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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 22 January 2025

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 30 January 2025** 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 - 6)
To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 03 October 2024.
3. Health and Social Care - Consultation around further integration (Pages 7 - 10)

4. Drug and Alcohol Strategic Partnership (DASP) update (Pages 11 - 22)
5. Tobacco Control System update (Pages 23 - 30)
6. Engaging in the NHS 10 Year Plan (Pages 31 - 36)
7. Health Protection Board Update (Pages 37 - 42)
8. Better Care Fund (Pages 43 - 76)
9. Health and Wellbeing Round Up (Pages 77 - 86)
10. Any Other Business

PUBLIC

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

PRESENT

Councillor C Hart (in the Chair)

Councillors A McKeown & E Sherman

Also in attendance was A Alamanos, A Appleton, C Clayton, R Dol, H Gleeson, H Henderson, E Houlston, J Godfrey, S Lee, K Marshall, G McCarva, H McDougall, L Phillips, M Riley, A Spragg, S Stevens (virtual), J Willis, L Witham J Wilson, R Wright.

Observer – Councillor M Kelham.

Apologies for absence were submitted for Councillors A Archer, M Dooley, J Hare, N Hoy, S Lismore, J Patten, and K Rouse, and C Cammis, D Gooch, M Powell and S Price.

38/24 MINUTES

RESOLVED that the minutes of the meeting of the Board held on 25 July 2024 be confirmed as a correct record.

39/24 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) LAUNCH

The Health and Wellbeing Board were provided with a report and presentation, detailing the progress of phases two and three of the Joint Strategic Needs Assessment (JSNA) transformation.

Members widely welcomed the JSNA, and made a number of observations and asked questions in relation to further supporting the content development, which were duly noted or answered.

The Chair thanked Tom Dunn for all his hard work and leadership progressing the JSNA.

RESOLVED to

- 1) Note the progress of the phases two and three of the JSNA transformation, and
- 2) Support the launch of the JSNA by sharing the weblink and encouraging partners to support further content development.

40/24 INFANT MORTALITY (PRESENTATION)

The Health and Wellbeing Board were provided with a presentation on Infant Mortality.

The presentation covered causes, risk and protective factors and areas of local work. Next steps and challenges included a complete Deep Dive and establish shared understanding of local drivers for Infant Mortality ; Maximising learning opportunities from other systems and reviewing opportunities to strengthen governance, accountability and co-ordination

Members made a number of observations and asked questions which were duly noted or answered.

The Chair thanked Iain Little for his informative presentation.

RESOLVED

To note the presentation on Infant Mortality.

41/24 INFANT FEEDING STRATEGY AND BREASTFEEDING

The Health and Wellbeing Board were provided with a report and presentation on Infant Feeding Strategy and breastfeeding.

This report aimed to inform the Health and Wellbeing Board of the following:

- a) The benefits of breastfeeding, local breastfeeding prevalence data and the variation in prevalence across different areas and communities;
- b) The Infant Feeding Strategy 2022-2027 and its associated actions to increase breastfeeding rates and ensure adequate nutrition for all children under 2 years; and
- c) Suggest ways in which member organisations can support systemwide action to increase breastfeeding rates locally and reduce inequalities in breastfeeding rates through supporting the implementation of the Infant Feeding Strategy 2022-2027.

Members made a number of observations and asked questions which were duly noted or answered.

The Chair thanked Alex Spragg and Gill McCavara for a most interesting and informative presentation.

RESOLVED to

- 1) Note the benefits of breastfeeding and the actions within the Infant Feeding Strategy to increase prevalence and reduce inequalities;
- 2) Provide ongoing support with strategy implementation, including with resolving barriers to progress should these occur;
- 3) Use its influence and networks to promote the Breastfeeding Welcome Here Awards to venues and settings across Derbyshire;
- 4) Endorse the concept of having a named 'Baby Friendly Breastfeeding Guardian' for relevant organisations across the Derbyshire system;
- 5) Promote the Infant Feeding Training for primary care (where relevant); and
- 6) Agree to receive further progress updates and contribute to the infant feeding agenda.

42/24 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Health and Wellbeing Board were provided with a report and presentation on the publication of the Director of Public Health Annual Report 2024.

This year's annual report focussed on smoking cessation and tobacco control. Smoking was a public health priority for Derbyshire as we strive towards a smokefree generation by 2030. Smoking remained the single largest cause of preventable deaths and was one of the largest contributors to health inequalities. Smoking was responsible for half the difference in life expectancy between the least and most disadvantaged people living in Derbyshire.

The report had three calls to action:

Work together to inspire change and build a smokefree future;

Do all we can to 'Stop the start'; and

Support every smoker to quit and stay smoke free.

The Chair thanked Ellie Houlston for an excellent annual report.

RESOLVED to

- 1) Note the publication of the Director of Public Health Annual Report 2024; and
- 2) Agree to share the Director of Public Health Annual Report 2024 within HWB members organisations and wider networks and engage in system-wide conversations to support the work to help people quit smoking as we strive towards a smokefree generation by 2030.

43/24 HEALTH PROTECTION BOARD UPDATE

The Health and Wellbeing Board were provided with a report, detailing the key messages arising at the Derbyshire Health Protection Board from its meeting on 19 July 2024.

RESOLVED to

Note the update report from the Health Protection Board.

44/24 BETTER CARE FUND OUTTURN REPORT 2023-24 AND BETTER CARE FUND PLAN 2024/25

The Health and Wellbeing Board were provided with reports seeking formal approval for the Derbyshire Better Care Fund Plan 2024/25 and to note the outturn position of the Discharge Grant and Better Care Fund (BCF) for the period 2023-24.

On the 05 April 2023 the Department of Health and Social Care (DHSC), and Department for Levelling up Housing and Communities (DLUHC) published the Better Care Fund (BCF) planning guidance for 2023-25.

The BCF Plan for 2024-25 was submitted to DHSC on the 11 June 2024. The plan had been approved regionally by National Health Service England (NHSE) on the 25 July 2024 and was recommended for National endorsement and approval. Final approval from NHSE was subject to confirmation from Derbyshire HWBB that they are supportive of the 2024-25 Better Care Fund Plan for Derbyshire. To support this requirement an Assistant Director from Adult Social Care had held a meeting with the Chair of the HWBB to gain support for submission of the plan prior to requesting formal approval from the Board.

RESOLVED to

- 1) approve the Better Care Fund Plan for 2024/25.
- 2) support the report and note the responses provided in the BCF statutory returns; and
- 3) continue to receive quarterly reports of the Better Care Fund in 2024-25.

45/24 VERBAL UPDATE FROM THE DEVELOPMENT SESSION - ROLE OF THE BOARD

Ellie Houlston, Director of Public Health and the Chair gave a verbal update to Board members on the Development session on the role of the Board held on 4 September.

Those present scored the role of the board as 6.75 out of 10, with many things being right but the need for progress in certain areas including governance and gaps in intelligence and success.

Volunteers were now in place to lead on the 5 areas of the Health & Wellbeing Strategy and Hayley Gleeson would be in touch regarding what was needed in the near future.

RESOLVED to note the update.

46/24 HEALTH AND WELLBEING ROUND UP

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

RESOLVED to

Note the information contained in the round-up report.

47/24 ANY OTHER BUSINESS

Board Members congratulated R Wright on his retirement and thanked him for the magnificent job she had done and wished him all the best in his retirement.

Similarly, Board Members congratulated A Appleton on her new role within Public Health and thanked her for all her hard work in supporting the Board.

The meeting finished at 12 Noon



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

30th January 2025

Report of the Director of Adult Social Care and Health

Health and Social Care – Consultation around further integration

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to note the decisions made by the Council with respect to its directly provided residential services and the decision made by the Council and Derbyshire Community Health Services to facilitate a joint public consultation into the possibility of entering into a formal partnership together under s 75 of the NHS Act 2006.

2. Information and Analysis

- 2.1 Derbyshire County Council conducted a 12-week consultation in May – August 2024 after its cabinet agreed to consult on two proposals designed to use its directly delivered residential resources to meet the need identified across the County. The proposals were to provide specialist dementia residential care with carer support through respite breaks whilst continuing to work in partnership with health colleagues to provide short term assessment and reablement services to support people to regain independence and return to their home.
- 2.2 The Council and Derbyshire Community Health Service are already working closely together to deliver rehabilitation and reablement by using multi-professional assessments and by sharing staffing skills, training and development. During the consultation in the summer, the Council received feedback from system partners about the benefits of further integration as a way of enabling system partners to manage

increasing demand into the future and as a way to improve the service for local people.

- 2.3 We know the benefits for people of conducting a dynamic, multidisciplinary assessment outside the acute hospital setting, with joint consideration given by health and social care to a person's ability to return or remain at home. We know outcomes for people who are able to leave hospital when they are medically fit to do so, are significantly improved. By working more closely together, potentially with a shared management structure, Adult Social Care and the NHS anticipate the benefits of joint working will be enhanced.
- 2.4 In November 2024, Derbyshire County Council and Derbyshire Community Health Services made the decision, in accordance with the respective governance procedures for each organisation, to conduct a joint public consultation into the possibility of further integration between the two organisations. Interested stakeholders were asked to provide feedback around a proposal to form a new partnership which would see a single service responsible for undertaking reablement assessments and delivering short periods of reablement and rehabilitation for those that need it.
- 2.5 The consultation ran for a period of six weeks between 5th December 2024 to 16th January 2025. If agreed following consultation, the formal partnership may operate using section 75 of the NHS Act 2006, which is a legal framework that allows the pooling of budgets and the joining together of colleagues under one management structure. This framework allows a lead provider to carry out certain functions on behalf of the other organisation.
- 2.6 There are a number of potential benefits and opportunities for working in this way some of which are listed below:
- To create a long-term strategic partnership between DCHS and Derbyshire County Council
 - To help manage rising demand for health and social care services in the county in a challenging financial climate.
 - Help to scale up reablement/ admission avoidance/ crisis and urgent community response – especially linked to wider non-mainstream interventions
 - Reduced cost and demand for ongoing social care for Derbyshire County Council
 - Reduce risk of re-admission to hospital / community health services

2.4 Both organisations will make recommendations through their respective decision-making processes in February and depending upon the outcome will commence work to further integrate.

3. Alternative Options Considered

3.1 The alternative option considered at this stage is not to undertake the public consultation and to continue with the current informal integration. This was not considered to be the best option given the potential benefits for both organisations and the system generally for providing a fully integrated and effective reablement service.

4. Consultation

5.1 As above.

5. Background Papers

7.1 Derbyshire County Council Cabinet Report – 14th November 2024

The proposed redesign of residential care and day opportunities for older people – consultation responses and recommendations. [Agenda for Cabinet on Thursday, 14 November 2024, 2.00 pm - Derbyshire County Council](#)

6. Appendices

None

7. Recommendation(s)

That the Health and Wellbeing Board note the content of the report.

8. Reasons for Recommendation(s)

10.1 To keep the Health and Wellbeing Board updated on a significant proposal for further integration between health and social care.

Report Author: Jenny Harper, Assistant Director – Transformation

Contact details: Jennifer.harper@derbyshire.gov.uk

Organisation: Derbyshire County Council

HWB Sponsor: Simon Steven, Executive Director Social Care and Health

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 There are no human resource implications of this report.

Partnerships

5.1 There are implications for Adult Social Care, Derbyshire Community Healthcare Services and the ICB as are set out in the body of the report.

Health and Wellbeing Strategy Areas of Focus

6.1 By supporting people, through an effective and well-integrated reablement service partners are supporting people to remain in their own homes and be as independent as possible for as long as possible which support communities to be resilient and independent, Area of Focus 3.

Other implications

7.1 None



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

30 January 2025

Report of the Derby and Derbyshire Drug and Alcohol Partnership

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

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

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

2. Information and Analysis

2.1 The negative effects of drugs and alcohol to both the individual and wider society are well documented; harm and deaths from drugs and alcohol have increased in recent years. The Government's 10-year strategy, From Harm to Hope, is intended to reverse this trend. The DASP is responsible for setting the priority areas for action that will ensure that:

- harm and deaths from drugs and alcohol are reduced
- drug and alcohol use is reduced
- drug related crime is reduced.

2.2 This report is intended to provide an update on the work of the Drug and Alcohol Strategic Partnership. Formed in 2022, the DASP works to implement the four aims of national drug strategy across the whole of the county, but more importantly looks at what is needed locally to reduce

these harms and build communities. The DASP is a partnership between the Police, The Integrated Care Board (ICB), NHS providers, The Office for Police and Crime Commissioner (OPCC), Probation and criminal justice, Local Authority Public Health, Children's services and adult social care.

- 2.3 Drug and alcohol harm is wide-ranging and includes all aspects of drug-related crime - from crime used to fund drug taking, to the supply of drugs by organised gangs and 'county lines'. It similarly includes avoidable deaths and illness from drug and alcohol use, and the preventable risks that children and young people face growing up with increasing access to substances.
- 2.4 Much of the current work of the partnership is aimed at improving drug and alcohol treatment, reducing the number of deaths locally caused by overdose, reducing drug supply and reducing alcohol-related illness. As the partnership progresses and strengthens, it will begin to focus on ways of preventing drug and alcohol related harm for future generations.
- 2.5 Additional funding in the form of the Supplemental Substance Misuse Recovery Grant has been received by Public Health in 2024/2025:

Derby City	£2.678m
Derbyshire	£2.586m

This funding allows additional activity and resources to deliver the recovery and treatment aspects of the Harm to Hope strategy locally.

- 2.6 DASP partners have made progress against a series of measures that determine success both nationally and locally. These measures capture progress on reducing drug-related death and harm, on increasing engagement in treatment and its outcomes, and on reducing the supply of drugs and drug-related crime:
- From March 2022 to March 2024 there has been a 9.6% increase in numbers of adults in substance misuse treatment (5,807 to 6,366)
 - There have been 179 recorded disruptions against county lines organised crime groups in the last 12 months
 - 36 County lines have been 'rolled up' – shut down - in the same period
 - From 2022 to 2024, the percentage of prison leavers with a treatment need who are picked up in the community within 3 weeks of leaving prison has increased by 15.1% (from averages of 42.2% to 57.5%)

- Over 300 police officers have been trained in the use of an overdose antidote (Naloxone) and carry it daily. Since June 2024, it has been used by police officers in excess of 5 times and saved a life of each occasion.

Further detail on the activity can be found in Appendix 2.

2.7 A wide range of initiatives has been developed and introduced by DASP partners during the last year to deliver the local priorities. These include:

- Increased distribution and use of Naloxone to reverse opioid overdoses
- Drug Test on Arrest (DToA) implementation in Police stations
- Use of 'Clear Hold Build' by the Police in key hotspot areas to support communities following the disruption of supply
- Continued development of the Local Drug Information Service responding to information of substances of potential serious harm, including issuing of alerts
- Development of a synthetic opioid multiagency outbreak response plan for local use.

3. Alternative Options Considered

3.1 No alternative options considered: Combating Drugs Partnerships (CDP) are mandatory structures.

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. The progress report is due to be published publicly on a DASP partner website and the public invited to respond.

6. Partnership Opportunities

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

6.2 The DASP has ambitious strategic aims and requires continued commitment from partners. There has been a large amount of activity, however, there are gaps in the strategic and operational aspects that HWB partners can support in 2025.

7. Background Papers

- 7.1 From Harm to Hope: a 10-year drugs plan to cut crime and save lives. UK Government. 2021. https://assets.publishing.service.gov.uk/media/629078bad3bf7f036fc492d1/From_harm_to_hope_PDF.pdf
- 7.2 Drugs strategy guidance for local delivery partners. UK Government 2022. <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

8. Appendices

- 8.1 Appendix 1 – Implications
8.2 Appendix 2 - Maps

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Notes the progress of the DASP in delivering against their strategic direction and joint priorities in relation to tackling the negative impacts of drugs and alcohol in Derby and Derbyshire.
- b) Agrees to accept future updates on an annual basis

10. Reasons for Recommendation(s)

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

Report Author: Rosalie Weetman, Group Manager and Thom Dunn, Assistant Director of Public Health.

Contact details: Rosalie.Weetman@derbyshire.gov.uk

Organisation: Derbyshire County Council

HWB Sponsor: Ellie Houlston, Director of Public Health Derbyshire

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

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

Partnerships

5.1 Drug and alcohol use will impact all members of the Health and Wellbeing Board. The DASP represents a system wide partnership and all members are invited to support the DASP aims and ambitions.

Health and Wellbeing Strategy Areas of Focus

6.1 The harms of drugs and alcohol are across the life course and impact virtually every aspect of health and social care. The DASP aims will support four of the five areas of focus. These are:

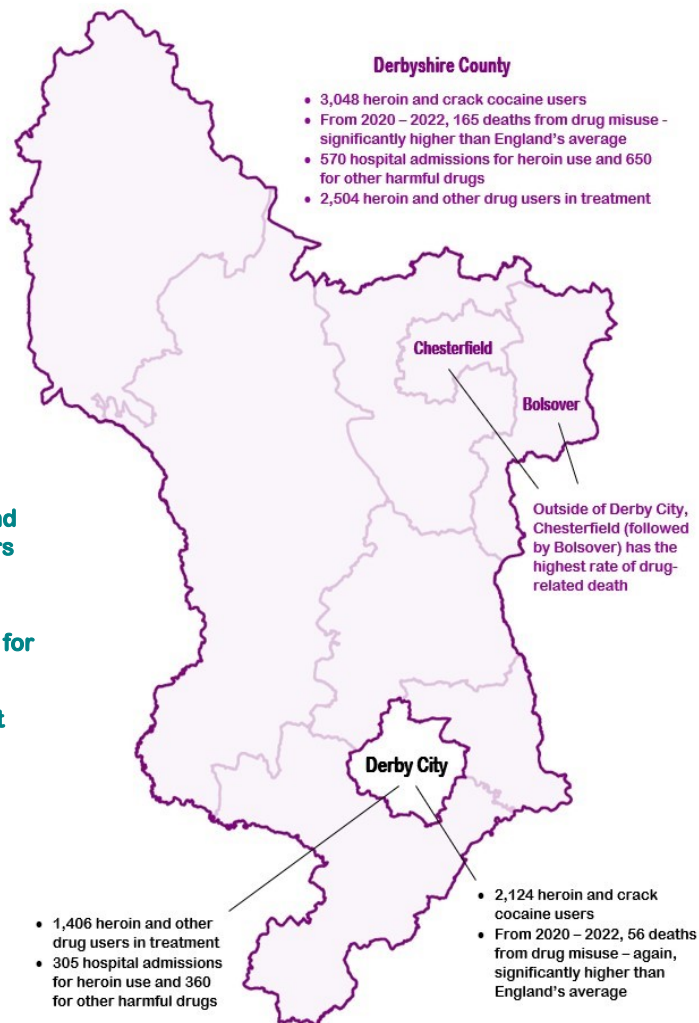
- Area of Focus 1: Tackle the four main risk factors that lead to poor health
- Area of Focus 2: Support good mental health
- Area of Focus 3: Support communities to be resilient and independent
- Area of Focus 4: Tackle child poverty and enable children and young people in Derbyshire to start well.

Other implications

7.1 N/A

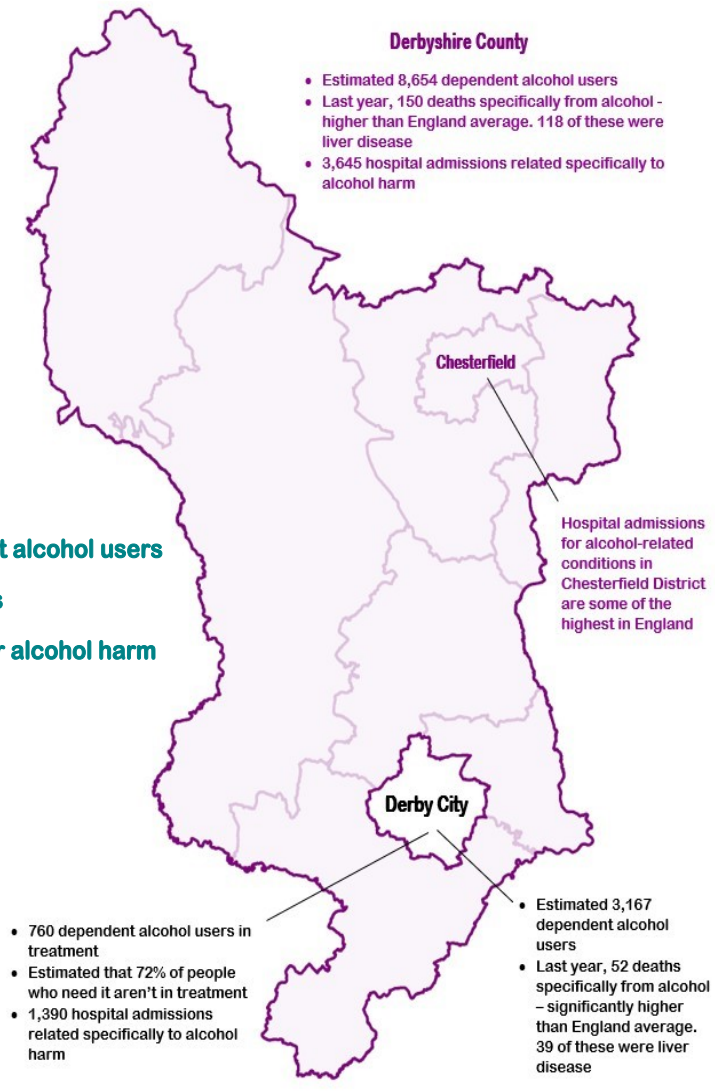
Map 1 – Drug harm

- **Estimates of drug and harmful alcohol users**
- **Drug misuse deaths**
- **Hospital admissions for drugs**
- **Number in treatment**



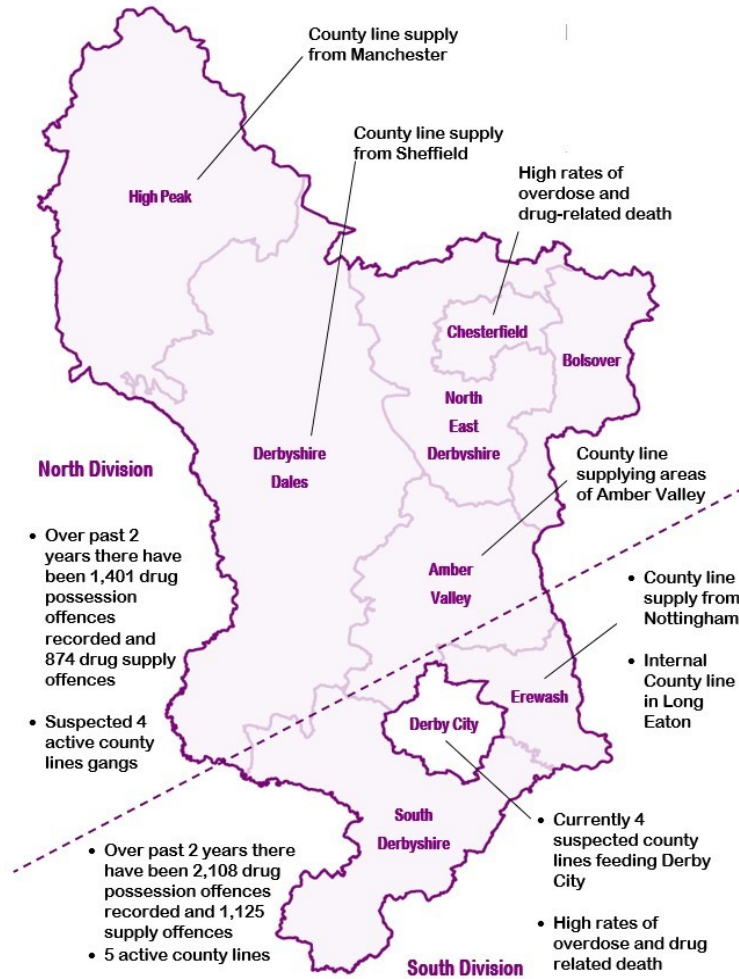
Map 2 – Alcohol harm

- Estimates of dependent alcohol users
- Alcohol specific deaths
- Hospital admissions for alcohol harm
- Numbers in treatment



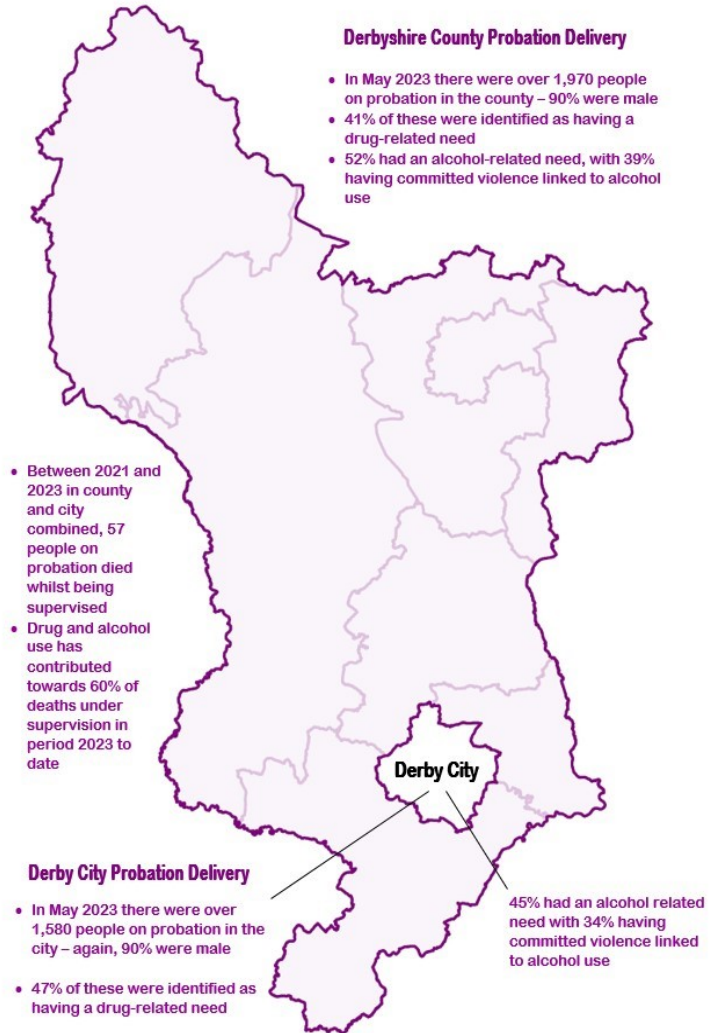
Map 3 – Crime

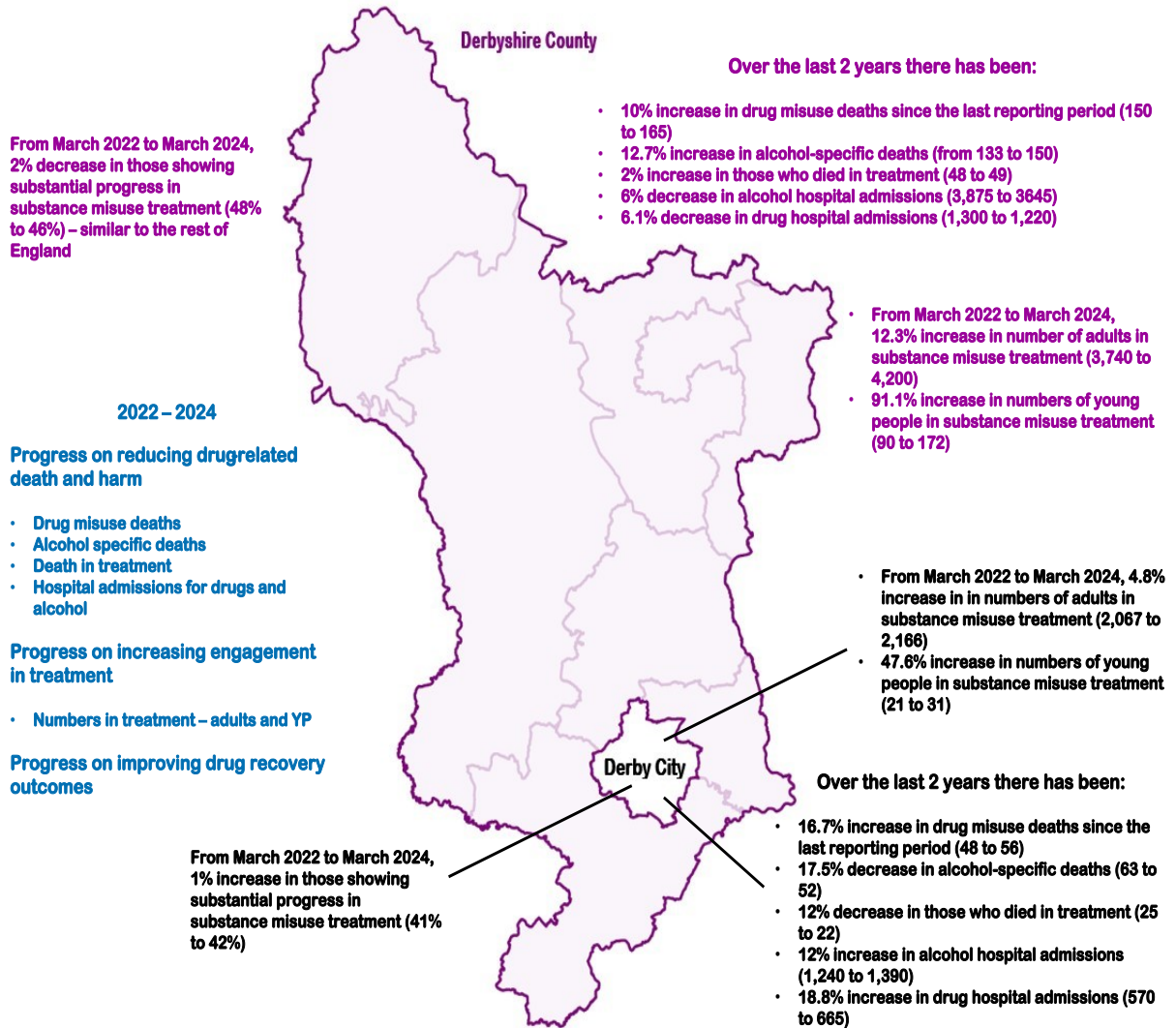
- Drug possession and supply
- County lines
- Drug overdoses



Map 4 – Probation

- Those in probation with drug and alcohol needs
- Deaths under supervision





Derbyshire County

Over the last 2 years

The percentage of prison leavers with a treatment need who are picked up in the community within 3 weeks of leaving prison has increased by 11.7% (from 38.6 to 50.3%)

2022 – 2024

Progress on reducing drug supply

- Number of county lines closed
- Number of organised crime group disruptions

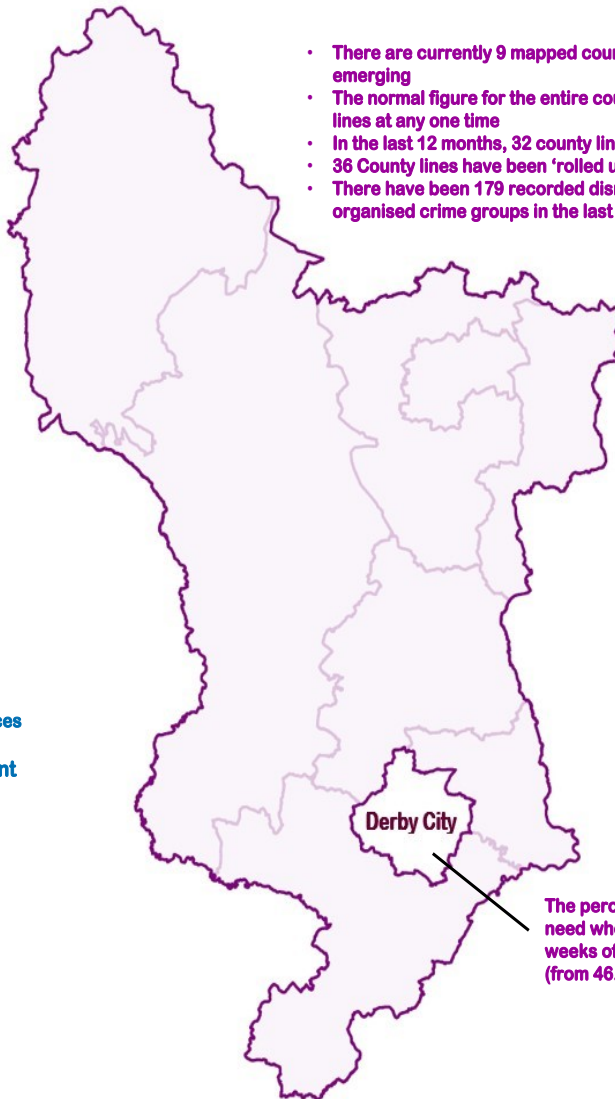
Progress on reducing drugrelated crime

- Reduction in drug possession offences

Progress on increasing engagement in treatment

- Continuity of drug treatment care within 3 weeks of leaving prison
- Community drug and alcohol orders for offending (CSTR)

- There are currently 9 mapped county lines operating and 4 that are emerging
- The normal figure for the entire county of Derbyshire is 10 to 12 county lines at any one time
- In the last 12 months, 32 county lines have been mapped
- 36 County lines have been 'rolled up' (archived) in the same period
- There have been 179 recorded disruptions against county lines organised crime groups in the last 12 months



- Over the last 2 years there have been 3,544 occurrences of drug possession and 2,033 occurrences of drug trafficking.

- For these offences there were 5,348 total 'outcomes' (cautions, prosecutions, planned forfeitures) of which 65% (3,463) were positive or successful outcomes

- Between May 2023 and May 2024, there were 218 community drug, alcohol and mental health treatment orders given for offending (CSTR)

Over the last 2 years

The percentage of prison leavers with a treatment need who are picked up in the community within 3 weeks of leaving prison has increased by 18.5% (from 46.2 to 64.7%)

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

30 January 2025

Report of the Director of Public Health

Tobacco Control System Update

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note the update on the development of a comprehensive tobacco control framework and actions in Derbyshire
 - b) Note the summary of the tobacco control work planned for the next 12 months

2. Information and Analysis

- 2.1 Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life. Smoking is the single largest cause of this gap in life expectancy.
- 2.2 In Derbyshire, the latest prevalence estimates for 2023 are 12% of adults aged 18+ which is 90,000 smokers. Of these smokers there are approximately 1500 hospital admissions and 1000 deaths per year.
- 2.3 Tobacco smoking is the largest modifiable risk factor for health and has a significant impact on employees and their productivity.
- Working age smokers are more likely than non-smokers to become ill. This increases the likelihood of being out of work and reducing the average wages of smokers.

- Smokers are also more likely to die while they are still of working age. Dying early is a tragedy for our communities and creates an economic loss
- Economic analysis commissioned by Action on Smoking and Health (ASH) found that if the country could stub out smoking for good the economic benefits would be wide. When smokers switch their spending from tobacco to other goods and services this provides further economic benefits. In total this would generate around half a million jobs, with a net benefit to public finances of £600m.

2.4 Smoking and wider tobacco control have been prioritised nationally with:

- the tobacco and vapes bill currently going through parliament
- additional money for local authority stop smoking services
- funding and a commitment in NHS long term plan to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

2.5 Smoking and tobacco control has been prioritised locally through the revised Derbyshire [health and wellbeing strategy](#) and [ICS strategy](#).

2.6 In this wider context of an increased focus on smoking and tobacco control, there has been a rapid growth in activity in the last 12 months, a summary of achievements is given below:

- Integrated care sprint and tobacco becoming a system priority
- Relunched tobacco control joint working between local authorities
- Co production of the Smokefree vision and ambition
- Creation of Derby Derbyshire Tobacco Control Board (DDTCSB), tactical and operational groups
- Receiving the additional Stopping the Start Funding
- Procurement of a communications and marketing partner
- Creation of a roadmap, operating model, strategic framework, action plan and mission pack to support the Tobacco board
- Healthwatch insight work into our target communities
- Procurement of marketing campaign
- Trading standards additional money to support enforcement, disposal and legal costs around illicit tobacco and vapes
- Pilot projects in community food pantry, respiratory services like Pulmonary Rehab
- Supporting workplaces to become smokefree by providing advice and access to support to quit on-site

2.7 There are a number of workstreams planned for the next 12 months:

National and Local

- Start of the marketing campaign to promote Smokefree Derby and Derbyshire:
 - a) General campaign in March 25
 - b) Social housing tenants
 - c) Routine and manual workers
 - d) Plus one more priority group to be identified.
- Tobacco and Vapes Bill further readings
- Year 2 of additional Stopping the Start funding
- Ban on disposable vapes (June 2025)
- Derby and Derbyshire smokefree pledge launched
- Establish a smokefree pledge Community of Interest (COI) to provide peer support

Stop Smoking Services

- Improved tobacco dependency referral pathways and support for Serious Mental Illness (SMI) population
- Targeted stop smoking outreach programmes for priority groups including; social housing, SMI, young people, probation and routine and manual workers
- Primary care engagement and insight to drive referrals into stop smoking services
- Support NHS sites with a staff stop smoking offer and achieving smoke free status
- Outpatient referrals from University Hospitals of Derby and Burton (UHDB)
- Maternity incentives to quitting smoking

2.8 ASH have identified the promotion of smoke free environments as one of its top ten high impact actions for local authorities and partners to signal support for tobacco control and to de-normalise smoking. ASH have created two pledges, one for NHS organisations, and one for local authorities (Derbyshire County Council is signed up to the local authorities' pledge). The benefits of the pledge include acknowledgement that the use of tobacco is an addiction, tobacco impact on communities and the key role all partners must play in helping people to quit.

2.9 It was proposed by the DDTCSB that a single, localised version of the pledge was created combining elements of both pledges, so that organisations across the ICS footprint can sign up to become 'smokefree'. There will also be guidance developed and a peer support group to support partners who sign up to the Derby and Derbyshire Smokefree pledge.

2.10 There will be further codesign and engagement with the DDTCSB, the three operational groups and system partners to inform development and refinement of the Derby and Derbyshire Smokefree pledge.

3. Alternative Options Considered

3.1 No alternatives. This report for information only to note the update on the development of a comprehensive tobacco control framework, actions in Derbyshire and planned activity for the next 12 months.

4. Implications

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

5. Consultation

5.1 There has been no specific formal public consultation on the development of a Derby and Derbyshire Smokefree pledge. The pledge has been reviewed by stakeholders from across the ICS. Public consultation is not required (ASH).

6. Partnership Opportunities

6.1 Partners are asked to agree in principle the Derby and Derbyshire Pledge, acknowledge the whole system approach needed to tackle smoking as both a major avoidable cause of death, illness and health inequalities but also sickness absence and lost productivity, and commit to taking the pledge to their own organisations for sign up. This will have multiple benefits for partners in terms of reduced costs from sickness absence, a healthier workforce, customer base and community.

7. Background Papers

7.1 [ASH NHS pledge](#)

7.2 [ASH NHS pledge briefing](#)

7.3 [ASH LA declaration](#)

8. Appendices

8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the update on the development of a comprehensive tobacco control framework and actions in Derbyshire
- b) Note the summary of the tobacco control work planned for the next 12 months

10. Reasons for Recommendation(s)

- 10.1 a) To keep the Health and Wellbeing Board informed of the tobacco control work in Derbyshire and encourage partners have an active role in the planned tobacco control activity.

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Organisation: Derbyshire County Council, Public Health

HWB Sponsor: Ellie Houlston, Director of Public Health

Implications

Financial

- 1.1 Smoking costs Derbyshire an estimated £749 million per year (ASH) with direct health costs of £33.3 million and social care costs of £25 million. The average smoker spends £2486 per year on tobacco.

Legal

- 2.1 The tobacco and vapes bill is currently passing through parliament. If passed, it will contain an expansion of current smokefree legislation and extend this to specific settings expected to include healthcare and schools. A Derby and Derbyshire pledge with a peer support group will support compliance with existing and implementation of new legislation and will also seek to extend the smokefree benefits beyond the legal requirements.

Human Resources

- 3.1 Smoking causes Derbyshire an estimated £132 million in lost earnings and £79.5 million in smoking related unemployment.

Equalities Impact

- 4.1 Smoking is responsible for half the difference in health inequalities between the most and least affluent populations in Derbyshire. Achieving smokefree status in organisations and buildings across Derbyshire supported by a pledge, will reduce the visibility of smoking further supporting those that wish to quit.

Partnerships

- 5.1 All health and wellbeing partners are encouraged to have an active role in the planned tobacco control activity.

Health and Wellbeing Strategy Areas of Focus

- 6.1 This report relates to:

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

Other implications

7.1 None

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

30th January 2025

**Report of the NHS Derby and Derbyshire Integrated Care Board and
Healthwatch Derbyshire**

Engaging in the NHS 10 Year Plan

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note the programme of engagement in support of the development of the NHS 10-Year Plan.
 - b) Note the aims of the engagement to service the 10-Year Plan engagement window and embed an ongoing programme of continuous conversation with communities.
 - c) Consider any further opportunities to pool insight across the health and care system to better support prioritisation and decision-making.

2. Information and Analysis

- 2.1 In October, the Government launched a national conversation about the future of the NHS, inviting everyone to share their experiences via the www.change.nhs.uk portal to help shape the NHS 10 Year Health Plan. This followed the publication of the [Independent Investigation of the NHS in England](#) conducted by Lord Ara Darzi during the summer of 2024.
- 2.2 The conversation focuses on the three shifts as set out by the Secretary of State for Health and Social Care following the Darzi report:
- The shift from analogue to digital
 - The shift from treatment to prevention
 - The shift from hospital care to community care

- 2.3 Our approach to community engagement, which has been produced with colleagues from Healthwatch Derby and Healthwatch Derbyshire, is built on four principles:
- We will use the Change NHS opportunity to reinvigorate our community engagement, and will continue conversations beyond this initial programme and for the future, in particular as we seek to refresh our Joint Forward Plan in 2025.
 - That we analyse what we have already heard from local people, identify gaps and are targeted in our engagement programme, seeking to indicate that this isn't the start of new conversations and that we have listened to previous feedback.
 - We will seek to visit existing groups with our engagement, in the places where communities meet as well as looking at a broader events to involve the whole population, either in support of the Change NHS programme prior to 14th February, or in support of our Joint Forward Plan activities throughout 2025 and beyond.
 - We will seek to maximise interactions with senior leaders through this programme, to address feedback from bodies including the Derby Health Inequalities Partnership, that NHS leadership is not visible and there are issues more broadly with communities trusting the local NHS.
- 2.4 NHS England has set out a programme or tiered engagement, including national, regional and local engagement. Systems are not mandated to devise local engagement activities, but the Derby and Derbyshire NHS system has expressed a clear desire to utilise the opportunity. The Government and NHSE has developed a ['workshop in a box'](#) which can be used for local activities. This is a framework for use and adaptation and we are permitted to tailor this for local activity.
- 2.5 The deadline for submission of feedback received is Friday 14th February 2025. NHS England has confirmed that it will not be possible for local NHS systems to receive feedback reports from the national portal that relate to the views of people in our area. It is therefore important that the system collates as much feedback from locally-developed engagement activity to theme issue raised by citizens.
- 2.6 Local activity to support the Change NHS programme includes:
- NHS Trust and ICB formal response to the engagement programme, submitted by the required deadline of 2nd December 2024.
 - Widespread promotion of the Change NHS national portal through which individual citizens can have their say. The Derby

and Derbyshire NHS will not receive a feed of intelligence received through this portal.

- NHS staff engagement through localised use of the 'workshop in a box' approach.
- Three public sessions hosted by members of NHS senior leadership to discuss the future NHS with interested citizens:
 - 22 January | 1pm - 3pm | Derby Conference Centre
 - 30 January | 1pm - 3pm | St Thomas Church, Chesterfield
 - 5 February | 6pm – 8pm | Online via Teams
- Three sessions targeted specifically at groups with an established interest in the three 'shifts' of digital, prevention and community. The times for these sessions were to be confirmed at the time of writing.
- Dedicated sessions for local authority elected members. The times for these sessions were to be confirmed at the time of writing.
- Discussions with GP Provider Board colleagues and our Place leads to understand how we can meaningfully engage Primary Care Networks, practices and local place alliances & partnerships in the engagement approach. These ongoing conversations continue to feed this plan.

2.7 Future activities should seek to:

- Reach greater numbers of people in the places where they meet and live to enrich the insight held by the NHS on local preferences for healthcare improvement.
- Continue to operate a continuous loop of conversation and feedback with local citizens to inform planning, relay progress and to build and maintain relationships between local people and NHS decision-makers.
- Feed all current insight into the annual refresh of the NHS Derby and Derbyshire Joint Forward Plan.
- Further align citizen insight and wider intelligence to inform the joint working across Health and Wellbeing Boards, the Integrated Care Partnership and other bodies as we seek to tackle the wider determinants of health and take steps to capitalise on the NHS' role as an anchor institution. Insight gleaned can also support the ongoing maintenance of the Joint Strategic Needs Assessment.

3. Alternative Options Considered

- 3.1 No engagement; NHS systems are not mandated to undertake engagement in support of the development of the NHS 10-Year Plan. A clear desire has been expressed by the Integrated Care Board and NHS Foundation Trusts to support the programme and seek to accelerate the approach to local NHS engagement.

4. Implications

- 4.1 The NHS system has been keen to treat this opportunity as a way of building on existing feedback from citizens. It has been important to reflect that the NHS already has significant insight in the three 'shift' areas. Failure to recognise the breadth of information the NHS has already been told may have damaged trust and relationships with local groups and communities, and it has been important to demonstrate that the NHS has listened and acted on what has already been said.
- 4.2 We have performed a desktop mapping exercise to look at what we already know. Sources have included the System's Insight Library, our Healthwatch intelligence, feedback from the Derby Health Inequalities Partnership and County BAME forum, and from NHS providers. It is accepted there are gaps, both in terms of our knowledge on the topic and also the demographics of groups who have contributed to date, and we will seek to close these gaps through ongoing engagement with citizens, beyond the window of engagement for the NHS plan to continue to shape local plans.

5. Consultation

- 5.1 There has not been formal consultation at this stage. Any service changes which emerge from either ongoing NHS activity, or because of new models of care suggested through the NHS 10-Year Plan will be subject to the usual assessment of public and patient involvement processes, and some may require formal consultation at a later date. There are no specific changes proposed as a result of this current engagement activity, but additional insight will feed the development of proposals.

6. Partnership Opportunities

- 6.1 Partner organisations can engage with the development of the NHS 10-Year Plan either individually as organisations, with their staff or through the wider public engagement highlighted. The national engagement toolkit can be adapted for this purpose and is available through the [Change NHS portal](#). Support and advice on hosting conversations is available by contacting ddicb.engagement@nhs.net.

6.2 There are likely to be ways in which insight can be shared across health and care partners for the benefit of understanding priorities and to inform decision-making. This will be of specific importance in future work to better connect the work of the NHS in identifying issues relating to the wider determinants of health considered within the Health and Wellbeing Strategy.

7. Background Papers

7.1 There are no background papers accompanying this report.

8. Appendices

8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the programme of engagement in support of the development of the NHS 10-Year Plan.
- b) Note the aims of the engagement to service the 10-Year Plan engagement window and embed an ongoing programme of continuous conversation with communities.
- c) Consider any further opportunities to pool insight across the health and care system partnership to better support prioritisation and decision-making.

10. Reasons for Recommendation(s)

10.1 The recommendations seek to connect NHS engagement activity into the wider health and care partnership, to raise knowledge of the national and local agenda, and to support local activity.

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Organisation: NHS Derby and Derbyshire Integrated Care Board & Healthwatch Derbyshire

HWB Sponsor: Helen Henderson

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 Not applicable.

Partnerships

5.1 The report outlines opportunities for partners to engage in the Change NHS programme, along with future signals to support the pooling of insight across partners to support future prioritisation and decision-making.

Health and Wellbeing Strategy Areas of Focus

6.1 This report supports the following areas of focus:

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

Other implications

7.1 None.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

30 January 2025

Report of the Director of Public Health

Health Protection Board Update

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to note the key messages arising at the Derbyshire Health Protection Board from its meetings on 20 September and 15 November 2024.

2. Information and Analysis

- 2.1 The Health Protection Board is a Derby and Derbyshire Board that is a sub-group of the Derbyshire Health and Wellbeing Board.
- 2.2 The purpose of the Health Protection Board is to provide assurance to the Health and Wellbeing Boards of Derbyshire County and Derby City that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the health of the residents of Derby City and Derbyshire County.
- 2.3 The following non-confidential updates were provided during the business of the meetings on 20 September and 15 November 2024:
- 2.4 Community Infection Prevention and Control: there remain issues with a lack of access to specialist IPC services for non-NHS community settings, such as residential care settings. This has been escalated to consider whether additional sources of funding would allow the existing services

to expand specialist IPC support into non-NHS community settings, which will facilitate discharge from acute trusts and patient flow to mitigate winter pressures.

2.5 Vaccination and Immunisations and Screening programmes

- Further updates were provided on the work underway to support the delegation of screening and vaccination services to ICBs in April 2026, including updates to organisational, staffing and governance arrangements. A decision on functions to be delegated is expected in late 2024.
- An engagement workshop was held in November to explore delegation of screening services in more detail, where it was raised that consideration of what a future commissioning model for Glossop residents would be required, as current access is to providers outside of the Midlands region
- Updates were provided on current performance, and updates to specific programmes:
 - Antenatal and New Born Screening: an Incident Management Team has continued to meet following identification that a significant proportion of families across Derbyshire may not have been informed of their child's sickle cell or other haemoglobinopathy carrier status. All affected families have received communication, with the offer to speak to a specialist. A new service delivery model has been developed with expected start date in early 2025, with the interim arrangements continuing until then. A full Quality Assurance visit at UHDB took place in November 2004, with actions identified for completion by February 2025
 - No significant quality or performance concerns in other screening programmes were highlighted.
 - Diabetic Eye Screening: Optical Coherence Tomography (OCT) will be included in the screening programme starting from October 2024, with implementation by October 2025
 - Bowel cancer: University of Hospitals Derby and Burton NHS Foundation Trust have commenced the age extension for 52 and 50 year olds, with other local providers expected to implement the age extension throughout 2024/25.
 - Breast screening – a number of new community sites have been sourced to support with local access to screening, and 2 new mobile units are now available to serve residents in Glossop
 - Influenza: the flu vaccination programme commenced on 1st September for pregnant women and children and young people and 3rd October for other eligible cohorts and the

Board received updates on planning and delivery of the programmes

- Respiratory Syncytial Virus: a new vaccination programme was launched on 1st September and details were provided on the roll out of the programme for pregnant women at UHDB and CRH, and for older people through GPs.
- Mpox: an update was provided on work underway to develop a system-wide plan to provide post-exposure vaccination as required for community and healthcare worker contacts of Mpox Clade 1 cases

2.6 An update was provided on learning that had been identified from Exercise Nergal, a recent multi-agency tabletop exercise designed to test system and organisational preparedness for response to Infectious Diseases and Pandemics. Updates on progress against the recommendations will be reported to the Health Emergency Planning Officers Group and the Local Health Resilience Partnership

2.7 The Board received the Annual Air Quality Monitoring report. There are currently 5 Air Quality Management Areas in Derbyshire (located in Brimington, Tintwhistle, Dinting Vale, Fairfield and Ashbourne) where the annual average concentration of Nitrogen Dioxide (NO₂) has exceeded Limit Values. DEFRA have recently requested that the AQMA in Brimington is revoked due to air pollution levels consistently being below the limit value, and the legal process for this is being progressed. Medium-term trends have shown that of the 109 monitoring sites that have been continuously monitored for NO₂ in Derby and Derbyshire since 2014, there has been an improvement in air quality at 108, and a deterioration at one site. The impacts of the Covid pandemic accelerated improvements in 2020 and 2021, but these improvements were not sustained in 2022 and 2023. However the overall long-term trend in improvement in air quality has continued. There is no current evidence that air quality objectives for fine particulates (PM₁₀ and PM_{2.5}) are being exceeded anywhere in the county. However, there is a relative paucity of monitoring data relating to these pollutants, with only 4 monitoring stations across Derby and Derbyshire. The air quality monitoring indicators in the revised Derby and Derbyshire Air Quality Strategy generally show improvements compared to a baseline year of 2019.

2.8 Vulnerable populations: an update was provided from the Vulnerable populations sub-group which has focussed work on data sharing for new

asylum seekers, and support provided to GPs for completing health assessments.

3. Alternative Options Considered

3.1 No alternative options to consider as this report is for information only.

4. Implications

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

5. Consultation

5.1 No consultation required.

6. Partnership Opportunities

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix 1 – Implications.

9. Recommendation(s)

That the Health and Wellbeing Board:

a) Note the update report from the Health Protection Board

10. Reasons for Recommendation(s)

10.1 To meet the purpose of the Derbyshire Health Protection Board in providing assurance to the Derbyshire Health and Wellbeing Board that adequate arrangements are in place to protect the health of the residents of Derbyshire County

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

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 None identified

Partnerships

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

Health and Wellbeing Strategy Areas of Focus

6.1 The Health Protection Board is a sub-group of the Health and Wellbeing Board, and contributes specifically to the following Areas of Focus:

- Area of Focus 2: Support good mental health
- Area of Focus 3: Support communities to be resilient and independent
- Area of Focus 4: Tackle child poverty and enable children and young people in Derbyshire to start well
- Area of Focus 5: Develop the Health and Wellbeing Board to effectively deliver on the areas of focus

Other implications

7.1 There are no other implications of this report identified.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

30th January 2025

Report of the Executive Director of Adult Social Care and Health

Derbyshire Better Care Fund Plan Quarter1 and Quarter 2 report 2024/25

1. Purpose

The Health and Wellbeing Board is asked to:

a) Approve the Quarter 1 and Quarter 2 Better Care Fund 2024/25 return for Derbyshire

2. Information and Analysis

2.1 On the 05th of April 2023 the Department of Health and Social Care (DHSC), and Department for Levelling up Housing and Communities (DLUHC) published the Better Care Fund (BCF) planning guidance for 2023-25.

The BCF Plan for 2024-25 was submitted to DHSC on the 11th of June 2024. The plan was approved regionally by National Health Service England (NHSE) on the 25/07/24 and was recommended for National endorsement and approval. Final approval from NHSE was shared with the local BCF partnership on the 8th of October 2024.

2.2 **Planning requirements**

The BCF planning requirements for 2024-25 requires quarterly returns to be submitted on progress against the planned outcomes and outputs.

- 2.3 The quarter 1 return which was submitted on the 27th of August primarily considered the discharge grant managed by the Integrated Care Board (ICB) and DCC. The return is attached in Appendix 2 detailing spend to date, metrics and comments on progress. There were no significant issues highlighted for quarter 1 in relation to the discharge grant.
- 2.4 The Quarter 2 returns was a more comprehensive update of the performance metrics, the demand and capacity tracker for hospital and community activity, the BCF expenditure and supporting metrics against the annual plan for the period 01/04/24 to 30/09/24. The narrative below provides an overview of reported performance.

2.5 National Metrics Quarter 2

Avoidable admissions

Whilst national data is not available to make meaningful comparisons, the local picture indicated that for the recorded period the local system is still below target and continued improvement is still being seen with people supported/treated at home without a need to be transferred to hospital. This is delivered through the Ageing Well initiatives and through the Home Visiting Service provided through a Primary Care Navigation Hub. The system is undertaking a review of admission avoidance and discharge flow to build upon the home first programme as well as the ageing well programme.

Discharge to normal residency.

This indicator looks at the number of people that return back to their normal place of residency the target is 94% per quarter the data for quarter 1 actuals shows a 93.6% achievement which is just below the target set

Falls over 65's per 100,000 population.

This indicator shows the number of people that have had an emergency hospital admission due to a fall. The target is achieve below 568 per quarter, actuals for quarter1 show 335.3 falls which indicates that system activity has positively impacted the low number of admissions

for falls. The falls service is delivered through the place-based falls recovery service. In addition, there is a planned enhanced training for care home providers for falls recovery and prevention.

2.6 Residential admissions over 65 per 100,000 population

The performance data is currently unavailable for this metric the target is 122.5 admissions per quarter. Early indications for the data shows 192 per /100,000 population which is above the target. This is due in part to the pressure in the system including frailty of patients and acuity, available hospital capacity and pressure in the system to discharge. The detail for each metric is contained in Appendix 3.

2.7 Hospital and community demand and discharge activity

The planned demand for hospital discharges for pathways 1 to 3 was 3,751 up to quarter 2, actuals were 3,037 which is short of the expected demand however there are some data integrity issues which will be rectified in quarter 3 and an under-reporting error of 412 for pathway 2. There were no discernible delays in the system over and above the normal activity.

The target to respond to community demand was 5,959 people in quarter 2, the submission shows 5,482 people were provided with a community response. This is below the expected activity due to a lag in data availability at the time of the submission and will be updated for quarter 3. There were no significant delays over and above the expected reported in the system. The detail is contained in Appendix 4.

2.8 Expenditure and aligned metrics

The expenditure return includes spend to quarter 2 and the metrics aligned to the spend for each scheme outlined in the BCF plan for the both the ICB and the LA. There were no significant issues around spend or metrics and the spend is detailed in appendix 5 together with comments.

3. Alternative Options Considered

- 3.1 The continued award of the BCF and Disabled Facilities Grant require the HWB to support and agree the planning process for the BCF. There are no alternative arrangements available to the HWB. Failure to follow

the defined NHSE reporting arrangements could result in funding being withdrawn.

4. Implications

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

5. Consultation

5.1 There is no consultation requirement for this paper.

6. Partnership Opportunities

7.1 The BCF fund facilitates joint working between Derby and Derbyshire ICB Derby City, Derbyshire County Council, all 8 District and Borough Councils and the voluntary sector for commissioning purposes.

7.2 There is also collaborative working with the Acutes, East Midlands Ambulance Service, Mental Health Trust, DCHS and independent sector care providers to support hospital discharges.

7. Background Papers

7.1 There are no background papers for this item.

8. Appendices

8.1 Appendix 1 – Implications.

8.2 Appendix 2 – Discharge grant spend quarter 1

8.3 Appendix 3 - Metrics for quarter 1 and 2

8.4 Appendix 4 – Hospital and Community Demand and Activity quarter 1 and 2

8.5 Appendix 5 BCF expenditure quarter 1 and 2

9. Recommendation(s)

That the Health and Wellbeing Board:

a) Approve the BCF quarter 1 and quarter 2 submissions for 2024/25.

10. Reasons for Recommendation(s)

10.1 This forms part of the governance arrangements for the sign off requirements of the BCF at the HWB and provides assurance to the National Better Care Fund Team

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Organisation: Derbyshire County Council Adult Social Care and Health

HWB Sponsor: Simon Stevens Executive Director Social Care and Health

Appendix 1

Implications

1. Financial

1.1 The financial position is outlined in Appendix 5 of this report.

2. Legal

2.1 There are no legal implications of this report.

3. Human Resources

3.1 There are no human resource implications of this report.

4. Equalities Impact

4.1 There is no equalities impact in this paper.

5. Partnerships

The following describes the involvement of key partners in meeting the BCF outcomes.

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

6. Health and Wellbeing Strategy priorities

The priorities are detailed below -:

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

7 Other implications

7.1None

Derbyshire Better Care Fund

2024-25 Quarter1 and Quarter 2 Template

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Appendix 2 Quarter 1 return Discharge Grant Budget and Spend

Scheme Name	Brief Description of Scheme	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
Transformation Lead	Asst Director to deliver the JUCD transformation strategy to be assessed against assurance framework	Local Authority Discharge Funding	£100,401	£24,338	1	1		
PVI incentive scheme	Pvi incentive scheme to take patients from hospital at peak periods	Local Authority Discharge Funding	£100,000	£0		0		There has been no spend to date
Hospital discharge team	to improve flow from hospitals	Local Authority Discharge Funding	£608,162	£120,275	15	13	WTE's gained	
Direct payments	Roles to offer Direct payments as an alternative to home care	Local Authority Discharge Funding	£120,770	£24,054	2	2	WTE's gained	
ST residential beds for hospital discharges	Increase and improve Community (CRT) team providing P1 care to support discharge 7 per week	Local Authority Discharge Funding	£2,265,009	£1,017,360	688	314	Number of beds	
ST Home care for hospital discharges	scheme to deliver low level PO support for transport home and same day support	Local Authority Discharge Funding	£2,995,696	£880,464	115,000	33864	Hours of care (Unless short-term in which	

							case it is packages)	
Home from Hospital Service	scheme to support people into their homes from hospital through voluntary sector	Local Authority Discharge Funding	£100,000	£0	-	0	WTE's gained	
CRH PVI Brokerage	Brokerage for P3 discharges from CRH	Local Authority Discharge Funding	£75,672	£0	2	0	WTE's gained	unable to recruit to date
1 group manager operatioanal lead	to support discharges	Local Authority Discharge Funding	£84,259	£0	1	0	WTE's gained	unable to recruit to date
Social care practitioner	to undertake reviews of existing clients to free up capacity in home care and residential placements	Local Authority Discharge Funding	£331,154	£0	8	0	WTE's gained	unable to recruit to date
Community support worker	to undertake reviews of existing clients to free up capacity in home care and residential placements	Local Authority Discharge Funding	£679,694	£165,319	17	17	WTE's gained	
Extra care manager	to undertake review of extracare to release home care capacity	Local Authority Discharge Funding	£62,890	£16,652	2	1	WTE's gained	
Mental health workers	support discharges from MH beds	Local Authority Discharge Funding	£115,732	£54,545	1	2	WTE's gained	
Staffing to deliver transformation	System Staff to enable transformation of discharge	ICB Discharge Funding	£380,000	£95,000	7	4.94		Planning on recruiting into role to oversee operational flow

Mental Health discharge transformation	Embedding of discharge and review processes for MH beds	ICB Discharge Funding	£322,698	£80,675	5	5		
UHDB B6 staffing to enable discharge	Acute discharge team staff to improve 7 day discharges and support coordination	ICB Discharge Funding	£8,000	£2,000	2	1.52		
Dementia palliative care scheme	To provide discharge support to patients with dementia in last year of life	ICB Discharge Funding	£81,125	£20,281	492	50		Start date May 24 with patients supported from June. Unit of measure is patients discharged using service
Transport	to provide increase in transport capacity to discharge patients	ICB Discharge Funding	£304,000	£0	-	0		Winter funding for increase in PTS activity to support discharge
Reablement care to support discharge	Increase and improve Community (CRT) team providing P1 care to support discharge 7 per week	ICB Discharge Funding	£570,000	£142,500	395	183	Packages	Workforce increased, referrals not as expected
VCSE P0 discharge support	scheme to deliver low level P0 support for transport home and same day support	ICB Discharge Funding	£213,526	£53,382	592	130		covering City and high peak currently, to roll out across other areas not covered through engagement with VCSE

Integrated Community Equipment Service - additional	Community based equipment	Local Authority Discharge Funding	£600,000	£0	-	0		
Borkerage system	to support discharges	Local Authority Discharge Funding	£80,000	£0	-	0		
PA system	set up approved list of PA and micro providers	Local Authority Discharge Funding	£30,000	£0	-	0		
DCHS - increased complexity oversight P2b	Continuation of UEC non recurrent funding to increase P2b flow	ICB Discharge Funding	£190,000	£47,500	3	3	WTE's gained	Proceeded at risk with recruitment while awaiting approval through ICB panel for posts
Pathway 3 care	Proportion of costs supporting P3 assessments in PVI homes (likely to include CHC)	ICB Discharge Funding	£1,520,000	£380,000	306	165	Number of placements	
Care transfer hub IT solution	IT solution approximate cost of roll out	ICB Discharge Funding	£380,000	£0	-	0		Implementation delayed while products reviewed
Care Transfer hub staffing to cover 7 days and mobilisation	Staffing to deliver 7 day working ambition	ICB Discharge Funding	£615,600	£145,000	-	0		job specifications still being developed for further recruitment
P2 Bedded care remodelling and management	Increase capacity and start to bridge bedded care gap	ICB Discharge Funding	£380,000	£95,000	18	10	Number of placements	

P1 Integration remodelling and management	Increase capacity and start to bridge P1 gap	ICB Discharge Funding	£228,000	£0	76	0	Number of placements	Analysing gap and working through internal changes prior to investment
P2 Bedded care remodelling and management	Newton Europe investment to support overall Community Transformation	ICB Discharge Funding	£1,140,000	£0	-	0		Still modelling through changes to delivery model
Winter surge capacity	Intermediate care surge capacity for winter	ICB Discharge Funding	£753,784	£0	-	0		Not planned on spending till winter
Additional equipment costs to support discharge	Budget to support equipment for supported discharges to cover additional demand	ICB Discharge Funding	£152,000	£38,000	-	38	Number of beneficiaries	

Appendix 3 Metrics for quarter 1 and quarter 2

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q1
		Q1	Q2	Q3	Q4	
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	166.3	167.7	171.2	175.6	385.6
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.0%	94.0%	94.0%	94.0%	93.6%
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	2,272.7				335.3
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	490				not applicable

Appendix 4 Community and Hospital Demand and Activity up to quarter 2

Activity - Hospital Discharge		Prepopulated demand from 2024-25 plan	Actual activity (not including spot purchased capacity)
Service Area	Metric	Apr 24 to Sept 24	Apr 24 to Sept 24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	2035	1958
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	1327	814
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	389	265
Activity - Community		Prepopulated demand from 2024-25 plan	Actual activity:
Service Area	Metric	Apr 24 to Sept 24	Apr 24 to Sept 24
Social support (including VCS)	Monthly activity. Number of new clients.	540	677
Urgent Community Response	Monthly activity. Number of new clients.	4225	3836
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	1140	969
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	54	0
Other short-term social care	Monthly activity. Number of new clients.	0	0

Appendix 5 BCF Expenditure to Quarter 2

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Mental Health Enablement	The total number of PSP created was 734 over a 12month period. The los is 3.1 weeks and 34% exceeded 6 weeks in the service , on average 1 person leaves as another enters the service , A snap shot of a months activity indicated over half of the work undertaken was short term and 28% of time was travel, whilst the remainder was long term cases. there are 41 staff with 32 hours per week on average . The service manages 70 clients a month	327		Mental Health	Local Authority	Minimum NHS Contribution	£687,743	£675,173	There were 327 PSP's
Integrated care teams		49 ftes		Primary Care	Local Authority	Minimum NHS Contribution	£1,959,467	£1,473,714	49 ftes

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
residential Care packages to maintain clients in a social care setting	200	162	Number of beds	Social Care	Local Authority	Minimum NHS Contribution	£9,671,192	£7,854,148	
Falls Recovery		0		Social Care	Local Authority	Minimum NHS Contribution	£182,251	£0	Falls recovery commissioned by ICB
Mental Health Triage	This is 2 social workers AMHP working with clients with MH to support individuals with crisis and care	2 ftes		Social Care	Local Authority	Minimum NHS Contribution	£124,100	£80,698	2 ftes
Mental Health Acute Based Social Worker Support	This is 2 social workers AMHP working with clients with MH to support individuals with crisis and care	2 ftes		Social Care	Local Authority	Minimum NHS Contribution	£124,100	£80,698	2 ftes

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Mental Health - Recovery and Peer Support	974	514 contacts		Social Care	Charity / Voluntary Sector	Minimum NHS Contribution	£295,000	£106,279	there were 514 referrals and 104 1:1 support offers
Community Support Beds	707	596	Number of placements	Social Care	Local Authority	Minimum NHS Contribution	£5,288,036	£3,608,899	This is CSB for hospital discharges provided by the LA
Community Support Beds	70	see above	Number of placements	Social Care	Local Authority	Minimum NHS Contribution	£726,795	£0	see above

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
ICS - Hospital Teams	This is the hospital teams that support individuals out of hospital there are currently 53 staff in post and weekly contracts of 33 hours , they cover Derby Royal Chesterfield and the out of county and community hospitals There were 9,500 episodes dealt with last year that were moved to various settings 50% home care 15% in to CSB beds across the system ., 34% in to short term or long term residential settings	31 ftes		Social Care	Local Authority	Minimum NHS Contribution	£1,333,265	£936,787	
Dementia Support	this is home care for people leaving hospital on average 400 care hours per week are delivered	306 clients supported		Social Care	Charity / Voluntary Sector	Minimum NHS Contribution	£488,747	£293,249	

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Assistive Technology (Telecare)	There are currently 3,800 clients in receipt of telecare. Of these 1,657 are legacy clients. Most of the costs are with the districts in relation to alarm responses and maintenance	average of 1387 recipients	Number of beneficiaries	Social Care	Private Sector	Minimum NHS Contribution	£826,299	£397,605	
Pathway 1 home care		NA		Community Health	Local Authority	Minimum NHS Contribution	£695,765	£360,560	
Local Area Coordinators		4.3 ftes		Social Care	Local Authority	Additional LA Contribution	£180,433	£90,216	

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Carers	20000	7000	Beneficiaries	Social Care	Charity / Voluntary Sector	Minimum NHS Contribution	£2,603,893	£1,805,780	There have been 4173 carer contacts for meaningful crisis support and 2169 contacts for information and advice
Disabled Facilities Grant	2153	468	Number of adaptations funded/people supported	Social Care	Local Authority	DFG	£8,614,753	£3,131,973	Data provided by Districts includes commitments
Integrated Community Equipment Service		12499 clients		Social Care	Private Sector	Minimum NHS Contribution	£5,763,675	£5,763,675	To date there have been 12,499 clients and 58,764 pieces of

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
									equipment issued
Integrated Community Equipment Service - additional		see above		Social Care	Private Sector	Additional LA Contribution	£852,028	£852,028	see above

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Autism Support	There are 2 contracts with Citizen Advice and Relate £120k .It also provides care packages and support for clients with a diagnosis of Autism, Relate help individuals, families and carers cope with living with Autism , A 1 day course for living with autism was provided which attracted 130 people . 143 people accessed the one to one therapeutic courses there is also a help line which operates 2 days pm only that sign post and provide advice to individuals.	169		Social Care	Charity / Voluntary Sector	Minimum NHS Contribution	£789,533	£563,334	There are 2 contracts one for information and advice contacts and referrals from autism and care packages , the other is autism support where
Programme Management (BCF & TCP)		2.4 Ftes		Social Care	Local Authority	Minimum NHS Contribution	£509,462	£162,533	This is 2.4 fte LA staff that support the bcf delivery and icb staff that support the TCP £300k

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Information sharing across health		1.15 ftes		Social Care	Local Authority	Minimum NHS Contribution	£130,631	£85,798	Tthis is staff working on data sharing , access and data integrity, reporting and information requests and it equipment
Care Act		50 ftes		Social Care	Local Authority	Minimum NHS Contribution	£2,718,337	£1,360,213	This is staff implementing Care Act duties

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Community response Teams		31 ftes	Hours of care (Unless short-term in which case it is packages)	Social Care	Local Authority	Additional LA Contribution	£430,806	£430,806	31.7 ftes providing st home care for hospital discharges

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Community Response Teams		see above	Hours of care (Unless short-term in which case it is packages)	Social Care	Local Authority	Minimum NHS Contribution	£388,254	£277,127	see above
Home care short term service		46332		Social Care	Local Authority	Minimum NHS Contribution	£11,632,043	£8,942,834	

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
(iBCF) Enablers (System and Service Redesign for Capacity)		4ftes		Social Care	Local Authority	iBCF	£6,619,512	£288,012	To support D2A pathways and the client record system
(iBCF) Supporting the Care Market		0		Social Care	Private Sector	iBCF	£8,178,150	£13,357,244	This is for care package fee uplifts over and above inflation
(iBCF) Preventative Services (inc. PH, and Housing)		7 ftes		Social Care	Local Authority	iBCF	£1,923,557	£348,637	This is staff working in prevention healthy homes and falls pathways

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
(iBCF) Reduce Budget Savings to Protect Social Care		o	Number of beds	Social Care	Local Authority	iBCF	£11,695,503	£13,891,463	This is to protect adult care services from cuts
(iBCF) Support to Improve System Flow		53 ftes		Social Care	Local Authority	iBCF	£3,578,723	£3,169,372	Additional staffing to support delivery of social care
Winter Pressures		minimum 33 ftes		Social Care	Local Authority	iBCF	£3,737,213	£3,737,213	staff to support and prevent hospital admissions

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Wheelchairs		NA	Number of beneficiaries	Community Health	Private Sector	Minimum NHS Contribution	£1,264,219	£632,110	
Mental Health discharge transformation	1	1		Social Care	Local Authority	Local Authority Discharge Funding	£100,401	£48,676	
UHDB B6 staffing to enable discharge	1080	0		Social Care	Charity / Voluntary Sector	Local Authority Discharge Funding	£100,000	£0	no payments made to date
Dementia palliative care scheme	15	19 ftes	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£608,162	£240,732	

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Discharge roles at CRH to enable P1 discharges	2	2	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£120,770	£37,484	
Reablement care to support discharge	688	344	Number of beds	Social Care	Private Sector	Local Authority Discharge Funding	£2,265,009	£1,132,505	

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
VCSE P0 discharge support	115000	57500	Hours of care (Unless short-term in which case it is packages)	Social Care	Private Sector	Local Authority Discharge Funding	£2,995,696	£1,497,848	
P1 transformation delivery	0	677	WTE's gained	Social Care	Private Sector	Local Authority Discharge Funding	£100,000	£50,000	this is home from hospital service
CRH PVI Brokerage	2	0	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£75,672	£0	not recruited to

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1 group manager operational lead	1	0	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£84,259		not recruited to
Social care practitioner	8	0	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£331,154	£0	not recruited to
Community support worker	17	19 ftes	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£679,694	£350,343	
OT's to support review of double handling	2	1 fte	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£62,890	£33,165	

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Mental health workers	1	2 fte	WTE's gained	Social Care	Local Authority	Local Authority Discharge Funding	£115,732	£218,181	
Mental Health discharge transformation	4.56	4.56		Mental Health	NHS Mental Health Provider	ICB Discharge Funding	£322,698	£161,349	
VCSE PO discharge support	592	260		Social Care	Charity / Voluntary Sector	ICB Discharge Funding	£213,526	£106,763	Connex, new T&S scheme
Integrated Community Equipment Service - additional	0	0		Social Care	Private Sector	Local Authority Discharge Funding	£600,000	£0	awaiting invoice at year end

Scheme Name	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
Borkerage system	0	0		Social Care	Private Sector	Local Authority Discharge Funding	£80,000	£0	not yet procured
PA system	0	0		Social Care	Private Sector	Local Authority Discharge Funding	£30,000	£0	not yet procured
Care transfer hub IT solution	0	NA		Community Health	Private Sector	ICB Discharge Funding	£380,000	£0	
P2 Bedded care remodelling and management	0	NA		Community Health	Private Sector	ICB Discharge Funding	£1,140,000	£0	
Additional equipment costs to support discharge	0	0	Number of beneficiaries	Community Health	Private Sector	ICB Discharge Funding	£152,000		



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

30 January 2025

**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 Board members are asked to provide any updates on work that has taken place in their organisation towards the Areas of Focus.

2. Integrated Care Partnership Update

- 2.1 A meeting of the Integrated Care Partnership (ICP) took place on 16 October 2024 and considered the following:
 - Integrated Care Strategy Theme Focus: Age Well/Die Well Update – Joined Up Care Derbyshire End of Life Care Strategy
- 2.2 Further information can be found [here](#).

3. Round-Up

3.1 Smoking, Drinking and Drug Use among Young People in England, 2023

NHS Digital has published a [report](#) that contains results from the latest survey of secondary school pupils in England in years 7 to 11 (mostly

aged 11 to 15). Focusing on smoking, drinking and drug use. The report covers a range of topics including prevalence, habits, attitudes and wellbeing.

3.2 The big mental health report 2024

Mind have published a [report](#) that brings together the latest evidence on the current state of the nation's mental health and its mental health services, alongside insights from people with lived experience of mental health difficulties.

3.3 Less healthy food or drink: advertising and promotions restrictions

The Department of Health and Social Care and Department for Culture, Media and Sport have published [guidance and more information](#) about the Advertising (Less Healthy Food Definitions and Exemptions) Regulations 2024 which was laid before parliament on 03 December 2024 and will come into force UK-wide on 01 October 2025.

4 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:

- 4.1** Harts Chemist Ltd, 5-7 High Street Ripley, Derby, Derbyshire. DN5 3AB
One of changes to the following dates: 24th December and 31st December – nil supplementary hours
- 4.2** Change of ownership: from 01 October 2024, the pharmacy at 10-14 Winster Mews, Gamesley, Glossop, Derbyshire, SK13 0LU will be operated by Mews Pharma Ltd and will trade as Mews Pharmacy.
- 4.3** Change of ownership: for LP SD Five Ltd at Crich Medical Centre, Oakwell Drive, Crich, Derbyshire DE4 5PB to Ascent Crich Limited.
- 4.4** Change to supplementary hours: Peak Pharmacy, Whitemoor Lane Medical Centre, Whitemoor Lane, Belper, DE56 0BJ. Supplementary hours will change from Tuesday 08:30 – 09:00, 13:00 – 13:30 and 18:00 – 18:30 to Tuesday 08:30 – 09:00 and 13:00 – 13:30 with effect on 24 December.

- 4.5** Change to supplementary hours: Peak Pharmacy, Gresleydale Health Centre, Glamorgan Way, Church Gresley, DE11 9JT. Supplementary hours will change from Tuesday 12:30 – 13:00 and 18:00 – 18:30 to Tuesday 12:30 – 13:00 with effect on 24 December.
- 4.6** Change to supplementary hours: Peak Pharmacy, 14 The Green, North Wingfield, Chesterfield, S42 5LQ. Supplementary hours will change from Tuesday 18:00 – 18:30 to Tuesday none with effect on 24 November.
- 4.7** Change to supplementary hours: Etwall Pharmacy, 4-6 Chestnut Grove, Etwall, DE65 6NG. Supplementary hours will change from Saturday 09:00 – 12:00 to Tuesday none with effect from 04 January 2025.
- 4.8** Please note that with effect from 25 November 2024 the pharmacy at Avenue House Surgery, 109 Saltergate, Chesterfield, Derbyshire, S40 1LE will be operated by Dronfield Healthcare Ltd.
- 4.9** Please note that with effect from 25 November 2024, the pharmacy at 3 Windermere Road, Newbold, Chesterfield, Derbyshire S41 8DU will be operated by Dronfield Healthcare Limited.
- 4.10** Change to supplementary hours: Tideswell Pharmacy, Queen Street, Tideswell, SK17 8JT. Supplementary hours will change from Monday and Tuesday 17:00 – 17:30 and Wednesday, Thursday and Friday 08:45 – 09:00 and 17:00 – 17:45 to no supplementary hours with effect from 22 January 2025.
- 4.11** Change to supplementary hours: Etwall Pharmacy, 4-6 Chestnut Grove, DE65 6NG. Supplementary hours with change from Saturday 09:00 – 13:00 to no supplementary hours with effect from 04 January 2025.
- 4.12** Change to supplementary hours: Swanwick Pharmacy, 45 Derby Road, DE55 1AB. Supplementary hours will change from Monday – Friday 17:30 – 18:00 to no supplementary hours with effect from 22 January 2025.
- 4.13** Change to supplementary hours: Peak Pharmacy, Allendale Road, Wingerworth, Chesterfield, S42 6PX. Supplementary hours will change from Monday – Friday 18:00 – 18:30 and Saturday 09:00 – 13:00 to Monday – Friday no supplementary hours, Saturday 09:00 – 13:00 with effect on 27 January 2025.
- 4.14** Change of ownership LP SD Six Limited to Ascent(Holme Hall) Limited at Unit 7 Wardgate Way, Chesterfield, Derbyshire, S40 4SL.

5. Healthwatch Intelligence

- 5.1** Healthwatch have provided a summary of recent feedback related to the risk factors area of focus in the Derbyshire Joint Local Health and Wellbeing Strategy including Derbyshire Tobacco Control Strategy, The Substance Use Strategy and The Making Our Move Strategy. The full summary can be found at Appendix 2.

6. Update from Health and Wellbeing Board Development Session

Following on from the October Health and Wellbeing Board the Board have continued to develop the responsibilities of the lead members for each area of focus in the Joint Local Health and Wellbeing Strategy.

7. Performance reporting to the Health and Wellbeing Board

Performance indicators will be presented to the board annually in July.

8. Alternative Options Considered

- 8.1** No alternative options to consider as this report is for information only.

9. Background Papers

- a. Pharmaceutical notifications are held electronically on file in the Public Health Department

10. Appendices

- 10.1** Appendix 1 – Implications

11. Recommendation(s)

- 11.1** That the Health and Wellbeing Board:

- a) Note the information contained in this round-up report.
b) Agree that members provide any updates on work that has taken place in their organisation towards the Areas of Focus.

12. Reasons for Recommendation(s)

- 12.1** 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.

- 12.2** To provide the Board with progress against each of the Areas of Focus in the Joint Local Health and Wellbeing Strategy.

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Organisation: Derbyshire County Council

Health and Wellbeing Board Sponsor: Ellie Houlston, Director of Public Health

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 Areas of Focus

6.1 No implications

Healthwatch Intelligence

Derbyshire Tobacco Control Strategy

The public health programmes designed to support people in stopping smoking are highly regarded by those who use them, and we consistently receive positive feedback about these services:

- “I went to the Live Life Better Derbyshire (LLBD) programme. I went to the smoking support, weight loss group, and exercise referral programme. I also got support from an LLBD support worker who supported who helped me go to my first-ever exercise session, without that support I would not have attended. I also got lots of support from phone calls and regular contact with the support worker. They also helped me to go to a support group to help me with my mental health.”

However, some people struggle to quit smoking or vaping due to poor mental health. Services offer support until they are ready to make changes. Which can be a positive thing:

- “Being allowed to vape on Morton Ward is very great. I can vape when in need of nicotine it's amazing and helps me” - A young person from the Hartington Unit.

Unfortunately, not everyone receives the advice or information needed to access these programmes, leaving them without support and allowing their health to deteriorate further. This costs the system, as shown in the story below:

- “In May 2023, I had surgery to remove a vein in my leg, but the procedure didn't go as planned due to complications. After the surgery, I received no follow-up from the surgeon. I was told they'd contact me to rearrange the surgery later.

This week, I received a letter stating they would no longer perform the surgery because I no longer meet the criteria. I spoke to my GP about this, and they explained the hospital said it was because I'm a smoker. My GP seemed just as confused as I was and said, “What do you want us to do with this person now?” I can't be left untreated, but they also can't refer me back to the Vascular Department because I'm no longer eligible.

Right now, the vein is infected, and I'm on antibiotics to treat it, but my GP is concerned because I can't stay on antibiotics indefinitely. They've also said the vein needs to be removed before I can have another unrelated surgery, which can't go ahead until this issue is resolved. My carer has been helping me with this, and together we contacted PALS. We're now waiting for a callback to discuss how my treatment can move forward.

At no point was I given advice on quitting smoking, either before my original surgery or after being told I no longer meet the criteria. I also didn't ask more questions immediately after the surgery was delayed, as I was under the impression they'd be rearranging it and getting in touch. Now I've discovered that's no longer the case, and I'm left in limbo."

The Substance Use Strategy

We currently lack recent data on substance misuse. While it's likely we've spoken to many people who use substances, the comments we receive about services don't clearly identify whether the individuals themselves are substance users. Additionally, we have no information on substance misuse facilities, leaving a gap in our understanding of this topic.

The Making Our Move Strategy

We hear regularly from both mental health inpatient units that access to physical activity helps with their recovery, but it's not always there when they need it:

- "I've found that access to the gym has been incredibly beneficial for my mental health. However, I've been told that the gym facilitator is leaving their role soon, which means I won't have access to the gym anymore. I believe the gym desperately needs more funding and staff, as there's already a six-week wait to use it."

Public health programs aimed at improving health and well-being receive overwhelmingly positive feedback. The feedback we receive goes beyond physical health, helping people build social connections, boost confidence, and improve mental health:

- "The exercise by referral scheme is superb."
- "When I was waiting to attend the Wellness Hub, I heard wonderful things about the service it provides. After getting my new knee, I was able to attend as many times as I wanted for the first 12 weeks for free, and the next 12 weeks cost £60. The Wellness Hub has given me so much more than improved mobility and fitness—it's helped me build social connections, boosted my confidence, and supported my mental health.

At first, I was very nervous, but the team delivering the service made it an enjoyable experience. I also really appreciated the variety of activities, like the gym, toning tables, and chair-based classes. Because of everything it offers, I've decided to continue paying for the service."

From our feedback exercise referral programmes are highly effective, improving not only physical health but also mental well-being and confidence, encouraging participants to engage with other services:

- “I attend regular healthy eating sessions at Littlewick Medical Centre and take part in the exercise referral program at Rutland Sports Park. The support I’ve received from the workers has been invaluable. I’ve already lost weight and feel confident that, with their help, I’ll reach my goal. The workers also made a referral to Trent PTS for me, and I now have an assessment booked. I know I wouldn’t have done this on my own without their support.”
- “I recently attended the cardiac rehabilitation service exercise and education program. It’s been a great help in improving my fitness and breathing. They also made a referral for me to Live Life Better Derbyshire to ensure I can keep improving my fitness.”

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