councillor K Rouse, H McDougall, Councillor A McKeown, Councillor C Poole, S Scott, D Smith, G Smith, B Webster and R Wright.

## **01/24 MINUTES**

**RESOLVED** that the minutes of the meeting of the Board held on 05 October 2023 be confirmed as a correct record.

## **02/24 PUBLIC QUESTION**

### **Question received from Mr Ingham:**

I note Agenda Item 13 the BCF Quarter 2 report. Within Appendix 2, 21/22 and 22/23 targets for the proportion of older people still at home 91 days after discharge from hospital into reablement /rehabilitation services was 81.1%. This target has reduced further to 70.25% for 23/24 but worryingly is described as ambitious.

Actual performance at Quarter 1 was 59.9% - meaning up to 40.1% of individuals were unnecessarily moving into other services due in part to short-term service difficulties. This is troubling in terms of who could still be home, no longer being there.

What does the 40.1% equate to in actual people numbers and when will the short-term service currently being restructured be fully operational?

It's important to understand this given 95.26% of individuals were being discharged back to normal residence (which could include their home) but

then up to 40.1% weren't there within 3 months.

**Response provided by Councillor Hart:**

Thank you for your information requests about information relating to Better Care Fund (BCF) activity report relating specifically to the performance of Short Term Reablement Services. As suggested in your correspondence this is a remodelled Adult Social Care service that aims to re-able people after a period of ill health, as a new service it has needed to recruit and train staff to be able to best meet outcomes for people. The report summarises the metrics reported to the National BCF programme.

The target was reduced reflecting the restructure of the Adult Social Care Re-ablement Service which experienced a great deal of change and has needed time to establish. It is expected to see performance increase further over time as the service becomes fully operational as we fill outstanding vacancies and train all staff on improved ways of working to work towards better outcomes for people.

The quarter 1 cohort as reported was 584 potential referrals of these 350 people were supported by the reablement service. The other 234 potential referrals were supported via home care packages provided by independent sector providers. These services are all subject to review by Social Workers to ensure suitability. The quarter 2 performance has increased to 69% of all potential referrals and the service will see further improvements once the new service is embedded in January 2024.

This is 234 people as detailed above and fully operational in January 2024 albeit where there are staffing vacancies.

The 95.2% represents the outcomes of the 234 people that went through the reablement service, people who have not been through the reablement service are not counted as part of the 91-day indicator. The 40.1% relates to people who have not had the inhouse reablement service, therefore they are not part of the 91 day indicator count, as this only includes people who have received the reablement service and are at home after 91 days.

**03/24 MINUTES**

**RESOLVED** that the minutes of the meeting of the Board held on 13 July 2023 be confirmed as a correct record.

**04/24 WINTER PREPAREDNESS AND COST OF LIVING UPDATE -  
OVERVIEW OF SUPPORT TO DERBYSHIRE RESIDENTS**

**RESOLVED** to

1) acknowledge the cost-of-living and winter pressure support outlined

within the report and agree to actively share this information.

2) 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.

**05/24 ANNUAL SECTION 75 UPDATE FOR THE 0-19 COMMISSIONED SERVICES**

**RESOLVED to**

1) note the 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.

2) note the development and service opportunities identified for the service.

3) 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.

**06/24 JOINT LOCAL HEALTH AND WELLBEING STRATEGY**

**RESOLVED to**

1) note the update on the proposed priorities /areas of focus of the 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.

3) agree the priorities / areas of focus outlined within the report.

**07/24 TOBACCO CONTROL IN DERBYSHIRE**

**RESOLVED to**

1) note Derbyshire Public Health is completing a Tobacco Control Health Needs Assessment (HNA).

2) commit to supporting the work to develop and implement a comprehensive tobacco control framework for Derbyshire.

3) agree that tobacco control should be a key priority in the new Joint Health and Wellbeing Strategy.

**08/24 DERBYSHIRE BETTER CARE FUND PLAN 2023-25**

**RESOLVED** to

- 1) approve the BCF plans for 2023-25.
- 2) approve that the Derbyshire BCF Board invites National BCF Programme to assist with a review of the local BCF Programme.

**09/24 MENTAL HEALTH AND SUICIDE PREVENTION**

**RESOLVED** to

- 1) 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.
- 2) 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.

**10/24 HEALTH PROTECTION BOARD UPDATE**

**RESOLVED** to

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

**11/24 HEALTH AND WELLBEING ROUND UP REPORT**

**RESOLVED** to

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

**12/24 DRUG AND ALCOHOL STRATEGIC PARTNERSHIP UPDATE**

The Health and Wellbeing Board were provided with a report and presentation, giving an update on the work of the Drug and Alcohol Strategic Partnership (DASP) for Derby and Derbyshire since its establishment in November 2022. The Board were also provided with a summary of the national context in which the DASP had been established and the national objectives from the Government's 10-year strategy, From Harm to Hope.

**RESOLVED** to

- 1) 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.

2) note the strategic priorities of the DASP and the progress made in delivering against those priorities.

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

#### **13/24 BETTER CARE FUND QUARTER 2 REPORT 2023/24**

The Health and Wellbeing Board were provided with a report, requesting approval for the 2023/24 Better Care Fund Quarter 2 report in relation to the revised demand and capacity plan and metrics which were reported retrospectively.

**RESOLVED** to

1) note and sign off the report as presented.

#### **14/24 HEALTHWATCH UPDATE**

The Health and Wellbeing Board were provided with a report and presentation, giving an overview of themes and priorities from Healthwatch Derbyshire. The Board were also asked to consider any further opportunities that could support a partnership response to themes or opportunities for organisations to collaborate with Healthwatch.

It had been agreed that data collected by Healthwatch on pharmacies could feed into the Pharmaceutical Needs Assessment that the Board holds responsibility for. This would be brought to the Board in 2025.

**RESOLVED** to

1) note the overview of themes and priorities from Healthwatch Derbyshire.

2) consider any further opportunities that could support a partnership response to the themes and priorities identified by Healthwatch Derbyshire.

3) consider any further opportunities for organisations to collaborate with Healthwatch, and the patient voices which are represented.

#### **15/24 JOINT LOCAL HEALTH AND WELLBEING STRATEGY**

The Health and Wellbeing Board were provided with a report and presentation, to give an update on the proposed areas of focus and outcome measures of the new Joint Local Health and Wellbeing Strategy.

**RESOLVED** to

1) note the update on the proposed areas of focus and outcome measures

of the 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.

3) agree to review the HWB Terms of Reference and subsequently membership of Board to align with the new areas of focus in the Strategy.

#### **16/24 LOCALITIES PROGRAMME**

The Health and Wellbeing Board were provided with a report and presentation, outlining the Public Health Localities Approach 2024.

Board Members had been informed that a paper was taken to the Cabinet meeting on 11 January 2024 and Cabinet had approved to continue to fund the localities approach for five years, subject to call-in.

**RESOLVED** to

1) note that the Localities Approach will further support the delivery of the new Joint Local Health and Wellbeing Strategy.

2) agree to receive regular updates on the contribution of the Localities Approach to the delivery of the Joint Local Health and Wellbeing Strategy.

#### **17/24 WORK AND HEALTH UPDATE**

The Health and Wellbeing Board were provided with a report and presentation, giving an overview of existing work and health support being offered to Derbyshire residents.

**RESOLVED** to

1) note the overview of existing work and health support being offered to Derbyshire residents.

2) receive an update on additional Government funding available to support disabled people and people with health conditions to start, stay and succeed in work.

3) note any specific issues highlighted in the presentation and consider further opportunities that the Health and Wellbeing Board can champion to strengthen joint working.

#### **18/24 HEALTH PROTECTION BOARD UPDATE (INCLUDING HEALTH PROTECTION STRATEGY)**



The Health and Wellbeing Board were provided with a report, noting the key messages arising at the Derbyshire Health Protection Board from its meeting on 10 November 2023. An overview of the Health Protection Strategy was also presented to The Board.

**RESOLVED** to

1) note the update report from the Health Protection Board and endorse the Health Protection Strategy.

**19/24 HEALTH AND WELLBEING ROUND UP**

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

**RESOLVED** to

1) note the information contained in the report.

2) note the update on the performance indicators.

**20/24 AOB**

There was no other business.

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**28 March 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) Approve the content of the Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2027
  - b) Champion the JLHWBS and act as leaders in the delivery of 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](#).
- 2.2 Data, intelligence and feedback from development sessions, engagement sessions and board meetings gathered over the last 12 months has been collated and analysed, along with information from the JSNA. Collectively

this data, intelligence and feedback has been utilised to prepare the Joint Local Health and Wellbeing Strategy.

2.3 The Board have previously approved the five Areas of Focus for the Strategy. The five Areas of Focus were also presented to the Improvement and Scrutiny Committee – Health in December 2023. The 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
- Tackle child poverty and enable children and young people in Derbyshire to start well
- Develop the Health and Wellbeing Board to effectively deliver on the areas of focus

2.4 Public Health have worked alongside system partners and ensured that engagement and learning from the ICS Strategy development was implemented in developing the JLHWBS.

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

2.6 An action plan for delivery of the JLHWBS will be formulated and a draft will be presented to the Board in July 2024.

2.7 The JLHWBS will be professionally designed and, once this has been completed, will be published and shared with partners and the wider 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 and wider system partners have taken part in engagement and development sessions over the last 12 months.

5.2 An update on the development of the Strategy and the Areas of Focus were presented to the Improvement and Scrutiny Committee – Health on 11 December 2023.

## **6. Partnership Opportunities**

6.1 Partners are asked to fully support the JLHWBS 2024-2027. Collaboration from all partners and the wider system will be required to deliver the strategy through an action plan and feedback at HWB meetings.

## **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](#)

7.6 [Joint Local Health and Wellbeing Strategy – January 2024](#)

## **8. Appendices**

8.1 Appendix 1 – Implications.

8.2 Appendix 2 – Joint Health and Wellbeing Strategy 2024-2027

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

That the Health and Wellbeing Board:

- a) Approve the content of the Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2027
- b) Champion the JLHWBS and act as leaders in the delivery of the strategy.

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

10.1 To ensure the Health and Wellbeing Board approve the Joint Local Health and Wellbeing Strategy 2024-2027 and agree that the report can be published once it has been professionally designed.

10.2 To ensure the Joint Local Health and Wellbeing Strategy can deliver on its actions and make a positive impact on the health and wellbeing of the residents in Derbyshire.

**Report Author:** Hayley Gleeson, Public Health Lead and Annette Appleton  
Project Officer

**Contact details:** [Hayley.gleeson@derbyshire.gov.uk](mailto:Hayley.gleeson@derbyshire.gov.uk);  
[annette.appleton@derbyshire.gov.uk](mailto: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 new Areas of Focus set out in the new Joint Local Health and Wellbeing Strategy by ensuring the Board and partners work collaboratively to reduce health inequalities for the population of Derbyshire.



# **Derbyshire Health and Wellbeing Strategy**

**2024-2027**

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Thanks to the Health and Wellbeing Board Members, Public Health Leads, the Knowledge and Intelligence Team and other members of the Derbyshire Public Health Team who have supported this update.

Final approval at Health and Wellbeing Board on 28 March 2024.

For further information about the strategy or Derbyshire Health and Wellbeing Board please contact [director.publichealth@derbyshire.gov.uk](mailto:director.publichealth@derbyshire.gov.uk)

Data is from OHID Fingertips tools unless stated and is the latest available data at time of update in February 2024. Some of the data in this report is based on partial data collection due to the impact of the Covid-19 pandemic.

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# Foreword

Health and wellbeing is important to all of us. Good mental and physical health helps us to play an active and fulfilling role in our families, communities, and wider society. We have all recognised the importance of good health and wellbeing as we have lived through the challenges of the Covid-19 pandemic. Health and wellbeing is shaped by the environment in which we live, the homes in which we reside and the schools where we learn and the social connections we sustain from childhood to older age.

The current Joint Local Health and Wellbeing Strategy was refreshed mid-way through the strategy cycle in light of the Covid-19 pandemic, in 2022. The learning and impacts from the pandemic were reflected in this refresh. It was agreed at the Health and Wellbeing Board in March 2022, that a full refresh of the strategy would take place during 2023 to update the areas of focus and shared actions.

It is also right that the Board updated the strategy at this time to make sure it aligns with the aims and ambitions of the Integrated Care System for Derbyshire and help inform the Integrated Care Strategy. The Joint Local Health and Wellbeing Strategy will allow joint action wherever possible to tackle health and wellbeing issues across Derbyshire alongside our local partners, aligning with Derby City's Health and Wellbeing Board where it is right to do so.

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 been published on the [Derbyshire Observatory](#).

Partners across Derbyshire acknowledge that creating the conditions for health and wellbeing to thrive is about more than just health service provision, and it requires the ongoing dedication and input from a range of partners across the public, voluntary and independent sectors.



The Derbyshire Health and Wellbeing Board will continue to enable and support strong partnerships and I want it to continue to be a key forum to collectively tackle health inequalities via the ongoing implementation of this strategy.

Councillor Carol Hart

**Cabinet Member for Health and Communities and  
Chair of the Health and Wellbeing Board**

# Introduction

## What is the Derbyshire Health and Wellbeing Board?

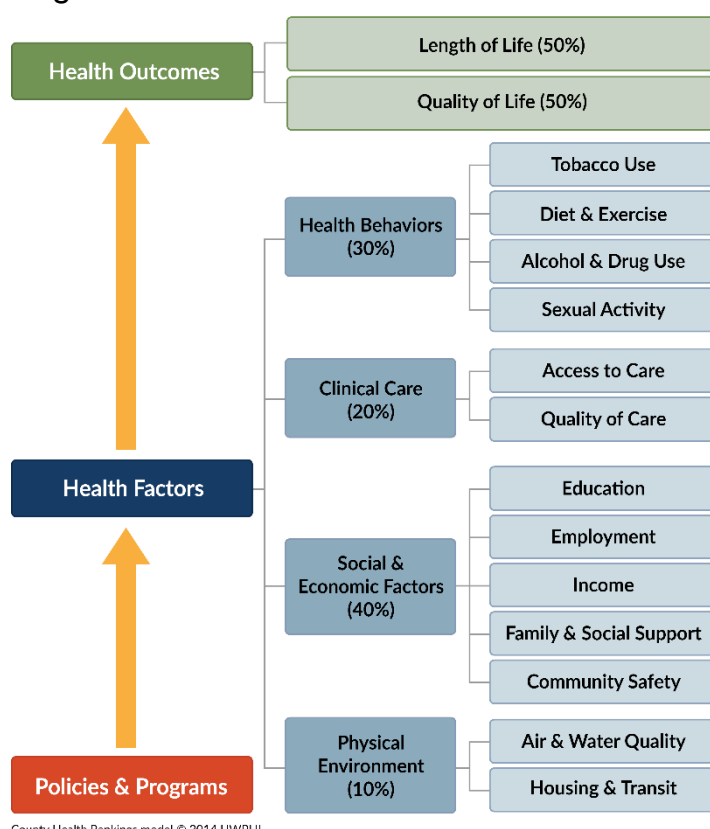
Health and Wellbeing Boards were established under the Health and Social Care Act 2012 and have both set functions and a core membership. The Health and Care Act 2022 explains how Health and Wellbeing Boards work as part of the Integrated Care System.

The Derbyshire Health and Wellbeing Board is established as a committee of Derbyshire County Council and the Terms of Reference are contained within the Derbyshire County Council constitution.

## What makes and keeps our population healthy and well?

Diagram 1 shows that 20% of the factors that contribute to health outcomes are clinical care. **80%** of the factors that influence health outcomes are non-clinical related.

Diagram 1



### Population Health

**Outcomes** show how healthy our population is right now, both through length and quality of life.

**Health Factors** are drivers we can modify to improve Health Outcomes which are Influenced substantially by Social Determinants: Education, Employment, Income, Environment, Social Networks and Behaviours.

**Policies and programmes** help produce changes in Health Factors, such as the work developed and delivered by the Health and Wellbeing Board.

## **What are the statutory functions of the Derbyshire Health and Wellbeing Board?**

- Prepare and publish a Joint Strategic Needs Assessment (JSNA) of current and future health and social care needs.
- Prepare and publish a Joint Local Health and Wellbeing Strategy (JLHWBS) for Derbyshire.
- Promote integrated working in planning, commissioning, and delivering services to improve the health and wellbeing of the population of Derbyshire, including Section 75 agreements.
- Receive and respond to the plan of the Integrated Care Board (ICB).
- Prepare and publish a Pharmaceutical Needs Assessment to assess the need for pharmaceutical services in Derbyshire.
- Express an opinion when an application is received from pharmacies in Derbyshire where they wish to consolidate or merge.
- The Health and Wellbeing Board should be an active participant in the development of the Integrated Care Strategy and consider the Integrated Care Strategy when preparing and implementing the JLHWBS to ensure both strategies are complementary.
- Responsibility for signing-off the Better Care Fund plan for Derbyshire.

## **How have the Health and Wellbeing Board developed the Derbyshire Joint Local Health and Wellbeing Strategy (JLHWBS)?**

The Joint Local Health and Wellbeing Strategy sets out agreed areas of focus and joint action for the Health and Wellbeing Board (HWB) and partners to address the health and wellbeing needs of the local population.

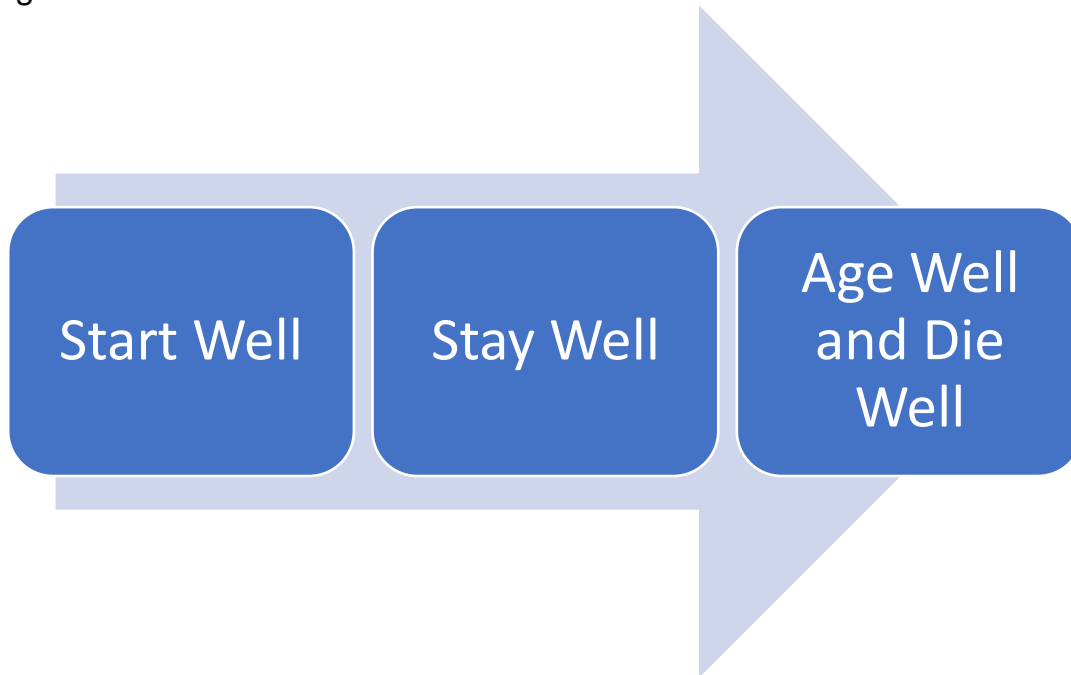
Areas of focus were collectively identified using insight and evidence including the Joint Strategic Needs Assessment (JSNA). The JSNA is a live and interactive tool published on the Derbyshire Observatory [Derbyshire Observatory – JSNA](#).

The HWB have worked collaboratively to identify the areas of focus and coproduce the strategy to ensure they concentrate on prevention and reducing health inequalities. Over the last six months the HWB have looked at factors for Derbyshire that have the greatest impact on health and wellbeing. The HWB had a series of development sessions and feedback was discussed at the Health and Wellbeing Board. The feedback was used to improve and shape the areas of focus.

## A life course approach

This strategy takes a life course approach to reducing health inequalities which requires a whole systems approach, dealing systematically with all health determinants. A life course approach reflects all the important stages and transitions where significant differences can be made in promoting and or restoring health and wellbeing.

This life course approach identifies the importance of action required at all stages of life.



## What enables good health and wellbeing?

There are factors that affect our health and wellbeing which are often referred to as 'wider determinants'. Wider determinants are a diverse range of social, economic, and environmental factors which impact on the health and wellbeing of our population. Ultimately these are conditions which people in Derbyshire are born, age, live and work. These factors that underpin our health and wellbeing are known as social determinants.

Examples of wider determinants include:

- Educational and skills
- Employment
- Housing
- Built environment
- Income

Individually and combined, these factors contribute substantially to the burden of preventable ill health and premature mortality in Derbyshire and present several priority areas in which to focus our collective efforts to improve the health and wellbeing of our population. Diagram 2 demonstrates how these factors interact and affect individuals and communities' health and wellbeing.

Diagram 2



Social determinants of health and the role of local government

# The role of the Health and Wellbeing Board within the Derbyshire Integrated Care System

The Derbyshire Health and Wellbeing Board works with the Integrated Care Partnership (ICP) and the Integrated Care Board (ICB) to ensure an integrated approach to deliver holistic care and prevention activities, incorporating action on wider determinants in Derbyshire.

In preparing the Joint Local Health and Wellbeing Strategy, the Board will have regard to the Integrated Care Strategy. The Derbyshire Health and Wellbeing Board continue to lead action at place level through providing a forum where political, clinical, professional and community leaders from across the health and care system come together to support the reduction of health inequalities and improve population health and wellbeing.

The Integrated Care Strategy should build on and complement the Joint Local Health and Wellbeing Strategy, identifying where areas of focus could be better addressed at the system level.

The Derbyshire Health and Wellbeing Board does not commission health services or have a budget, however, the Board has an important role in informing the allocation of local resources. The Health and Wellbeing Board is responsible for promoting greater integration and partnerships between the NHS, public health and local government, which involves working collaboratively as a system.

As part of the Health and Wellbeing Board governance, the Board provides the Integrated Care Partnership with quarterly updates from the Health and Wellbeing Board meetings and progress against the Joint Local Health and Wellbeing Strategy. Work of the Health and Wellbeing Board supports the function of the Integrated Care Partnership. Through 'building from the bottom up' the ICP should build upon the existing work by HWBs to support the integration of the Derbyshire system to allow health and wellbeing issues to be tackled at scale.

The Health and Wellbeing Board Terms of Reference is reviewed annually: [Derbyshire Health and Wellbeing Board terms of reference and core strategic functions - Derbyshire County Council](#)



# The Health and Wellbeing Board Approach to reduce health inequalities and increase healthy life expectancy

We intend to deliver the vision through taking a preventative approach and addressing health inequalities and applying the following principles to the work of the Health and Wellbeing Board:

## Understand the Derbyshire population

- Work as a Health and Wellbeing Board and with partners to ensure interventions are aimed at a population level and targeted to specific groups.

## Utilise shared evidence and insight

- Using knowledge and intelligence including good practice to understand the problem and what works.

## Recognise the drivers of ill health

- Understanding the role of wider determinants which are a diverse range of social, economic and environmental factors which impact on people's health.

## Value a collaborative approach

- Work together with our Derbyshire communities, partners and wider system to make an impact on the areas of focus.

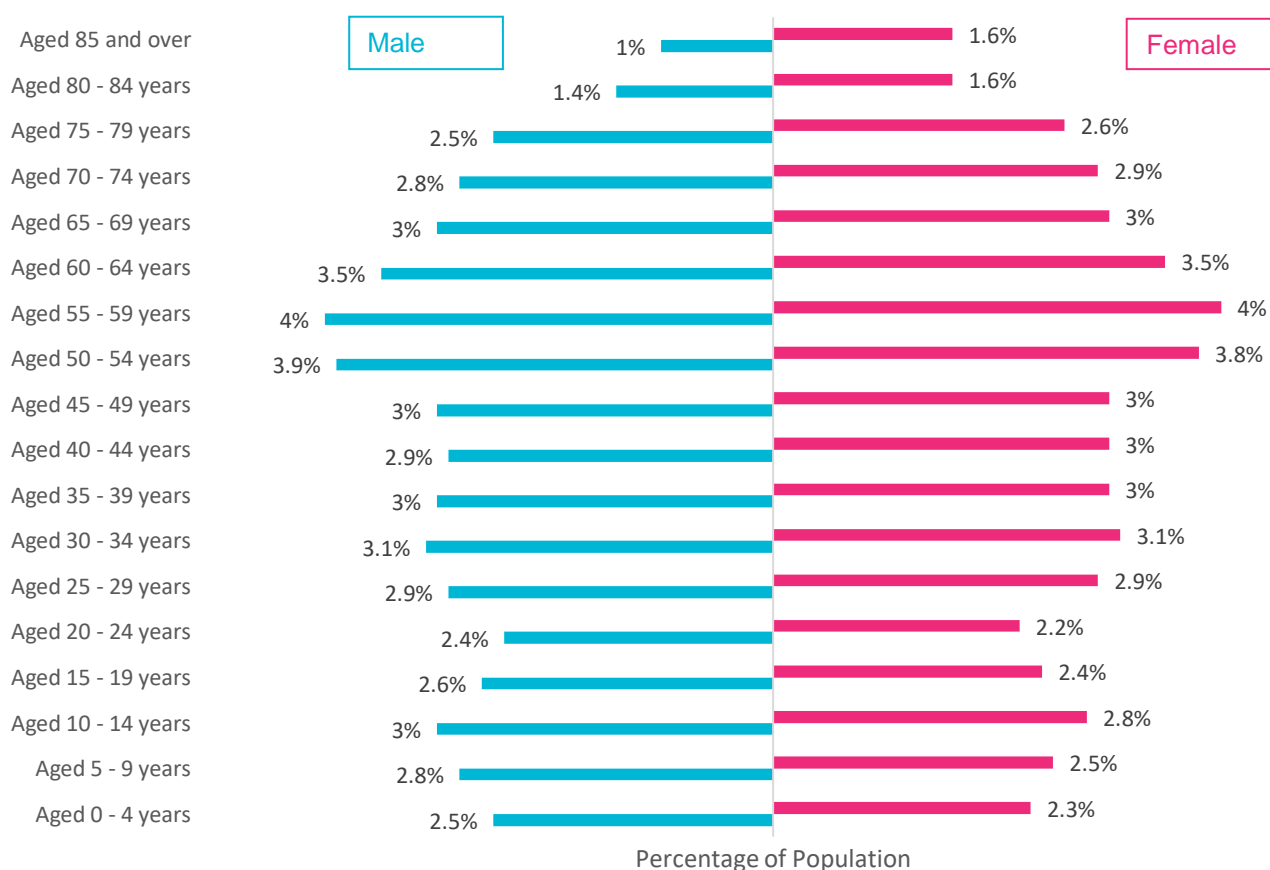
# What does the data tell us about The Health of Derbyshire?

To understand more about the health of the population of Derbyshire it is important to look at several measures, for example life expectancy and healthy life expectancy.

Using Derbyshire’s Joint Strategic Needs Assessment (JSNA) helps us understand what people in Derbyshire need to be healthy and well. The JSNA looks at factors like how people feel, the choices they make, where they live, and the challenges they face. Through understanding this data, we can make better plans and decisions as a Health and Wellbeing Board to support the health and wellbeing of the Derbyshire population.

Data from the JSNA states that there are 794,636 people living in Derbyshire. According to these latest statistics, over 22% of the Derbyshire population are aged over 65 years.

**Population Pyramid of Derbyshire (Census 2022)**



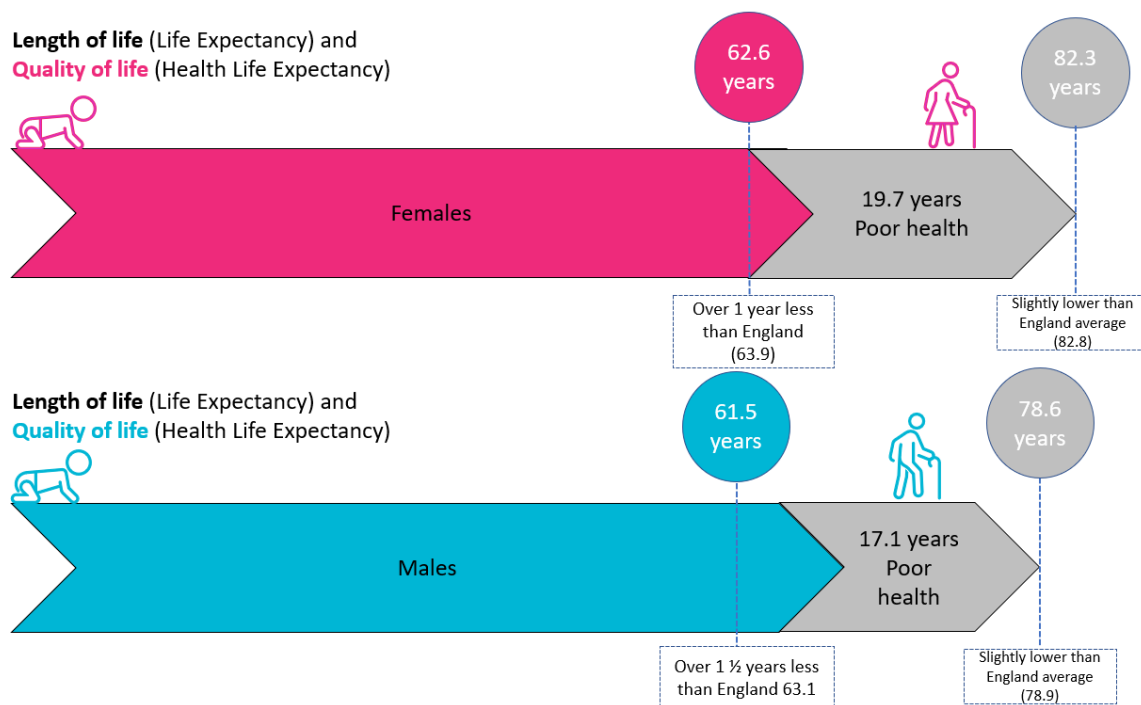
Source: [Derbyshire Joint Strategic Needs Assessment - Population](#)

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According to the [Public Health Outcomes Framework](#) using data collected between 2020 – 2022, the average life expectancy at birth is 78.6 years for men and 82.3 years for women. Life expectancy of the population in Derbyshire is slightly lower than the average for England.

In Derbyshire, using data collected between 2018 and 2020, the average healthy life expectancy – how long a person is expected to live in good health – is 61.5 years for males and 62.6 years for females.

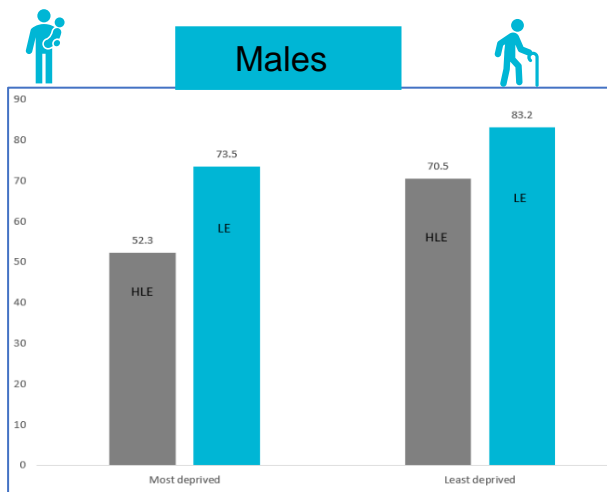


Source: [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#), (2024) (based on Life Expectancy at birth, 3-year range 2020-22 and Healthy Life Expectancy 2018-19)

More information about The Health of Derbyshire residents can be found at: [Derbyshire Observatory – Health](#)

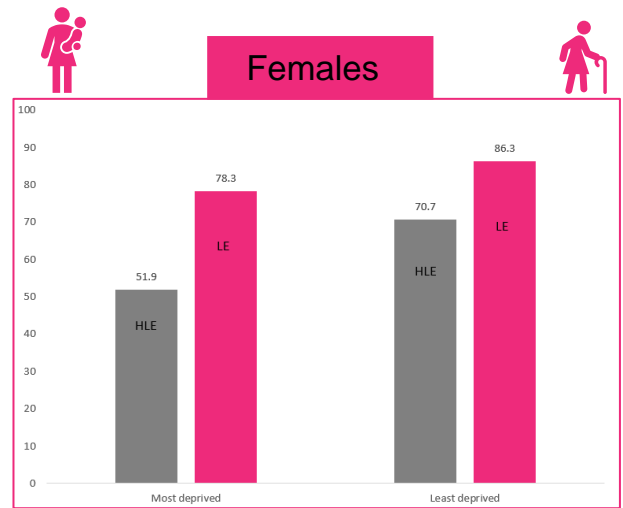
There is a large difference in Healthy Life Expectancy (HLE) and Life Expectancy (LE) between males and females living in our most deprived and least deprived communities. [Office for Health Improvement & Disparities \(OHID\) data](#) for England for 2018-20, shows that a male living in one of the least deprived communities can expect to live 18.2 more years in good health than a male living in one of the most deprived areas. For females, this difference is 18.8 years.

## Graphs showing Healthy Life Expectancy (HLE) and Life Expectancy for Males and Females by deprivation (England 2018-20)



Compared to the least deprived man, the most deprived man would experience:

- **18.2 fewer years** of Healthy Life Expectancy
- **9.7 fewer years** of Life Expectancy



Compared to the least deprived man, the most deprived man would experience:

- **18.8 fewer years** of Healthy Life Expectancy
- **8 fewer years** of Life Expectancy

# Our Vision, Objectives and Population Health Outcomes

## Our Vision

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

## Our Objectives will enable residents in Derbyshire to:

Start Well

Live Well and Stay Well

Age Well and Die Well

## Our Population Health Outcomes

Reduce health inequalities

Increase healthy life expectancy

# Our five areas of focus

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



All of the area of focus sections cover:

- Why the area of focus is important
- What the indicators tell us about the area of focus
- The Health and Wellbeing Board ambition statements
- The actions as a Health and Wellbeing Board we will take to address the area of focus
- Measures of progress

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# Area of Focus 1: Tackle the four main risk factors that lead to poor health

## Why is this Area of Focus Important?

Smoking, alcohol use, poor diet and physical inactivity are all key risk factors which lead to preventable ill health and premature mortality.

Together these factors contribute to a range of conditions, including (but not limited to): becoming overweight or obese, poor oral health, mental health conditions, dementia, osteoporosis, type 2 diabetes, respiratory diseases, cancer, and heart disease.

Approximately 40 per cent of the UK's disability-adjusted life years lost are because of tobacco or alcohol use, hypertension, being physically inactive and being overweight or obese.

The four risk factors are significantly linked to socioeconomic determinants and notably contribute to widening health inequalities. The higher number of risk factors individuals engage in increases the health and mortality risk. Often the four main risk factors co-occur at the same time in individuals, and this multiplies the risks of poor health.

## What do the indicators tell us about this Area of Focus?

[Data Tables - Indicators](#)

- Admission episodes for alcohol specific conditions in under 18's is worse than the England average
- The mortality rate from alcoholic liver disease in under 75's is worse than the England average
- Smoking prevalence in adults (aged 18 plus) is worse than the England average
- Smoking status at time of delivery is worse than the England average
- The percentage of adults (aged 18 plus) classified as overweight or obese is worse than the England average
- The percentage of adults walking for travel at least three days per week is worse than the England average
- Over 20% of children in reception class are overweight or obese
- Over 34% of children in year 6 (10-11 years old) are overweight or obese and this is getting worse
- 30% of the Derbyshire adult population are not physically active

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## **What are our ambition statements?**

- Decrease alcohol-specific hospital admissions
- A reduction in smoking uptake and decrease in prevalence
- A reduction of smoking at time of delivery
- Decrease inactivity levels and increase active travel
- A reduction in adults and children who are overweight or obese

## **What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?**

- ✓ Identify and target support to individuals most at risk of multiple unhealthy risk factors
- ✓ Promote evidenced based interventions to tackle the four main risk factors of ill health
- ✓ Contribute to and action the strategies related to the 4 main risk factors including the Derbyshire Tobacco Control Strategy, The Substance Use Strategy and The Making Our Move Strategy
- ✓ Identify opportunities for co production across the 4 risk factors to support the implementation and evaluation of programmes and initiatives

## **How will we measure progress?**

We will track the following Public Health Outcomes and key performance measures:

- Adult admission episodes for alcohol specific conditions
- Under 18 admission episodes for alcohol specific conditions
- Under 75 mortality rate from alcoholic liver disease
- Smoking prevalence in adults
- Smoking status at time of delivery
- Percentage of physically active adults
- Percentage of adults walking for travel at least three days per week
- The percentage of adults classified as overweight or obese
- The percentage of reception aged children who are overweight or obese
- The percentage of year 6 children who are overweight or obese



# Area of Focus 2: Support good mental health

## Why is this Area of Focus Important?

Mental health is important to quality of life and is a protective factor against physical illness and social inequalities. Mental health is a state of wellbeing where a person can work productively, cope with stresses in life and contribute to their community. A range of factors can affect mental health throughout childhood and adulthood. However, between conception and the age of two years is a critical period for a child's brain development and their long-term emotional health.

Good mental health enables us to get the most from life and feel connected to friends and family, access employment, enable education attainment, fulfil our potential and adopt healthy behaviours. People with good mental wellbeing are 1.14 times more likely to recover from a physical illness than those with poor mental wellbeing.

On the other hand, poor mental health and serious mental illness can have a significant impact on individuals, affecting quality of life and can lead to preventable, early deaths. Mental ill health can include a range of conditions like mild depression to conditions including schizophrenia.

1 in 4 people will experience a mental health issue in a year. The most common mental health conditions are anxiety and depression.

In Derbyshire there has been a sharp increase in the prevalence of anxiety and depression in recent years. Self-harm hospital admission rates in Derbyshire are also concerning; there is also significant risk of suicide following an episode of self-harm. People with severe mental illness such as schizophrenia could live 15 to 20 years less than the people without a mental health condition.

It is also important to note that mental health throughout all ages has been particularly affected by the Covid-19 pandemic in a variety of ways including increased anxiety among children and isolation among older people and those who are less well connected.

## **What do the indicators tell us about this Area of Focus?**

### [Data Tables - Indicators](#)

- Suicide rates are worse than the England average
- More people in Derbyshire have emergency admissions to hospital for intentional self-harm than the England average
- The percentage of adult carers who have as much social contact as they would like is worse in Derbyshire than the England average

## **What are our ambition statements?**

- Increase awareness and health literacy of Mental Health across the life course to help decrease the mental health stigma
- A reduction in social isolation and loneliness
- A reduction in premature death attributable to mental illness
- A decrease in the number of people attempting or completing suicide
- Decrease admissions to hospital for intentional self-harm

## **What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?**

- ✓ Address the needs expressed in the mental health, Health Needs Assessment
- ✓ Promote and support evaluation of evidence based mental health interventions including local campaigns and the Mental Health First Aider training
- ✓ Ensure a life course approach to mental health, with a focus on children and young people's interventions
- ✓ Monitor and respond to the effect of the longer term Covid-19 pandemic on mental health
- ✓ Address and consider the factors that impact on poor mental health including the cost-of-living pressures
- ✓ Promote the evidenced based information on mental health including the information on the Derby and Derbyshire Emotional Wellbeing website

## **How will we measure progress?**

We will track the following Public Health Outcomes and key performance measures:

- Suicide rates
- Emergency hospital admissions for intentional self-harm
- Number of people attending the Mental Health First Aider training
- Number of views on the Derby and Derbyshire Emotional Wellbeing website

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- Percentage of adult carers who have as much social contact as they would like (18+)

## Area of Focus 3: Support communities to be resilient and independent

### Why is this Area of Focus Important?

Addressing the wider determinants of health has an important role to play in reducing health inequalities in Derbyshire. There are many important factors that underpin our health and wellbeing, known as social determinants of health, these are conditions which people in Derbyshire are born, age, live and work.

These factors, including employment, housing status, income and education determine our health and wellbeing outcomes which is often why they are referred to as the 'causes of causes'. Whilst social inequalities remain, health inequalities are likely to stay, through disease patterns and behavioural risks. Ultimately, these factors can enable individuals and our communities to thrive, or not.

The quality of the natural and built environment affects health and wellbeing, for example, access to green space, air quality and housing standards. Seasonal pressures can also affect health and wellbeing including extreme heat and the winter period.

There is a clear and direct link between living in a decent, warm, and safe home and good health and wellbeing. There are still a concerning number of residents in Derbyshire living in cold, damp, overcrowded and unsafe housing which has consequences on both physical and mental health. The home environment can also help or prevent an older person from maintaining their independence. Also increased living costs are resulting in more people being at risk of losing their home.

Educational attainment is linked to health behaviours and outcomes throughout the life course and deprivation is clearly linked to educational attainment. Income and health outcomes are strongly associated.

The cost of living has risen significantly, which is manifesting in a drop in living standards for some Derbyshire residents. This is a result of high energy prices and an increase in everyday items such as food and housing. Some

people are struggling to meet their basic material needs, meaning they need to make difficult choices. This has an influence on their health and wellbeing.

Income and employment are also associated with health and mortality outcomes. Employment in low quality jobs can also be detrimental to health and wellbeing. Health inequality exists in employment rates, as those with a learning difficulty or those in contact with secondary mental health services are much less likely to work than the general population. Weekly earnings and unemployment in Derbyshire are worse than the England average.

## **What do the indicators tell us about this Area of Focus?**

### [Data Tables - Indicators](#)

- The percentage of people living in fuel poverty in Derbyshire is higher than the England average. (A household is considered to be living in fuel poverty if they are living in a property with a fuel energy efficiency rating of band D or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line)
- The number of people claiming Employment and Support Allowance in Derbyshire is higher than the England average
- The average weekly earnings in Derbyshire are lower than the England average
- Winter mortality Index is 5% compared to the England Average of 8%
- The gap in the employment rate between those who are in contact with secondary mental health services and on the Care Plan Approach and the overall employment rate is worse than the England average
- The gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18-64) and the overall employment rate is worse than the England average
- Derbyshire has a higher rate of emergency admissions due to falls in people aged 65 and over than the England average

## **What are our ambition statements?**

- Identify partnership action to address key challenges related to the wider determinants of health that can be supported by the Health and Wellbeing Board
- Reduce the number of people living in fuel poverty in Derbyshire
- Increase the number of people living in Derbyshire who are in good work to reduce the number of people claiming Employment and Support Allowance
- Increase the number of people living in Derbyshire who have access to digital services
- Work with partners to increase the number of people in Derbyshire who live in appropriate, healthy, safe, warm, secure and affordable housing

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- Address seasonal pressures on health and wellbeing
- Reduce emergency admissions due to falls

## **What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?**

- ✓ Promote and support the evaluation of evidenced based interventions that address social determinants of health
- ✓ Contribute to and action the strategies related to social determinants including the Derbyshire Homelessness and Rough Sleeping Strategy 2022-2027
- ✓ Contribute to and action the needs expressed in the homelessness, Health Needs Assessment and Derbyshire Housing and Health Impact Assessment
- ✓ Support the work of the Derbyshire Housing and Health Systems Group
- ✓ Support the work of the Air Quality Group

## **How will we measure progress?**

We will track the following Public Health Outcomes and key performance measures:

- Winter Mortality Index
- Fuel poverty (low income, low energy efficiency)
- Employment and Support Allowance claimants
- Average weekly earnings
- Gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18-64) and the overall employment rate
- Gap in the employment rate for those who are in contact with secondary mental health services (aged 18-69) and on the Care Plan Approach, and the overall employment rate
- Emergency admissions due to falls in people aged 65 and over

# Area of Focus 4: Tackle child poverty and enable children and young people in Derbyshire to start well

## Why is this Area of Focus Important?

Every child in Derbyshire has the right to develop with the best health possible, to have access to good education, to be protected from harm and to reach their full potential. There are unacceptable and avoidable inequalities for children living in Derbyshire which impacts on future health and wellbeing outcomes.

Whilst the level of 'school readiness' in Derbyshire is similar to England as a whole, 35 percent of children are not achieving a good level of development at the end of reception class.

Many children in Derbyshire also have several other challenges growing up, including; living in low-income families and the effects of smoking in pregnancy. 17.9 percent of children are living in absolute low-income families, which is higher than the England average and 10.9 percent of women are still smoking at the time of delivery.

## What do the indicators tell us about this Area of Focus?

### [Data Tables - Indicators](#)

- 17.9% of children in Derbyshire are living in absolute low-income families, which is higher than the England average
- 22% of children in Derbyshire are living in relative low-income families, which is higher than the England average
- 35% of children are not achieving a good level of development at the end of reception class
- Almost 40% of children with Free School Meal status are not achieving the expected level in the phonics screening check in year 1
- Over 23% of pregnant women are obese in early pregnancy which is higher than the England average
- Over 16% of pregnant women are smoking in early pregnancy
- Less than 45% of babies who are 6-8 weeks old are breastfed
- Over 15% of children are not achieving a good level of development at 2 to 2 ½ years of age

- Over 34% of children in year 6 (10-11 years old) are overweight or obese and this is getting worse

## **What are our ambition statements?**

- Reduce the number of children in Derbyshire who are living in absolute and relative low-income households
- Increase attainment in schools so more children are leaving reception class with a good level of development
- Increase attainment in schools so more children who have Free School Meal status are achieving the expected level in the phonics screening test in year 1
- Decrease the number of pregnant women who are smoking in early pregnancy and at time of delivery
- Increase the number of babies who are breast-fed after 6-8 weeks following birth
- Improve school readiness by increasing the number of children who achieve a good level of development at 2 to 2 ½ years of age
- Reduce levels of overweight or obese children in reception and year 6

## **What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?**

- ✓ Promote and support the evaluation of evidenced based interventions for children and young people
- ✓ Support the recommendations in the Food Insecurity in Derbyshire Health Needs Assessment
- ✓ Consider and work in partnership to address the key findings in the My life My View emotional health and wellbeing survey
- ✓ Work with key partners including the Local Maternity and Neonatal System (LMNS) to support action plans

## **How will we measure progress?**

We will track the following Public Health Outcomes and key performance measures:

- Percentage of children living in absolute low-income families
- Percentage of children living in relative low-income families
- Percentage of children achieving a good level of development at the end of reception class
- Percentage of children with Free School Meal status achieving the expected level in the phonics screening check in year 1
- The percentage of obesity in early pregnancy
- Smoking at time of delivery and during pregnancy

- The percentage of breastfed babies who are 6-8 weeks old
- Percentage of children achieving a good level of development at 2 to 2 ½ years of age
- Overweight or obesity rates for children at reception and year 6
- Findings from the My Life My View emotional health and wellbeing survey designed to assess the emotional health and wellbeing of young people in Derbyshire in years 8-11 of secondary education



# Area of Focus 5: Develop the Health and Wellbeing Board to effectively deliver on the areas of focus

## Why is this Area of Focus Important?

Over the last 5 years there have been many system changes, specifically the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). There has also been a change in the Derbyshire Health and Wellbeing Board membership.

Within this new structure, the Derbyshire Health and Wellbeing Board continues to have an important, statutory role in implementing mechanisms for joint working across health and care organisations. The Health and Wellbeing Board also plays a key role in setting the strategic direction to improve the health and wellbeing of people locally. Given these changes it is essential to develop the Health and Wellbeing Board system role and voice alongside the Derby City Health and Wellbeing Board through establishing clear governance and communication.

It is important to understand the Derbyshire population through the interpretation of the Joint Strategic Needs Assessment and other sources of insight and data. Expanding understanding of the Derbyshire health and wellbeing needs will help the board to identify important health and wellbeing needs and work in partnership to address actions to reduce health inequalities and increase healthy life expectancy.

## What do the indicators tell us about this Area of Focus?

- There are no specific indicators for this area of focus however the actions outlined will help to effectively address all areas of focus in this Joint Local Health and Wellbeing Strategy.

## What are our ambition statements?

- Strengthen shared understanding of the health need in Derbyshire
- Develop the Health and Wellbeing Board system role and voice alongside the Derby City HWB
- Develop a clear governance structure with clarity on the statutory duties being discharged
- Expand shared understanding of how the Health and Wellbeing Board provides support to the Derbyshire system to improve the health and wellbeing of their local population and reduce health inequalities

## **What action will we take to address this Area of Focus to make a positive difference to the residents in Derbyshire?**

- ✓ Work with the Local Government Association (LGA) to improve the system governance and action planning
- ✓ Develop and deliver Health and Wellbeing Board development sessions
- ✓ Further understand the role of the Health and Wellbeing Board within the Derbyshire Integrated Care System including how it contributes to an effective system wide governance structure
- ✓ Consider a range of data and information to extend shared understanding of the health need
- ✓ Review the Health and Wellbeing Board Terms of Reference to align with the areas of focus including reviewing the Health and Wellbeing Board membership
- ✓ Consider best practice examples from other areas in the country including case studies collated by the LGA

## **How will we measure progress?**

We will track the following key performance measures:

- The number of Health and Wellbeing Board development sessions  $\geq 4$  per year
- Reviewed Terms of Reference including board membership
- Adopt an action plan framework to address the areas of focus

# Delivering the Health and Wellbeing Board Strategy

To deliver the ambitions and actions in this strategy we must work as a Health and Wellbeing Board and alongside a range of partners and communities. An action plan will set out **what we want to achieve** for each of the areas of focus, **what actions we will take and how we will measure success**.

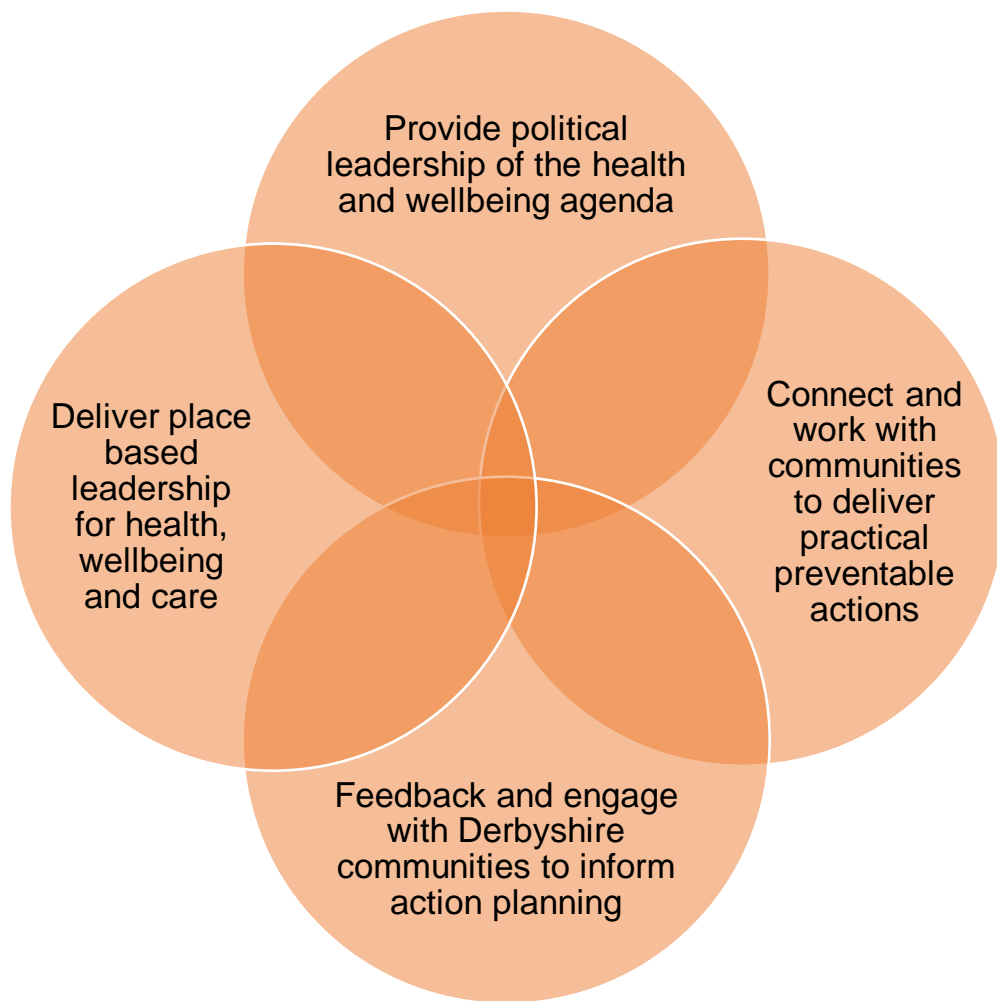
This Joint Local Health and Wellbeing Strategy and subsequent action plan will be delivered over a three-year period.

The progress of the strategy will be measured against the progress measures for each area of focus.

Locality Delivery structures include:

- Adult Social Care
- Children's Services
- Derbyshire Public Health
- Place Alliances
- Voluntary sector groups
- Locality forums
- District and Borough forums

## Health and Wellbeing Board Framework for Action



- Provide political leadership of the health and wellbeing agenda
- Connect and work with communities to deliver practical preventable actions to help address barriers and empower individuals
- Feedback and engage with Derbyshire communities to inform action planning and evolve our approach to improve health and wellbeing
- Deliver place-based leadership for health, wellbeing and care to reach the full potential and strengths of all organisations involved

# Data Tables - Indicators

Area of Focus 1 – Tackle the four main risk factors that lead to poor health			
Indicator Code	Indicator	Derbyshire	England
	Admission episodes for alcohol specific conditions (under 18's) (2018/19 – 2020/21)	36.4	29.9
	Admission episodes for alcohol specific conditions (adults) (2021-22)	615	626
	Under 75 mortality rate from alcoholic liver disease (1 year range) (2021)	15.7	11.5
	Under 75 mortality rate from alcoholic liver disease (3 year range) 2017 – 2019	9.9	9.1
C18	Smoking prevalence in adults (aged 18+) (2022)	14%	12.7%
C06	Smoking status at time of delivery (2022/23) (Female)	10.9%	8.8%
C17a	Percentage of physically active adults (2021/22)	69.9%	67.3%
	Percentage of adults walking for travel at least three days per week (2019/20)	10.8%	13.2%
C16	Percentage of adults (aged 18+) classified as overweight or obese (2021/22) (persons)	66.7%	63.8%
C09a	Prevalence of overweight (including obesity) (reception age) (2022/23) (persons)	20.6%	21.3%
C09b	Prevalence of overweight (including obesity) in Year 6 (10-11 year olds) (2022/23)	34.5% (trend is increasing and getting worse)	36.6%

Area of Focus 2 – Support good mental health			
Indicator Code	Indicator	Derbyshire	England
B18b	Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) (2021/22)	19.3%	28.0%
C14b	Emergency hospital admissions for intentional self-harm (2021/22) (persons)	216.4	163.7

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E10	Suicide rate (2020-2022) (persons)	12.0	10.3
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<b>Area of Focus 3 – Support communities to be resilient and independent</b>			
<b>Indicator Code</b>	<b>Indicator</b>	<b>Derbyshire</b>	<b>England</b>
B08b	Gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18-64) and the overall employment rate (2021/22)	75.3%	70.6%
B08c	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 (2020/21)	72.6%	66.1%
E14	Winter mortality Index (April 2021 – July 2022)	5.0%	8.1%
B17	Fuel Poverty (low income, low energy efficiency methodology) (2021)	13.9%	13.1%
	Employment and support allowance claimants (persons) (2018)	6%	5.7%
	Average weekly earnings (2021)	£479.10	£496.00
C29	Emergency hospital admissions due to falls in people aged 65 and over (2021/22)	2175	2100
C29	Emergency hospital admissions due to falls in people aged 65 to 79 (2021/22)	975	993
C29	Emergency hospital admissions due to falls in people aged 80 plus (2021/22)	5,655	5,311

<b>Area of Focus 4 – Enable children and young people in Derbyshire to start well and tackle child poverty</b>			
<b>Indicator Code</b>	<b>Indicator</b>	<b>Derbyshire</b>	<b>England</b>
B01b	Children in absolute low-income families (under 16's) (2021/22) (persons)	17.9%	15.3%

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B01b	Children in relative low-income families (under 16's) (2021/22) (persons)	22.0%	19.9%
B02a	School readiness: percentage of children achieving a good level of development at the end of reception (2021/22)	66.9%	67.2%
B02b	School readiness: percentage of children with Free School Meal status achieving the expected level in the phonics screening check in year 1 (2022/23)	78.5%	78.9%
C03a	Obesity in early pregnancy (2018/19)	23.7%	22.1%
C03c	Smoking in early pregnancy (2018/19)	16.3%	12.8%
C06	Smoking status at time of delivery (2022/23) (Female)	10.9%	8.8%
C05b	Breastfeeding prevalence at 6-8 weeks after birth (2022/23)	44.5%	49.2%
C08a	Child development: percentage of children achieving a good level of development at 2 to 2 and a half years (2022/23)	84.6%	79.2%
C08b	Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years (2022/23)	90.4%	85.3%
C08c	Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	93.9%	90.3%
C09b	Prevalence of overweight (including obesity) in Year 6 (10-11 year olds) (2022/23)	34.5% (trend is increasing and getting worse)	36.6%

## References

1. Health and wellbeing boards guidance: [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)
2. Statutory guidance on Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies: [Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/2022/02/24-statutory-guidance-on-joint-strategic-needs-assessments-and-joint-health-and-wellbeing-strategies)
3. Alcohol profile: [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/alcohol-profile)
4. Social determinants of health and the role of local government: [Social determinants of health and the role of local government](https://www.gov.uk/guidance/social-determinants-of-health-and-the-role-of-local-government)
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6. Derbyshire Observatory: [Derbyshire Observatory – Welcome to the Derbyshire Observatory](#)
7. Joint Strategic Needs Assessment – [Derbyshire Observatory – JSNA](#)
8. Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](#)
9. Health and Wellbeing Board Terms of Reference: Derbyshire Health and Wellbeing Board terms of reference and core strategic functions - Derbyshire County Council
10. County Health Rankings Model [Explore health topics | County Health Rankings & Roadmaps](#)





**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**28 March 2024**

**Report of the Director of Public Health**

**Review of the Terms of Reference and Membership of the Health and Wellbeing Board**

**1. Purpose**

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note the proposed changes to the Health and Wellbeing Board Terms of Reference, following engagement with the Board and considering the new Joint Local Health and Wellbeing Strategy Areas of Focus.
  - b) Agree the additions to the membership of the Health and Wellbeing Board to ensure wider representation from partner organisations considering the Areas of Focus in the new Joint Local Health and Wellbeing Strategy.
  - c) Note the revised terms of reference, which will be adopted by Derbyshire County Council in line with process for amending constitution.

**2. Information and Analysis**

- 2.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012. Health and Wellbeing Boards are formal committees of local authorities and have both set functions and a core membership. The statutory requirements of the Board are outlined in the terms of reference.
- 2.2 The statutory membership of the Board includes the following:
- At least once councillor of the upper tier local authority

- The director of adult social services for the upper tier local authority
- The director of children's services for the upper tier local authority
- The director of public health for the upper tier local authority
- A representative of the local Healthwatch organisation for the area of the local authority
- A representative from the NHS Integrated Care Board

2.4 The Board agreed in October 2022 that the Health and Wellbeing Board should lead on primary and secondary preventative actions and issues linked to wider determinants. The Board agreed that services linked to Health and Wellbeing Board partners should be operationalised to support delivery. It was also agreed that:

- Derby and Derbyshire Integrated Care Partnership (ICP) leads on preventative actions that are clearly linked to health and social care service provision.
- The ICP supports actions linked to wider determinants.
- The ICP mobilises services linked to partner organisations to operationalise, and support delivery in health and social care space.

2.5 In relation to the Integrated Care Board (ICB) it was agreed by the Health and Wellbeing Board that:

- The ICB leads on secondary and tertiary prevention from a clinical perspective.
- The ICB may support some actions on wider determinants.
- Services linked to ICB members are operationalised to support delivery in clinical space.

2.6 The Board agreed in January 2024 to review the terms of reference and membership to reflect the new areas of focus for the Joint Local Health and Wellbeing Strategy. This review and amendment 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 Board, whilst continuing to support the wider strategic approach outlined in paragraphs 2.4 and 2.5.

2.7 The Health and Wellbeing Board role is also described in the terms of reference to ensure that it adds value to the Derbyshire public sector system and effectively supports the work of the Integrated Care Board, the Integrated Care Partnership and other groups operating at district or borough level.

2.8 The proposed changes to the terms of reference include:

- Additional members being included on the Health and Wellbeing Board list of members, in line with the new areas of focus including a representative from the Derbyshire Healthcare NHS Foundation Trust and Derbyshire Community Health Services. Further consideration to including representatives from pharmacy and primary care will be given.
- Changes to the substitution rules to allow statutory members to substitute to assist with quoracy at meetings.

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

- 3.1 Not to amend the Health and Wellbeing Board Terms of Reference and Membership to reflect development of the new Joint Local Health and Wellbeing Strategy. If no changes are adopted this may result in ineffective partnership arrangements and may reduce effectiveness of all partner organisations to support health and wellbeing outcomes for the Derbyshire population. If the additional membership is not established there will not be the suitable partner representations on the board to effectively action the new areas of focus.

### **4. Implications**

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

### **5. Consultation**

- 5.1 The Board have been engaged regarding revising the terms of reference and membership as part of the development of the new Joint Local Health and Wellbeing Strategy.
- 5.2 The Board were asked to complete a survey on their views on the current Terms of Reference and membership during February 2024.
- 5.3 The Derbyshire County Council Governance, Ethics and Standards Committee will be consulted as part of the process of amending the council constitution.

### **6. Partnership Opportunities**

- 6.1 The revised membership will broaden and strengthen the partnership role of the Health and Wellbeing Board in line with agreed strategy priorities.

### **7. Background Papers**

- 7.1 [Revisions to Health and Wellbeing Board Terms of Reference and Membership – July 2022](#)
- 7.2 [Health and Wellbeing Board Terms of Reference and Membership – October 2022](#)
- 7.3 [Joint Local Health and Wellbeing Strategy – January 2024](#)

## 8. Appendices

- 8.1 Appendix 1 – Implications.
- 8.2 Appendix 2 – Terms of Reference (March 2024)

## 9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Approve the proposed changes to the Health and Wellbeing Board terms of reference in line with the new Joint Local Health and Wellbeing Strategy Areas of Focus.
- b) Agree the additions to the membership of the Health and Wellbeing Board to ensure wider representation from partner organisations considering the Areas of Focus in the new Joint Local Health and Wellbeing Strategy.
- c) Note the revised terms of reference, which will be adopted by Derbyshire County Council.

## 10. Reasons for Recommendation(s)

- 10.1 Ensure the Health and Wellbeing Board terms of reference, following engagement with the Board and consider the new Joint Local Health and Wellbeing Strategy Areas of Focus.
- 10.2 Ensure the Health and Wellbeing Board terms of reference incorporate wider representation from partner organisations considering the Areas of Focus in the new Joint Local Health and Wellbeing Strategy.

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Project Officer

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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.

#### **Legal**

- 2.1 Health and Wellbeing Boards were established as statutory committees for upper tier local authorities within the Health and Social Care Act (2012). The 2012 Act prescribed core statutory functions and membership of the Board.
- 2.2 The Health and Social Care Act (2022) outlined a number of changes to NHS governance structures, including the requirement for Health and Wellbeing Boards to work alongside Integrated Care Boards and have representation from the Accountable Officer for Derby and Derbyshire Integrated Care System, replacing the Chief Officer function from Clinical Commissioning Groups.
- 2.3 Member organisations and representatives should identify the process by which they are permitted to approve the terms of reference to ensure that any such governance process is followed. They may for example be required to seek approval from a governance group within their organisational structure and this should be completed prior to approval of the draft terms of reference.
- 2.4 The terms of reference of the Health and Wellbeing Board are contained within Article 14 of the Derbyshire County Council constitution. Revision of the terms of reference should therefore be considered and approved by the Governance, Ethics and Standards Committee and then Full Council before the new terms of reference are operational.

#### **Human Resources**

- 3.1 There are no human resource implications associated with the changes to the terms of reference.

#### **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 March 2024

#### **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:

### **Statutory members:**

- Cabinet Member with Executive responsibility for Public Health (Chair)
- A representative from Derbyshire Integrated Care Board



- Non-Executive Director for Derby and Derbyshire Integrated Care Board (Vice chair)
- Senior officer with statutory responsibility for Adult Social Care, Derbyshire County Council
- Senior officer with statutory responsibility for Children's Services, Derbyshire County Council
- Director of Public Health, Derbyshire County Council
- One representative from Healthwatch Derbyshire

Individual who fulfils role of

- Cabinet Member with responsibility for Adult Social Care
- Cabinet Member with responsibility for Children's Social Care
- A representative from 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
- One senior officer representative from Derbyshire Community Health Service
- One senior officer representative Derbyshire Healthcare NHS Foundation Trust

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

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:

- Prioritise attendance at all meetings of the Health and Wellbeing Board. Substitutes will not be permitted for non-statutory members and will be permitted for statutory members if agreed in advance with the chair. If non statutory members 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. See notes below re substitutions for statutory members to support quoracy of meeting.

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.

### **Substitution**

Statutory board members should prioritise attendance at all board meetings. In exceptional circumstances, statutory members of the Board can nominate a named substitute to attend on their behalf to ensure the meeting remains quorate. Substitutes will require prior approval from the Chair at the start of each municipal year.

The substitute needs to ensure they can take decisions and vote on behalf of a statutory member if they attend and feedback to them after the meeting.

Non statutory members of the Board need to prioritise attendance at every meeting and are unable to provide substitutes.

This approach to substitutions is to enable the Board to have a core group of officers and councillors who work collectively to deliver the HWBS priorities, whilst minimising the risk of a non-quorate meeting by enabling some flexibility for statutory members in exceptional circumstances.

### **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.

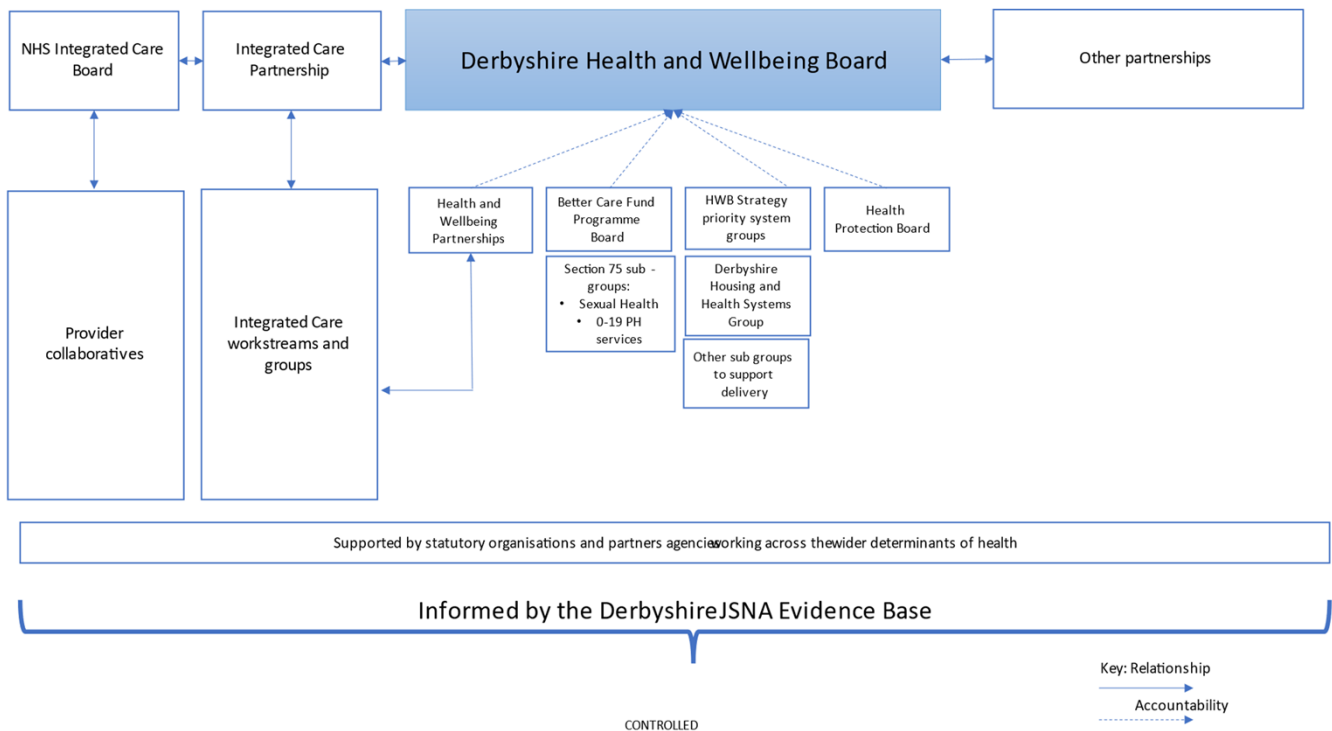
Derbyshire Locality Health Partnerships will act as a delivery structure, working alongside Integrated Care System Place Alliances, to coordinate delivery of agreed actions and pieces of work.

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**

**28 March 2024**

**Report of the Chief Executive Officer for Derby and Derbyshire  
Integrated Care Board**

**Update on the refresh of the Derby and Derbyshire ICB Joint Forward  
Plan**

## **1. Purpose**

- 1.1 The Health and Wellbeing Board is asked to note the focus of current works associated with the refresh of the Derby and Derbyshire ICB's Joint Forward Plan.

## **2. Information and Analysis**

### **2.1 Background**

- 2.1.1 The Derby and Derbyshire NHS' Joint Forward Plan was published in June 2023.
- 2.1.2 The Joint Forward Plan set out how the NHS, working with its partners, would tackle the challenges and realise the opportunities that are expected to arise of the next five-year period.
- 2.1.3 Specifically, the NHS detailed its intent to build a fundamentally different operating model over the period, focussed on delivering activity that is more preventive in nature and personalised for the citizen - underpinned by services which are integrated by design and decision making (of all types) informed by better intelligence.

2.1.4 This intent was codified into five guiding policies to direct action:

- Allocate resources to enhance the scale and quality of NHS prevention activity;
- Give people more control over their healthcare;
- Remove activities from the delivery of care that wastes the time of patients and their clinicians;
- Give the teams working in our localities, the authority to determine the best ways to deliver improvements in health and care delivery for local people; and
- Prioritise the improvement of the System's Intelligence Function and the capacity of its research programme.

## 2.2 The focus of works as we refresh the JFP

2.2.1 As part of the current planning round, the ICB is required to 'refresh' its JFP, alongside a detailed operational delivery plan for 2024/25.

2.2.2 The refresh will focus on adding greater definition to the action that the NHS is planning to take to translate its intent into reality, by the end of the five-year period.

2.2.3 The current work to date has been on setting specific improvement objectives associated with the first guiding policy – *allocating resources to enhance the scale and quality of NHS prevention activity*, so that we can establish clear trajectories of how certain aspects of healthcare provision are going to be enhanced over the period – with a particular focus on secondary prevention.

2.2.4 On the understanding that secondary prevention is evidence based, preventative measures to help stop or delay disease, taken during an interaction between an individual patient and a clinician, there are a series of interventions where we will be setting specific improvement targets, supported by a plan to achieve them.

These include:

Area	Items that we are working on...
Cancer	<ul style="list-style-type: none"><li>• Increasing cancer screening coverage and uptake (bowel, breast, cervical and lung)</li></ul>

	<ul style="list-style-type: none"> <li>• Reducing the incidence of cancer diagnosed in an emergency setting.</li> <li>• Increasing the proportion of suspected cancers diagnosed or ruled out within 28 days.</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>• Increasing the proportion of COPD cases diagnosed early.</li> <li>• Increasing the proportion of people with asthma who can optimally use inhalers and medicines.</li> </ul>
Cardiometabolic	<ul style="list-style-type: none"> <li>• Increasing the hypertension diagnosis rate.</li> <li>• Increasing the uptake of lipid lowering therapies.</li> <li>• Increasing the uptake of diabetes prevention.</li> <li>• Reducing the time taken for a person to receive weight management support.</li> </ul>
Musculoskeletal	<ul style="list-style-type: none"> <li>• Increasing the proportion of people with Hip &amp; Knee OA who receive therapeutic exercise.</li> <li>• Increasing the proportion of people with chronic primary back pain who receive an exercise programme.</li> </ul>
Older persons	<ul style="list-style-type: none"> <li>• Increasing the dementia diagnosis rate.</li> </ul>
Children	<ul style="list-style-type: none"> <li>• Increasing the proportion of children who receive NHS dental care.</li> <li>• Reducing the number of children and young people waiting longer than 6 weeks for speech and language care.</li> </ul>

### 2.3. Next steps

2.3.1. The ICB, together with its partners, continues to work on refining what improvement it can commit to making against the items listed above, given the resources that it has. Furthermore, similar action is being taken to translate the other four 'guiding policies' in a set of more granular objectives with supporting plans to deliver.

2.3.2. It is anticipated that all work on refreshing the JFP will be concluded by the end of April 2024.

### **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 Not applicable at this stage.

### **6. Partnership Opportunities**

6.1 Not applicable at this stage.

### **7. Background Papers**

7.1 Link to the NHS Derby and Derbyshire Integrated Care Board's Joint Forward Plan.

<https://joinedupcarederbyshire.co.uk/news/nhs-five-year-plan-will-prioritise-prevention-of-ill-health/>

### **8. Appendices**

8.1 Appendix 1 – Implications.

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

9.1 That the Health and Wellbeing Board note the work that the ICB is doing to refresh the JFP.

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

10.1 The process for refreshing the JFP is currently ongoing.

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**Organisation:** NHS Derby and Derbyshire Integrated Care Board.

**HWB Sponsor:** Dr Chris Clayton, CEO for Derby and Derbyshire Integrated Care Board

## **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 arising.

#### **Partnerships**

5.1 No immediate issues arising.

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

6.1 The NHS' Joint Forward Plan is focussed on maximising the NHS' contribution to improving the health and wellbeing of the Derby and Derbyshire population and as such fits well with the HWB's priorities.

#### **Other implications**

7.1 None arising.



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**28 March 2024**

**Report of the Director of Public Health**

**Derbyshire Homelessness, Housing and Health: An update**

**1. Purpose**

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note the overview of existing homelessness, housing and health support being offered to Derbyshire residents, and any specific issues highlighted that will be presented at the meeting.
  - b) Consider further opportunities to help address the wider determinants of health, with a particular focus on the emerging work from the Derbyshire Housing and Health Systems Group, which will be highlighted at the meeting.

**2. Information and Analysis**

- 2.1 Addressing the wider determinants of health has an important role to play in reducing health inequalities in Derbyshire. In addition, cost of living increases has heightened the financial pressure people in the county are facing. This report and the associated presentation aim to update members of the Health and Wellbeing Board on current support and achievements to date, with a specific focus on homelessness, housing and health.
- 2.2 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 The evidence to say that housing is an important determinant of health has long been established. We know that where you live, your home, housing circumstances and your neighbourhood can affect your physical and mental health and wellbeing. For example, people who are homeless have some of the worst health outcomes in England and are more likely to experience and die from preventable and treatable medical conditions and to have multiple and complex health needs. The average age of death of someone experiencing homelessness is around 30 years lower than that of the general population (Office for National Statistics, 2020).
- 2.4 The reasons that lead to homelessness are multiple and often extremely complex, with the underlying causes of homelessness including structural, societal, and economic factors, such as poverty and deprivation, unaffordable housing, unemployment, exclusion, and discrimination. Nevertheless, local data from district and borough councils indicates that 2,963 homelessness assessments were made in 2022/23 in Derbyshire, indicating we have a sizeable number of people who are homeless or living in temporary accommodation, sleeping rough or living in overcrowded properties.
- 2.5 Partners in Derbyshire face considerable challenges in responding to homelessness and rough sleeping, set against a backdrop of the global pandemic, increases in the cost of living and an increasingly unaffordable housing market. A collaborative partnership approach is fundamental to being able to effectively tackle homelessness.
- 2.6 Further to this, the need for warm, dry, safe, and secure housing is essential to allow us to lead healthy independent lives. The evidence demonstrates a correlation between poor quality housing and poor health outcomes. Improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change. Additionally, poor quality housing is not equally distributed within society, with the greatest burden observed in individuals from lower socioeconomic groups and amongst older adults (BMC Public Health, (2020).
- 2.7 There are still a concerning number of residents in Derbyshire living in cold, damp, overcrowded and unsafe housing which has consequences on both physical and mental health. The percentage of people living in fuel poverty in Derbyshire is higher than the England average (Derbyshire Housing Health Impact Assessment 2023), however, large variation exists based on levels of deprivation. In areas of Chesterfield,



Bolsover, Erewash and North East Derbyshire - which are amongst the most deprived in England - over a quarter of households are estimated to live in fuel poverty.

2.8 Work to improve population health outcomes must include a focus on improving outcomes for those in the poorest health: those living in insecure, poor quality, unaffordable housing, and those without access to suitable accommodation. To address these inequalities a wide range of housing and health interventions are delivered across Derbyshire through many collaborative system partnerships, strategic plans, and service provision. The key elements of all this include:

#### System Partnerships:

- The Derbyshire Housing and Health Systems Group: Acts as a housing and health sub-group of the Derbyshire Health and Wellbeing Board to provide strategic alignment of work across the system to ensure that health and housing needs are addressed across Derbyshire.
- Derbyshire Homelessness Officers Group: A successful partnership of homeless leads from the 9 District and Borough authorities (including Staffordshire Moorlands), together with representatives from Public Health, to promote homelessness reduction and prevention through strategic leadership.

#### Strategic Plans:

- The Draft Derbyshire Health and Wellbeing Strategy 2024-29: Addressing the wider determinants of health, including increasing the number of people in Derbyshire who live in appropriate, healthy, safe, warm, secure and affordable housing is proposed as outcome 3 of the draft strategy.
- The Derbyshire Homelessness and Rough Sleeping Strategy 2022-27: Implementing the strategic priorities of the strategy to significantly reduce crisis presentations and ensure effective homelessness prevention interventions, partnerships and pathways are in place.
- The Derbyshire Joint Strategic Needs Assessment (JSNA): The JSNA is an accessible, up to date and useful repository of information that partners across Derbyshire can access. Key topic summaries on housing and health and homelessness have been written and published to provide an overview of the latest research to demonstrate the importance to population health [Derbyshire Joint Strategic Needs Assessment - Housing](#).
- The Derbyshire Housing Health Impact Assessment 2023: A report aimed to investigate the impact of poor quality, private sector housing on the health of residents in Derbyshire. The

report outlined several recommendations that aim to address the health inequalities brought on by poor quality housing in the county. [Derbyshire Housing and Health Impact Assessment.pdf](#)

Key Local Service Provision includes:

- **Derbyshire Rough Sleeping Outreach Service:** This service supports individuals experiencing rough sleeping to secure accommodation and prevent future rough sleeping. The service is operated by P3 Charity, who work in partnership with multiple organisations, enabling people to access the support services they need.
- **The Derbyshire Winter Rough Sleeping Service:** The service is coordinated by Derbyshire Homelessness Officer Group and aims to provide winter service for people sleeping rough which comprises of signposting, accommodation, floating support, and food provision.
- **Street Support Derbyshire:** is a newly launched online resource that connects people and organisations to tackle homelessness in Derbyshire. The site provides a comprehensive database of homelessness support services across the county.
- **Specialist Housing and Eviction Prevention Advice:** Providing additional specialist advice for residents across the County threatened with illegal eviction with significant increases in people facing housing vulnerability.
- **The Derbyshire Healthy Homes Project:** The project is currently under review, but it currently continues to support people with long term conditions who live in cold properties to stay healthy and independent in their own homes.
- **The Warmer Derby & Derbyshire Service:** An independent Derbyshire-wide dedicated fuel poverty service that helps struggling householders to access capital funding for heating and insulation upgrades and supports with softer energy advice.
- **Warm and Welcoming Spaces Grants Programme:** Small grants have been made available to organisations with accessible and appropriate community venues for the creation or improvement of Warm & Welcoming Spaces for local communities in Derbyshire during the winter. A maximum of £1,000 per organisation can be awarded, and this can be spent on a variety of project costs.
- **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, for example, warm homes advice and support.

### **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 increased living costs amongst other risk factors are to continue to have a detrimental impact on housing, homelessness, and health 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 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 the homelessness reduction and prevention provision, and the housing and health support that is available to residents in Derbyshire through relevant partnerships to help increase the scope.

### **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 homelessness, housing and health support being offered to Derbyshire residents, and any specific issues highlighted that will be presented at the meeting.
- b) Consider further opportunities to help address the wider determinants of health, with a particular focus on the emerging work

from the Derbyshire Housing and Health Systems Group, which will be highlighted at the meeting.

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

- 10.1 Addressing the wider determinants of health has an important role to play in reducing health inequalities in Derbyshire. There is a clear and direct link between living in a decent, warm, and safe home and good health and wellbeing. The recommendations of this report will help the partnership to remain informed when shaping and supporting the local response.

**Report Author:** Samuel Bostock, Public Health Lead

**Contact details:** Samuel.Bostock@Derbyshire.gov.uk

**Organisation:** Derbyshire County Council

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

## **Implications**

### **Financial**

1.1 There are no financial implications of this report.

### **Legal**

2.1 There are no legal implications of this report.

### **Human Resources**

3.1 There are no human resource implications of this report.

### **Equalities Impact**

4.1 There are no equalities implications of this report.

### **Partnerships**

5.1 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. Locally, there is excellent commitment to drive improvements in homelessness reduction and housing quality, working with partners through the Derbyshire Housing and Health Systems Group and the Derbyshire Homelessness Officers Group. The establishment of the Integrated Care System across Derbyshire will allow housing to be discussed by a wide range of partners who can collaboratively tackle the issues which cause poor health and wellbeing.

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

6.1 The Derbyshire Health and Wellbeing Strategy (2022 Refresh) recognises the need to “Support our vulnerable populations to live in well-planned and healthy homes” as a key priority area. The wide overview of support available to Derbyshire residents described in this report can contribute positively to realising this priority.

### **Other implications**

N/A

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**28 March 2024**

**Report of the Director of Public Health**

**East Midlands Regional Public Health Vaping Position Statement for endorsement and Update on Additional Stop Smoking Funding**

**1. Purpose**

- 1.1 The Health and Wellbeing Board is asked to:
- a) Endorse the East Midlands Regional Public Health Vaping position statement.
  - b) Note the update on additional stop smoking funding and initial ideas for planned spend.
  - c) Commit to supporting work to encourage more people in Derbyshire to quit smoking.

**2. Information and Analysis**

- 2.1 14% of adults in Derbyshire smoke (2022) which is higher than the national average of 12.7%. It is higher in routine and manual workers, those with serious mental illness (40%) and those living in more deprived areas. Smoking is still the biggest avoidable cause of premature mortality and of inequalities in healthy life expectancy. It has a significant financial impact on the NHS, social care and wider society with an estimated cost to Derbyshire of £256 million (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.) Smoking in pregnancy is also higher in Derbyshire (11.8%) than England (9.1%) and leads to increased rates of miscarriage premature birth and low birth weight.

- 2.2 Progress has been made during 2023 in terms of strategic approach with publication of Health Needs Assessments for both Derbyshire and Derby City and launch of a new Derby and Derbyshire Strategic Tobacco Control Board that will bring key stakeholders together to work in partnership to reduce tobacco use. 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.
- 2.3 Local authority stop smoking services are provided to those in Derbyshire through the in house 'Live life better Derbyshire' offer which offers a health and wellbeing MOT and then access to a local stop smoking service with 12 weeks of behavioural support. 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 over 400 inpatients and pregnant women to quit smoking. As of January 2024 vapes are also part of the offer in the community and as part of the TDT programme to adults only, alongside Nicotine Replacement Therapy (NRT) which is always offered as a choice.
- 2.4 In recognition of the rapidly developing evidence base, policy environment and increasing public interest and debate around vaping, The East Midlands Tobacco Control Community of Improvement has developed a Regional Vaping Position Statement. This brings together the latest evidence and information to provide clarity on the public health consensus around vaping across the region. The East Midlands Tobacco Control Community of Improvement is a network of professionals (including Local Authority Public Health Teams) who aim to reduce smoking prevalence across the East Midlands through regional collaboration.
- 2.5 The Regional Vaping Position Statement has been endorsed by:
- East Midlands Local Authority Public Health Tobacco Control Leads
  - The Association of Directors of Public Health East Midlands
  - Trading Standards Leads across the East Midlands.
- 2.6 The Regional Vaping Position Statement outlines the following evidence-based key messages on vaping:
- For people who smoke, vaping is much safer; if you don't smoke, don't vape.



- Smoking is a leading cause of death and ill health in the East Midlands and is a significant contributor to health inequalities in the region.
- Though not risk free, vaping is considerably safer than smoking. As such, smokers across the East Midlands are encouraged to switch to vaping to reduce the harm from combustible tobacco.
- Vapes are an effective stop smoking aid, especially when combined with behavioural support. Smokers who want to switch to vaping (to quit) are encouraged to do so with the help of their local stop smoking service.
- Vapes are an age restricted product, and we are against inappropriate marketing practices that promote them to under 18's. Trading Standards should be given the tools necessary to undertake enforcement work and other measures to protect children and young people across the East Midlands.
- Vapes are not for children, and their use should be reserved exclusively for adult smokers. The increase in youth vaping is concerning, and public health teams across the East Midlands should continue to monitor the situation. Furthermore, those working in trading standards, and education settings, should be supported in addressing this issue.
- There is currently insufficient evidence to assess whether vaping is absolutely safe during pregnancy, however, the harms of tobacco smoking are well known and all pregnant women who smoke should be supported to quit. The current consensus is that pregnant women who want to switch to vaping (to quit) should not be discouraged from doing so providing they understand that e-cigarettes are not medically licensed.

2.7 The most robust evidence on nicotine vaping is contained within the [Nicotine Vaping in England: 2022 evidence update](#). The report is the most comprehensive to date, its main focus being a systematic review of the evidence on the health risks of nicotine vaping. Based on the evidence within the review, a summary of conclusions is that:

- In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.
- There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions. However, there is similar or higher

exposure to harmful substances from vaping compared with not using any nicotine products.

- There is no significant increase of toxicant biomarkers after short-term second-hand exposure to vaping among people who do not smoke or vape.

2.8 There is a national ambition to achieve smokefree status in England by 2030 (defined as smoking prevalence 5% or less). To achieve this ambition the government is adding significant resource to local authority led stop smoking services from April 2024 for a 5-year period.

2.9 The detailed grant conditions for the Stopping the Start additional funding has yet to be released but the expectation is that this additional funding can be used for:

- Building demand for local stop smoking service support and services by marketing and promotion of services and improving referral pathways.
- Building capacity for local stop smoking support and services including additional specialist staff to deliver stop smoking interventions, improving the knowledge and skills of non-specialist staff (other healthcare professionals like nurses and pharmacists), to extend the reach of stop smoking interventions and increasing the spend on stop smoking pharmacotherapy such as nicotine replacement therapy.

2.10 For Derbyshire the additional funding in 2024/25 will be £1.083m.

### **3 Alternative Options Considered**

3.8 Not to endorse the East Midlands position statement on vaping. This is not the recommended option as it will continue the current situation where stakeholders across Derbyshire have different views and positions on vaping which makes strategic planning difficult and is confusing for the public.

### **4 Implications**

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

### **5 Consultation**

5.1 N/A

## 6 Partnership Opportunities

6.8 Opportunities have been identified to engage with stakeholders through Health and Wellbeing partnerships and place alliance meetings, where approaches to further encourage people into local stop smoking services are being discussed. Further work with system stakeholders to develop partnership involvement in order to reduce smoking prevalence will be undertaken. Examples of opportunities for partners to increase the number of people stopping smoking include:

- Ensuring front line staff complete Very Brief Advice (VBA) training and use the Ask, Assess, Act approach in their work to encourage smokers to quit in a non-judgemental way
- Promote the support available to local people to stop smoking in buildings which the public access e.g. leisure centres, cultural venues, offices etc.
- Promoting stop smoking to staff to encourage them to quit
- Asking front line staff to promote stop smoking to other organisations e.g. EHO's undertaking health and safety inspections
- Working with ALMO's and other social housing providers to promote stop smoking to social housing tenants

## 7 Background Papers

7.1 [Nicotine Vaping in England: 2022 evidence update.](#) (OHID, 2022)

## 8 Appendices

8.8 Appendix 1 – Implications.

8.9 Appendix 2 – Copy of East Midlands Vaping Position Statement

## 9 Recommendation(s)

That the Health and Wellbeing Board:

- a) Endorse the East Midlands Regional Public Health Vaping position statement.
- b) Note the update on additional stop smoking funding and initial ideas for planned spend.
- c) Commit to supporting work to encourage more people in Derbyshire to quit smoking.

## 10 Reasons for Recommendation(s)

- 10.8 Endorsement of the East Midlands position statement by the Health and Wellbeing Board will support system partners to develop their own policies and practice with regard to vaping. It will enable provision of clear consistent and unified communications, messaging and information around vaping for the public.
- 10.9 To support work to reduce the prevalence of smoking in Derbyshire to improve the health of the local population and improve health 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.

### **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 to this report. LLBD has recently completed a Health Equity Audit to help improve service accessibility and outcomes.

### **Partnerships**

- a) 5.1 Health and Wellbeing Board members are encouraged to use the East Midlands Regional Public Health Vaping position statement to develop their own policies and practice.

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

6.1 The issues discussed in this report contribute to the following Health and Wellbeing Board priority:

- Enable people in Derbyshire to live healthy lives.

### **Other implications**

7.1 N/A

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# Vaping Position Statement



## November 2023

### Version control

Version	Description
V.1	Signed off by East Midlands Directors of Public Health and their Tobacco Control leads
V.2	Signed off by East Midlands Trading Standards leads

This statement was developed by the East Midlands Tobacco Control Community of Improvement which is a network of professionals who aim to reduce smoking prevalence across the East Midlands through regional collaboration. Tobacco Control representatives from the East Midlands Public Health teams, Trading Standards and OHID came together in response to the rapidly growing evidence base, ever changing policy environment, increasing rates of youth vaping and growing public interest in the use of electronic cigarettes and similar products. This position statement aims to:

- Dispel misconceptions
- Aid discussions on delivering smoking cessation and tobacco control policy drivers e.g smokefree target by 2030 and tackle illicit vapes.
- Support smokers to quit smoking by switching to vaping.
- Help enforce existing regulations around the sale and use of e-cigarettes.
- Co-develop with, and have sign off from, EM DsPH, OHID, NHSE.
- Help advocate for change and influence national policy on vaping through various avenues.
- Facilitate the development of a communication strategy.
- Exercise a regional collective voice.
- Inform the regional work around vaping and contribute to the successful implementation of national programmes including Swap to Stop
- Support stop smoking services looking to utilise the recently launched e-cigarette procurement portal.

### The East Midlands picture:

In the East Midlands 13.4% of adult's smoke, down from 20.2% in 2011, but despite good progress in reducing prevalence across the region an inequalities gap remains. The smoking rate among routine and manual workers is 23.6%, resulting in a significantly negative impact on income as well as employment, due to ill health and disability. Among those with mental health conditions, the smoking rate is 25.5%, with smoking being a leading cause of reduced life expectancy. Smoking in pregnancy can cause serious health problems including risk of miscarriage, premature birth, low birth weight and other complications. In 2021, 11.8% of pregnant women smoked at the time of delivery (SATOD) compared to 15.8% in 2011. Whilst the regional SATOD rate has fallen, it has not fallen fast enough to meet the national ambition of 6%, and there are several areas in the East Midlands where rates significantly exceed the national average. Overall, smoking costs the East Midlands nearly £1.55 billion every year, £118 million of which is spent on smoking-related social care and £217 million on health care. Based on the national vaping prevalence data, approximately 444,000 East Midlands residents use e-cigarettes.

### Key messages / Our position on nicotine vaping

- Smoking tobacco will kill up to 2 out of 3 long term users. Tobacco remains the single biggest cause of preventable illness and death with approximately 10,800 people in the East Midlands dying each year from smoking.
- Smoking tobacco products is a significant driver of health inequalities. Our priority for tobacco control must be to reduce the number of people who smoke a known uniquely lethal product.
- The evidence is clear that, for smokers, vaping is a far less risky option and, in the short and medium term, vaping poses a small fraction of the risks of smoking. Vaping is an alternative for smokers who want to reduce their risk of dying from a smoking-related disease and protect others from second-hand smoke.

- A critical recommendation to the government from Dr Javed Khan OBE’s independent review on making smoking obsolete is to promote vaping as an effective tool to help people to quit smoking tobacco, outlining the role that vaping can play in an effective tobacco control strategy.
- At the same time, we recognise that vaping is not risk-free and therefore vaping must be presented as an alternative to or replacement for smoking, not an activity which is appealing to the wider non-smoking population.
- Vaping is not for children and whilst it can help people quit smoking, those who don’t smoke should not vape. We need to reduce the number of young people accessing vape products and the amount of non-compliant products available for sale. We will work to ensure compliance with regulations and to take enforcement action when necessary. We also need to continue to advocate for tighter e-cigarette regulations where needed, ensuring the right balance is taken around protecting young people and supporting smokers to quit.
- The rise in the popularity of disposable e-cigarettes has also raised concerns around the negative impact these products have on the environment. Whilst we recognise that single use e-cigarettes are useful for some smokers looking to switch, they are not environmentally sustainable and we should encourage smokers to use reusable devices where possible. Potential approaches to addressing the use of disposable devices are explored by ASH in a recently released options briefing, a link to which can be found in the footnotes of this statement.
- In households where tobacco smoking occurs, vaping offers a less harmful alternative for non-smokers. Exposure to second-hand tobacco smoke is dangerous. Compared with cigarettes, vaping products produce no or little side-stream emissions. The evidence update found that there is no significant increase of toxicant biomarkers after short-term second-hand exposure to vaping among people who do not smoke or vape.
- There are concerns that only a small proportion of adults who smoke accurately believe that vaping is less harmful than smoking. We therefore support the delivery of evidence-based communications among stakeholders and the public to widen understanding and to ensure smokers understand that switching to vaping is a significantly less harmful option than continuing to smoke.

**Key message:** *If you smoke, vaping is much safer; if you don’t smoke, don’t vape.*

## The problem with smoking

Tobacco smoking is our biggest killer and a key contributor to avoidable health inequalities. Cigarettes are the only legal consumer product that, when used exactly as the manufacturer intends them to be used, will kill up to two thirds of long-term consumers. Tobacco and vapes both contain nicotine which is an addictive substance, but nicotine itself has been used safely for many years in medicines to help people stop smoking. However, tobacco and the smoke it produces contains a toxic mix of over 6,000 chemicals, many of which are known to cause cancer as well as other fatal and life limiting conditions such as respiratory and cardiovascular disease, not just among smokers but also among those who are exposed to second-hand smoke.

**Key message:** *Smoking is a leading cause of death and ill health in the East Midlands and is a significant contributor to health inequalities in the region.*

## The evidence base on vaping

The most robust evidence on nicotine vaping is contained within the [Nicotine Vaping in England: 2022 evidence update](#). The report is the most comprehensive to date, its main focus being a systematic review of the evidence on the health risks of nicotine vaping.

Based on the evidence within the review, a summary of conclusions is that:

- In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.
- There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions. However, there is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.
- There is no significant increase of toxicant biomarkers after short-term second-hand exposure to vaping among people who do not smoke or vape.



**Key message:** *Though not risk free, vaping is considerably safer than smoking. As such, we encourage smokers across the East Midlands to switch to vaping to reduce the harm from combustible tobacco.*

## The role of vaping in helping smokers to quit tobacco

Vaping products are helping people to quit smoking. The [Cochrane living systematic review on electronic cigarettes for smoking cessation](#) shows that vaping is effective at stopping people smoking. NICE recommends that smokers are encouraged to vape in their quit attempt and they are currently the most common aid used by people to help them stop. However, the majority who use them are doing so without behavioural support: quit rates will increase if behavioural support is provided alongside switching to vaping. Several stop smoking services in the East Midlands already provide these devices to their service users, and data from 21/22 indicates that smokers who used an e-cigarette alongside a licensed form of medication were more likely to quit (72%) than those who use licensed medications exclusively (60%). The recent Nicotine Vaping in England report by the Office for Health Improvement and Disparities notes that 11.9% of individuals who accessed support from an East Midlands based stop smoking service used an e-cigarette as part of their quit attempt – the highest proportion in England.

We encourage stop smoking services looking to provide e-cigarettes to use the Department of Health and Social Care procurement platform, this not only simplifies the process of securing a provider but also allows the user to identify and avoid tobacco industry owned vaping companies. Article 5.3 of the WHO Framework Convention on Tobacco Control is intended to protect public health policy from the influence of the tobacco industry. While local authorities and the NHS can purchase and supply industry owned products without breaching article 5.3, they must limit contact to the commercial relationship, shouldn't take discounts or incentives to supply products and should be transparent about all interactions with the industry.

**Key message:** *E-cigarettes are an effective stop smoking aid, especially when combined with behavioural support. We encourage smokers who want to switch to vaping to do so with the help of their local stop smoking service.*

## E-cigarette regulation

E-cigarettes are regulated in the UK through legislation relating to quality, safety, age of sale and advertising. Enforcement of laws on underage sales, sales of illegal products, and point of sale advertising is the responsibility of Trading Standards. Enforcement of other advertising and promotion of vaping to under-18s, for example on social media, is the responsibility of the Advertising Standards Authority. However, there are concerns about the attractiveness of some vaping to children, that a proportion of retailers are selling to under 18s and that products that don't comply with UK rules are easily accessed. We share these concerns and are wholeheartedly against any activity that promotes the use of e-cigarettes to children and young people. The issues noted above need to be looked at nationally to ensure the products available are compliant and aren't sold to children while at the same time ensuring that vapers can access devices that can support them to quit and stay quit. The Chartered Trading Standards Institute (CTSI) has recently launched a Vaping Resources Hub to assist Trading Standards teams in tackling this emerging issue, a link to which can be found in the footnotes of this statement. Furthermore, the CTSI has its own statement on the current issues relating to the sales of e-cigarettes, in which they call for:

- Clear direction from Government on this issue including from the Department of Health and Social Care and relevant agencies particularly in relation to non-compliant products.
- Manufacturers to publish batch numbers of non-compliant products so that retailers know what they should not be selling.
- Greater resources to support Trading Standards in undertaking enforcement work.
- A wider review of the Tobacco and Related Product Regulations to make sure they are keeping up with product development and market changes.
- The consideration of restrictions that would make vaping less attractive to children and young people
- Tougher sanctions for producers, suppliers and retailers that do not comply with the law.

We are supportive of these measures and are confident that they would help further protect consumers across the East Midlands.

**Key message:** *E-cigarettes are an age restricted product, and we are against inappropriate marketing practices that promote them to under 18's. Trading Standards should be given the tools necessary to undertake enforcement work and other measures to protect children and young people across the East Midlands.*

## Youth Vaping

In 2023 there was a notable increase in the number of young people using e-cigarettes, as detailed in the 'Use of e-cigarettes (vapes) among young people in Great Britain' survey by Action on Smoking and Health. The percentage of 11–17-year-olds having tried e-cigarettes rose from 13.9% in 2020 to 20.5% in 2023. A similar trend was seen in the number of current users, increasing from 3.3% in 2021 to 7.6% in 2023. The results of the 2023 survey suggest that regular use has not increased significantly since 2022, but that trying vaping once or twice is up by 50%. Whilst this is a concerning trend, the results of this annual survey suggest that youth use does seem to be experimental in nature and confined primarily to those with a history of smoking. Further work is required on the trends of this data.

It is important that public health teams across the region continue to monitor this trend and get a better understanding of youth vaping in their local area. Similarly, Trading Standards must be given the resources to increase enforcement action, including test purchasing and testing products for non-compliance.

Finally, e-cigarettes should be made less affordable and attractive to children. Measures to meet this aim should include a review into how e-cigarettes are advertised. The Government recently completed a call for evidence which reports in Autumn 2023. This catalyst for change will identify further opportunities to reduce the number of children using vape products, and we look forward to its publication.

**Key message:** *E-cigarettes are not for children, and their use should be reserved exclusively for adult smokers. The increase in youth vaping is concerning, and public health teams across the East Midlands should continue to monitor the situation. Furthermore, those working in trading standards, and education settings, should be supported in addressing this issue.*

## Vaping in Pregnancy

Although further evidence on their safety and efficacy when used in pregnancy is needed, it is likely that e-cigarettes are just as effective at helping pregnant smokers quit as they are to other adult smokers. Providing that a pregnant smoker has been fully informed that there is not yet enough evidence to say with absolute certainty that vaping is safe during pregnancy, she should not be dissuaded from using an e-cigarette during a quit attempt.

**Key message:** *Whilst some questions remain on their safety and efficacy in pregnancy, pregnant women who want to switch to vaping should not be discouraged from doing so providing they understand that e-cigarettes are not medically licensed.*

## Footnotes

This position statement on nicotine vaping should be read in conjunction with the [ASH briefings and guidance for local authorities and schools](#), the [ADPH position statement on tobacco](#) and the ADPHNE and Fresh Vaping Communications Guide. It has been developed following publication of the [Nicotine vaping in England 2022 evidence update](#). Please note that for the purposes of this document, any references to vapes, vaping or e-cigarettes relate to nicotine-containing vapes, nicotine vaping and nicotine-containing e-cigarettes that comply with UK regulations.

## General resources

[Nicotine Vaping in England: 2022 evidence review ASH briefing for local authorities on youth vaping](#)

[Use of e-cigarettes among young people in Great Britain - ASH \(2023\)](#)

[APPG Smoking and Health report on Delivering a Smokefree 2030](#)

[Policy options to tackle the issue of disposable \(single use\) vapes - ASH](#)

[Use of e-cigarettes among adults in Great Britain - ASH \(2023\)](#)

### For smokers

[OHID Better Health pages on vaping to quit smoking](#) [Fresh Quit](#)

### For health care professional and public health colleagues

[Cochrane living systematic review on the use of e-cigarettes for smoking cessation](#)

[NICE guidance on tobacco: preventing uptake, promoting quitting and treating dependence](#) [Smokefree Action Coalition information on vaping during pregnancy](#)

[PHE guidance on using e-cigarettes in NHS mental health organisations](#)

[Statistics on NHS Stop Smoking Services in England - April 2021 to March 2022 - NDRS \(digital.nhs.uk\)](#)

### For enforcement colleagues

[ASH/ADPH webinar on e-cigarette regulation and enforcement](#)

[Chartered Trading Standards Institute Vaping Resources Hub](#)

[CTSI statement on vapes \(tradingstandards.uk\)](#)

### For schools

[ASH guidance for schools and colleges](#)

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**

**28 March 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 Council Place Partnership Board met on Thursday 15 February. There were discussions around falls prevention with Local Places asked to undertake a mapping exercise involving all partners, of evidence-based falls prevention services currently available. There was a presentation from High Peak Local Place Alliance that generated much discussion, an agenda item around the County Council CQC inspection and discussions around the next Board Co-Chair – Jenny Hopkiss has been nominated for this role by the VCSE Alliance.

**3. Integrated Care Partnership Update**

- 3.1 A meeting of the Integrated Care Partnership (ICP) took place on 7 February 2024 and considered the following:
  - Update from the Integrated Care Board
  - Integrated Care Strategy theme focus: Age Well / Die Well

- Developing a Health and Care Workforce Approach
- Data sharing – Section 251 update
- Update report on Stay Well
- Integrated Care Partnership Forward Plan

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

## 4. Round-Up

### 4.1 Councils taking charge: a comprehensive approach to supporting a smokefree generation

The Local Government Association (LGA) has published a collection of [case studies](#) which describe the actions taken by local councils working towards a smokefree future for their communities. Reducing the number smoking remains a priority for both national and local government. The ambition is to achieve a Smokefree generation by 2030, defined as fewer than 5% of adults smoking. At a national level the Government has proposed phasing in a ban on the sale of tobacco products so no-one aged 14 now will ever be legally able to buy them.

### 4.2 Women's health priorities for 2024

The Department for Health and Social Care has [announced](#) that better care for menstrual and gynaecological conditions. Priorities for women's health in 2024 include expanding women's health hubs, tackling disparities and improving support for vulnerable women including victims of sexual abuse and violence, and improving maternity care and support for mothers who suffer birth trauma.

### 4.3 Health inequalities, lives cut short

The Institute of Health Equity has published a [report](#) which confirms that a million people in 90% of areas in England lived shorter lives than they should between 2011 and the start of the pandemic. The report supports findings in two previous reviews of health inequalities (Marmot Review 10 years On Review and COVID-19 Marmot Review) in that the cumulative impact of regressive funding cuts (which hit poorer areas more), associated with austerity, contributed to life expectancy failing to increase, and actually falling for women in the 10% of poorest areas, and health inequalities widening.

## 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 applications have been received:

- 5.1.** Boots UK Ltd t/a Boots, 24 Market Place, Heanor, Derbyshire, DE75 7AA, ceased to provide pharmaceutical services on 19 January 2024 and will therefore be removed from the pharmaceutical list for the area of Derbyshire Health and Wellbeing Board with effect from that date.
- 5.2.** There will be a one-off change of supplementary hours at Etwall (Midlands) Limited t/a Etwall Pharmacy, 4-6 Chestnut Grove, Etwall, Derbyshire, DE65 6NG, on 30 March 2024. The pharmacy shall be closed on this date.
- 5.3.** There will be a one-off change of supplementary hours at Riddings Limited t/a Riddings Pharmacy, 31 Greenhill Lane, Riddings, Derbyshire, DE55 1LU, on 30 March 2024. The pharmacy shall be closed on this date.
- 5.4.** Boots UK Ltd t/a Boots, 85-91 Derby Road, Sandiacre, Nottingham, Nottinghamshire, NG10 5HZ, will cease to provide pharmaceutical services on 22 March 2024 and will therefore be removed from the pharmaceutical list for the area of Derbyshire Health and Wellbeing Board with effect from that date.
- 5.5.** The pharmacy contract at 2 Barley Close, Little Eaton, Derby, Derbyshire, DE21 5DJ will be operated by Patient First Health Limited t/a Little Eaton Pharmacy.
- 5.6.** Change of supplementary hours for Daleacre Healthcare Limited, Evans Pharmacy, The Old Station Surgery, Heanor Road, Ilkeston, DE7 8DY. The supplementary hours have changed from Saturday 09:00 – 13:00 to permanent closure on Saturdays. Total opening hours with effect from 30 April (Core and Supplementary) Monday – Friday 08:30 – 18:00, Saturday and Sunday closed.
- 5.7.** With effect from 5th February 2024 the pharmacy contract at 5 Pennine Road, Simmondley, Glossop, Derbyshire, SK13 6NN will be operated by Aston Chemists Limited t/a Moorland Pharmacy.
- 5.8.** With effect from 1st February 2024 the pharmacy contract at 2 Barlet Close, Little Eaton, Derby, Derbyshire, DE21 5DJ will be operated by Patient First Health Limited t/a Little Eaton Pharmacy.

**5.9.** Change of supplementary hours for Etwall Pharmacy, 4-6 Chestnut Grove, Etwall, Derbyshire, DE65 6NG. The supplementary hours for Saturday 30 March 2024 have changed from open 9:00-18:00 to closed. This is a one-off change only.

**5.10.** Change of supplementary hours for Rowlands Pharmacy, 2 Town End, Bolsover, S44 6DT. The supplementary hours have changed from Saturday nil to Saturday 12:00 – 13:00 between 09 March 2024 to 10 June 2024 (3 Month Trial). Total opening hours with effect from 09 March – 10 June (Core and Supplementary) (Monday – Friday 09:00 – 13:00 and 14:00 – 18:00, Saturday 12:00 – 13:00, Sunday closed.

## **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 January 2024. There are changes in data which are of note:

- Life Expectancy for males has slightly decreased to 78.6 years (2020/22) (slightly worse than the England average)
- Life Expectancy for females has slightly decreased to 82.3 years (2022/23) (significantly worse than the England average)
- Alcohol specific admission for under 18 years – rate is now 36.4/100,000 (2018/19 – 2020/21). This is significantly worse than the England average.
- Suicide rates in 2020/22 are 12.0/100,000 – this has increased since 2019/20 and is significantly worse than the England average.
- Adult Social Care users with enough social contact has improved. The rate is now 44.9% (2022/23) and is slightly better than the England average.
- Adults with learning disabilities living in stable and appropriate accommodation has improved slightly and the rate is now 86.7% (2022/23). This is significantly better than the England average.

## **7. Background Papers**

8.1 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

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



**9.1.** That the Health and Wellbeing Board:

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

**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.
- 10.2.** 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



DERBYSHIRE HEALTH AND WELLBEING BOARD

## Measuring Success

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

**Source:** Indicators sourced from Office of Health Improvement & Disparities Fingertips (OHID) Public Health Profiles. 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:
<b>CIPFA Rank:</b> Derbyshire’s rank among CIPFA neighbours. 1-16 where 1 is the worst
<b>CIPFA Range:</b> the range of values for the CIPFA nearest neighbours

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 data 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	78.6	78.9	4	77.8 - 80.7	-	Years	2020 - 22
Life Expectancy at Birth - Females	82.3	82.8	3	81.8 - 84.8	-	Years	2020 - 22
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	625.9	2	364.7 - 748.5	▼	DASR/100,000	2021/22
Admissions - Alcohol-specific, Under 18 years	36.4	29.9	6	19.2 - 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	12.0	10.3	7	8.8 - 16.3	▲	DASR/100,000	2020 - 22
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	44.9	44.4	10	38.7 - 50.6	▼	%	2022/23
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	1	11.0 - 15.8	-	%	2021
Housing affordability	6.8	9.1	16	5.9 - 10.6	▼	Ratio	2021
Household overcrowding*				-			
Adults with a learning disability living in stable and appropriate accommodation	86.7	80.5	16	38.1 - 92.7	▲	%	2022/23
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





**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**28 March 2024**

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

**Derbyshire Better Care Fund Quarter 3 report 2023/24**

**1. Purpose**

1.1 The Health and Wellbeing Board is asked to:

Approve the 2023/24 Better Care Fund (BCF) Quarter 3 report in relation to the metrics as reported for quarter 2 and scheme spend and outputs as reported in quarter 3 within the BCF.

**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. The return for Quarter 3 was submitted to NHS England Better Care Fund team on the 9th of February 2024 in line with the guidance and timetable.

2.2 The quarter 3 return covers the metrics reported at quarter 2 and spend of the Local Authority schemes in the BCF that relate to the Discharge Grant or hospital discharges in quarter 3. These metrics were set by DHSC and the targets against them were agreed by the local system to help measure performance against national targets. The return provides opportunity for the Derbyshire Health and Social Care system to highlight challenges, achievements and support needs in progressing the plans against defined metrics and spend to date. 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 Health and Wellbeing Board 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 March 2024

The metrics and targets referenced below have been defined by DHSC and the local system has agreed the targets to measure performance and drive improvements.

#### **4.1.1 Avoidable Admissions**

This metric supports the reduction of avoidable admissions into to a hospital and is on target as the quarter 1 and 2 performance shows 162.4 and 134.7 respectively of unplanned admissions which is below the target of 194.1 per quarter and has exceeded expectations. A lower value demonstrates improved performance. Challenges remain in the system to maintain performance in terms of recruitment and retention of care staff and to respond to the impact of industrial action, however, there has been progress in embedding the community response with Team Up Derbyshire and visiting services, where there is teaming up of system activity which is creating additional capacity.

#### **4.1.2 Discharge to Normal Residence**

This target is set is to maximise the number of people that are discharged back to their normal residency. Quarter 1 showed 95.3% people and quarter 2 was 94.6 % of people were back in their normal residency against a performance target of 93.6%. Progress continues to be made in discharge planning and integrated hubs to help support this level of performance.

#### **4.1.3 Falls per 100,000 population.**

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 and quarter 2 is 375.2 which is on track to meet the overall target.

The Ageing Well Team is continuing to pilot different approaches to falls recovery and is collaborating with various partners to improve outcomes for individuals.

#### 4.1.4 Residential Admissions over 65's per 100,000 population

The overall aim of this metric is to maintain people over the age of 65 to remain in their own home and live independently for as long as possible.

The target is 631 placements per annum (or 157.75 per quarter), per 100,000 population into a residential setting. For the first quarter the reported actual is 180.7 and Quarter 2 is 186.7, which shows that more people have been placed in a residential setting and therefore is currently falling short of the planned target .

This is due in part 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 for over age 65

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 69.9 % in quarter 2 which is an improvement from quarter1 and just below the target of 70.2%.

The performance is hampered for the reasons outlined above in respect of the Council's restructure of Short term Services Team and increases acuity and demand. However, it is expected that performance will improve once the short-term service is fully operational.

#### 4.2 Spend and Activity

The spend is on track albeit that some schemes have not been implemented due to recruitment issues. There has been an increase in spend primarily in the independent sector home care service to

support additional discharges. The spend and activity for each scheme is detailed in Appendix 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 2

8.3 Appendix 3 Spend and Activity Quarter 3

## **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

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

## Appendix 1

### Implications

#### **Financial**

1.1 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

PART A: BCF - Derbyshire County Council

### 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	47.0	69.3	64.4	68.7	60.8	57.2	61.4	54.2	36.7							
						180.7			186.7			152.4									
Reablement/ rehabilitation services		Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services	Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities	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%	65.0%	63.8%								
						59.9%			69.2%												
	Exception Report	Data Source	Period	Actual / Plan	Q1			Q2			Q3			Q4			Trend				
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						
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%	92.67%	92.37%	94.04%	93.94%	94.43%				
					Plan	94.1%			94.1%			93.8%			93.9%						
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	135.92	139.67	176.59	126.82	115.05	110.77	86.69	125.75	78.66							
					Plan	1966.4															

CONTROLLED

Appendix 3 Spend and Activity Quarter 3						
Scheme Name	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date	Unit of Measure
residential Care packages to maintain clients in a	Minimum NHS Contribution	£9,120,964	£9,095,694	200	232	Number of beds
Community Support Beds	Minimum NHS Contribution	£5,004,766	£4,778,723	707	742	Number of placements
Community Support Beds	Minimum NHS Contribution	£687,862	£0	70	0	Number of placements
Assistive Technology (Telecare)	Minimum NHS Contribution	£782,035	£773,612	There are currently 3,800	3800	Number of beneficiaries
Carers	Minimum NHS Contribution	£2,464,408	£1,955,134	20,000	19131	Beneficiaries
Disabled Facilities Grant	DFG	£7,898,005	£6,066,062		789	Number of adaptations funded/people
Workforce Development - Talent Academy	Minimum NHS Contribution	£482,171	£151,967		22	WTE's gained
Dementia palliative care scheme	Local Authority Discharge Funding	£427,705	£232,540		11	WTE's gained
Transport	Local Authority Discharge Funding	£300,000	£0	130	0	Number of placements
Discharge roles at CRH to enable P1 discharges	Local Authority Discharge Funding	£104,042	£76,804		3	WTE's gained



Scheme Name	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date	Unit of Measure
Reablement care to support discharge	Local Authority Discharge Funding	£1,291,700	£1,216,439	360	280	Number of beds/placements
VCSE P0 discharge support	Local Authority Discharge Funding	£1,258,282	£1,806,360	52,000	72254	Hours of care (Unless short-term in which
P1 transformation delivery	Local Authority Discharge Funding	£300,000	£25,964		0	WTE's gained
CRH PVI Brokerage	Local Authority Discharge Funding	£50,667	£0		0	WTE's gained
1 group manager operational lead	Local Authority Discharge Funding	£57,632	£0		0	WTE's gained
Social care practitioner	Local Authority Discharge Funding	£320,205	£0		0	WTE's gained
Community support worker	Local Authority Discharge Funding	£390,650	£118,429		9	WTE's gained
OT's to support review of double handling	Local Authority Discharge Funding	£123,835	£0		0	WTE's gained
Mental health workers	Local Authority Discharge Funding	£186,000	£0		0	WTE's gained

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