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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 24 March 2021

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 1 April 2021** in Teams Live Event, the agenda for which is set out below.

Yours faithfully,

Helen E. Barrington

Helen Barrington
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Agenda (Pages 1 - 2)

2. Apologies for Absence

   To receive apologies for absence (if any)

3. Declarations of interest

   To receive declarations of interest (if any)

4. Minutes (Pages 3 - 8)

To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 06 February 2021.

5. Impact of Covid-19 (Verbal Update)

6. Refresh of the Derbyshire Health and Wellbeing Strategy (Pages 9 - 14)

7. Joined Up Care Derbyshire ICS - Update

8. Health Protection Board Update

9. Care Home Report: Sharing Good Practice and Suggestions (Pages 15 - 42)

10. Terms of Reference for Health and Wellbeing Board (Pages 43 - 48)

11. Derbyshire Better Care Fund 2020-21 Plan (Pages 49 - 62)

12. HWB Round Up (Pages 63 - 66)

13. Any Other Business

14. Terms of Reference for Derbyshire Children's Partnership (Pages 67 - 74)

DERBYSHIRE HEALTH AND WELLBEING BOARD

10am-12pm, 1 April 2021

Microsoft Teams

AGENDA

Time	Time allocated	Items	Presenter
10:00	10 minutes	1. Declarations of Interest and Apologies for absence 2. Minutes of the last meeting held on 6 February 2020	Cllr Hart
10:10	20 minutes	3. Impact of Covid-19 (Verbal Update)	Dean Wallace
10:30	15 minutes	4. Refresh of the Derbyshire Health and Wellbeing Strategy (Report)	Dean Wallace
10:45	20 minutes	5. Joined Up Care Derbyshire ICS – Update for HWB (Presentation)	Vikki Taylor
11:05	10 minutes	6. Health Protection Board Update (verbal update)	Dean Wallace
11:15	15 minutes	7. Care Home Report: Sharing Good Practice and Suggestions (Report)	Helen Henderson-Spoors
11:30	5 minutes	8. Note Terms of Reference for Health and Wellbeing Board	Dean Wallace
11:35	10 minutes	9. Derbyshire Better Care Fund 2020-21 Plan (Report)	Helen Jones
11:45	5 minutes	10. HWB Round Up (Report)	Helen Jones
11:50	5 minutes	11. AOB	Cllr Hart
The following items are for formal ratification following virtual approval			
11:55	5 minutes	12. Terms of Reference for Derbyshire Children's Partnership	Jane Parfrement

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MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 06 February 2020.

PRESENT

Councillor C Hart (Derbyshire County Council)
(In the Chair)

A Belencsak	NUSE/ 1 Midlands
B Bewne	CRC & NPS
H Bowen	Chesterfield Borough Council
J Careless	Derbyshire County & Derby City Council
K Gillott	Office of the Police & Crime Commissioner
H Jones	Derbyshire County Council
E Langton	Derbyshire County Council
T Lee	Derby & Derbyshire CCG
C Prowse	Tameside & Glossop CCG
J Simmons	Healthwatch Derbyshire
T Slater	EMAs
B Smith	DD CCG
D Wallace	Derbyshire County Council
J Wharmby	Derbyshire County Council
J Willis	3D

Also in attendance – K Iles (Derbyshire County Council), and C Walker (Derbyshire County Council).

Apologies for absence were submitted on behalf of L Alison (3D/ Amber Valley CVS), C Clayton (DD CCGs), A Smithson (Chesterfield Royal Hospital), and V Taylor (Derbyshire STP).

01/20 **MINUTES** **RESOLVED** that the minutes of the meeting of the Board held on 03 October 2019 be confirmed as a correct record.

02/20 **INDEX OF MULTIPLE DEPRIVATION** M Evans gave a presentation to the Board to discuss the index of multiple deprivation. Measures for deprivation had been established in the 1970s and the results were published approximately every 4 years. There were 7 domains of deprivation included in the index.

As a Local Authority, Derbyshire had improved slightly from 100th to 103rd. 22 areas in Derbyshire were in the most deprived 10% nationally and 64 areas in Derbyshire were in the most deprived 20% nationally. Deprivation had been

increasingly polarised (the gap between the most and least deprived areas had been widening) along with pockets of deprivation continuing to be persistent.

All 7 domains of deprivation were discussed in detail and it had been discussed why each domain had an effect on the deprivation results. It was detailed under each domain where the most affected area was in the County and the difference in figures since 2015.

A wide range of meetings and discussions had been held on how to explore and make effective use of the data, to make a change in Derbyshire. A report containing recommendations was to be presented to CMT with recommendations for the Council.

RESOLVED to note the presentation.

03/20 ACCOMMODATION STRATEGIES FOR ADULT SOCIAL CARE AND HEALTH The Board had been asked to endorse the Adult Social Care and Health strategies for Specialist Housing, Accommodation and Support and the Older People's Housing, Accommodation and Support. Then to note that these strategies would form part of the evidence base utilised in Derbyshire's Joint Strategic Needs Assessment.

The Board were also asked to note the development of the Working-age Housing, Accommodation, and Support Strategy 2020-2035, which was to be presented to the next meeting of the Health and Wellbeing Board following a period of engagement with district, boroughs and other key health partners.

RESOLVED to (1) endorse the Specialist Housing, Accommodation and Support Strategy and Older People's Housing, Accommodation and Support Strategy and note they will form part of the evidence base utilised in Derbyshire's Joint Strategic Needs Assessment; and (2) note the development of the Working-age Housing, Accommodation, and Support Strategy 2020-2035 and the engagement activity with district, boroughs and key other key health partners which would inform the development of the final document.

04/20 REPORT OF THE NHS ENGLAND / NHS IMPROVEMENT AND DERBYSHIRE COUNTY PUBLIC HEALTH ON NATIONAL CANCER SCREENING PROGRAMMES COMMISSIONED FOR DERBYSHIRE (EXCLUDING GLOSSOP) A presentation had been given by A Balencsak and J Careless to report the delivery in Derbyshire (excluding Glossop) of the national cancer screening programmes commissioned by NHS England and NHS Improvement Midlands (NHSE&I).

Assurance had been provided that the local screening programmes were delivering positive outcomes for eligible residents, including groups where uptake may have been historically low. As well as raising awareness of the

performance, achievements and challenges associated with the local screening programmes and how Board members could support the work.

RESOLVED to (1) consider the arrangements, achievements and challenges relating to the local screening programmes in Derbyshire; and (2) contribute to the successful delivery of the screening programmes by: (a) promoting local and national screening messages to staff and service users, in particular those from under-served communities; and (b) support initiatives to increase uptake and address inequalities in collaboration with the local screening and immunisation teams.

05/20 **OFFENDER HEALTH REPORT** J Simmons presented the report on behalf of Healthwatch Derbyshire with the purpose to share the experiences of offenders using health services in Derbyshire.

Information had been collected using a series of questions which had been developed to provide a framework for discussions. The prompt was based around the themes shared by the Derbyshire Criminal Justice Board, who navigated services, experiences of using primary care and health literacy.

The engagement had been carried out between May and August 2019 and 64 ex-offenders and youth offenders shared their experiences of health services in Derbyshire. Offices of the NPS, CRC and YOS had been visited to be able to talk with people before and after their appointments.

Key findings were outlined in detail in the report, some of the main factors raised had been around the lack of mental health support and what services offenders viewed as a priority. Another large problem that had been raised was the lack of information provided to offenders on their release from prison.

Resolutions to the problems raised had been provided by Healthwatch to assist with stopping reoccurring problems. In response, a sub group had been established, chaired by the Assistant Director of Public Health from DCC, with a membership that included representatives from commissioners and providers across both criminal justice and health ad care.

RESOLVED to note the report.

06/20 **BETTER CARE FUND PLAN 2019-20** On 18 July 2019 the Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England published the Better Care Fund (BCF) 2019-20 Planning Requirements following the publication of the BCF Policy Framework on 10 April 2019.

The BCF planning requirements for 2019-20 had been designed to provide a level of continuity from 2017-19. This was partly due to a national

review of the BCF taking place, and therefore any substantial changes to the overall policy and subsequent planning requirements would not be started until this had been completed.

The Derbyshire 2019-20 BCF Plan was, in effect, a continuation of the 2017-19 plan. The main changes to the plan from 2017-19 related to an alignment of the services being funded by NHS Derby and Derbyshire CCG following the merger of four former CCGs. The overarching vision and aims of the plan remained the same as they did in 2015-16.

The Plan had been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan had been approved by the Joint BCF Programme Board, a delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB), at its meeting on 20 September 2019.

RESOLVED to (1) note the summary of the 2019-20 Better Care Fund Planning Requirements; and (2) note the 2019-20 Better Care Fund Plan for Derbyshire.

07/20 DERBYSHIRE OPTIONS FOR INTEGRATED CARE PARTNERSHIPS IMPLEMENTATION As part of the journey towards becoming an Integrated Care System (ICS) by April 2021, all STPs across the country were required to develop more integrated care to be delivered through Integrated Care Partnerships (ICPs).

Integrated Care Partnerships (ICPs) required health and care providers to move increasingly to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/Primary Care Network levels.

From a list of nine options, the Implementation Group considered an initial option appraisal and concentrated further discussion on two possible options. Following agreement of the case for change, the two possible options had been further considered by a sub-group of the wider workshop attendees. The discussion focused on the identification of the potential benefits/opportunities of both to confirm the preferred option for 4 ICPs which had been recommended to the JUCD Board for approval and approved at its meeting on 19 December 2019.

RESOLVED to note (1) the process followed by the Joined Up Care Derbyshire Board to appraise options for the implementation for Integrated Care Partnerships in Derbyshire; and (2) the decision of the Joined Up Care Derbyshire Board to move to establish four ICPs for the county, to run in shadow form from 1 April 2020.

08/20 ISSUES RELATING TO FEMALES IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM In October 2019 Derbyshire's Police and Crime Commissioner Hardyal Dhindsa funded a 'Females in contact with the Criminal Justice System' event to assess what needed to be done in Derbyshire to move towards a 'whole system approach for female offenders in line with the national Female Offender Strategy.

The Strategy aimed to ensure:

- Fewer women were coming into the criminal justice system as a result of less offending, appropriate community-based support, earlier intervention, more liaison and diversion and more support for women in the community.

- Better conditions for those in custody by improving rehabilitation, improving family ties, reducing rates of self-harm and better supporting transition back into the community.

- Local partners felt empowered to design approaches tailored for the specific needs of women resettling into Derbyshire.

A multi - agency 'Women and Girls in the CJS Strategic Group' were taking forward the recommendations from the day. However, there were a number of issues to raise with the Health and Wellbeing Board as the Strategic Group was not empowered to resolve these.

RESOLVED to (1) receive the report presented by the Police and Crime Commissioner on behalf of Derbyshire Criminal Justice Board; and (2) comment on the issues raised by the report.

09/20 HWB ROUND UP DW had provided HWB members with a written report containing 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.

10/20 HEALTH AND WELLBEING BOARD AIR QUALITY STRATEGY

The Health and Wellbeing Board agreed to develop a Health and Wellbeing Board Air Quality Strategy in January 2019, to support the Health and Wellbeing Board Strategies, priority around Air Quality improvement.

The Strategy had been developed following a review of the evidence, and consultation with the Board and stakeholders of the Air Quality working group. The Strategy aimed to set out the overarching principles and priorities of the Board to achieve reduction in the health impact of poor air quality for the people

of Derbyshire County. The strategy utilised the Outcomes Based Accountability Approach.

The Strategy would be supported by an annual action plan, developed and monitored by the Air Quality Working Group. Partners of the Health and Wellbeing Board would be responsible for providing a Strategic and Operational lead within their respective organisations to be drive forward actions.

RESOLVED to (1) approve the Health Board Air Quality Strategy; (2) provide a Strategic lead (Heath and Wellbeing Board member) and Operational lead (Air Quality Working Group member) for each respective organisation to drive forward actions identified within the Strategy and associated action plan; and (3) agree a minimum of annual reporting to the Health and Wellbeing Board of progress against performance measures in the annual action plan and progress against population outcomes.

11/20 DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: PLAN UPDATE Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) had been asked to develop five-year Long Term Plan implementation plans, covering the period to 2023/24, by autumn 2019. This was to form the system's response for implementing the commitments set out in the NHS Long Term Plan and the journey alongside system partners to become ICS by April 2021.

Key considerations in refreshing the plan meant that the plan was outcome driven. The Derbyshire ambition to deliver the Quadruple aim - Improving experience of care (quality & satisfaction), Improving the health of the population, Improving staff experience and resilience, Reducing the per capita cost of healthcare - remained at the forefront. Lessons had been learnt from the 2016 STP Plan.

RESOLVED to (1) review and provide ongoing support of the content and progress being made with the plan; and (2) note that the plan was submitted to regulators within the national deadline of 15 November, with a final window of amendments available with a final submission of 27 December 2019.

DERBYSHIRE HEALTH AND WELLBEING BOARD

1 April 2021

Report of the Director of Public Health

REFRESH OF THE DERBYSHIRE HEALTH AND WELLBEING STRATEGY

1. Purpose of the report

To provide a brief update on the Derbyshire Health and Wellbeing Strategy and proposals to revise and refresh this document to outline the impact of and recovery from COVID-19 and other system changes over the past 12 months.

2. Information and analysis

The Derbyshire 'Our Lives, Our Health' Health and Wellbeing Strategy currently shapes the work and actions of the Health and Wellbeing Board and wider system actions. The strategy was scheduled to be reviewed in 2023. The strategy outlines five priority areas of action for improving health and wellbeing across Derbyshire and focuses on action to address the wider determinants of health. The priorities are:

1. Enable people in Derbyshire to live healthy lives.
2. Work to lower levels of air pollution.
3. Build mental health and wellbeing across the life course.
4. Support our vulnerable populations to live in well-planned and healthy homes.
5. Strengthen opportunities for quality employment and lifelong learning.

A summary of each priority area and the anticipated outcomes is attached as appendix 1.

2.1 Review and Refresh of strategy

A range of factors have come together which suggests that it is appropriate to undertake a review and refresh of the strategy over the next six months with a view that an updated document is in place by Autumn 2021. In summary these are:

a) Impact of COVID-19 on the health and wellbeing of the population, both directly and indirectly, which will result in local priorities having to be reshaped to effectively support recovery and the ongoing impact of COVID-19 in communities across Derbyshire.

b) The launch of the Derbyshire Integrated Care System, which will result in new structures and governance arrangements being introduced which will influence how the health and wellbeing strategy is implemented countywide, at place and via the effective engagement of local Primary Care Networks.
c) Changes to the Public Health landscape, which includes new and emerging structures associated with the creation of the National Institute of Health Protection and disbandment of Public Health England by September 2021.
d) The opportunity to work with Derby City Council to align or join up the approach to health and wellbeing across both the city and council reflecting the shared health footprint in place for the integrated care system and learning from partnership working via Local Resilience Forum structures throughout the past 12 months.
e) Opportunities to incorporate emerging themes in the Health White Paper and other strategic documents that are anticipated from the Government in relation to Public Health and Social Care in the local strategy document.

2.2 Underpinning insight and intelligence to inform refresh

An outcomes-based accountability approach will continue to underpin the Health and Wellbeing Strategy. Adopting this approach will enable partners to understand the impact that the strategy may be having, enable the Board to track high-level indicators for each priority over time and provide assurance that key health and wellbeing challenges in Derbyshire are being addressed. The strategy refresh will also utilise intelligence and insight from the Joint Strategic Needs Assessment (JSNA) evidence base and other performance or outcome frameworks.

In addition, qualitative insight from engagement with the population of Derbyshire will be drawn from across the system to inform the refresh.

2.3 Next steps

The Board is asked to agree that further scoping work takes place to consider the strategic developments highlighted above and engagement takes place with Board member to inform the strategy review.

3. Legal considerations

The Health and Social Care Act (2012) and associated statutory guidance states local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies (JHWS), through the Health and Wellbeing Board. Two or more health and wellbeing boards could choose to work together to produce JSNAs and JHWSs, covering their combined geographical area.

4. Background papers

Statutory Guidance on Joint Strategic Needs Assessments and Health and Wellbeing Strategies
Our Lives Our Health – Derbyshire's Health and Wellbeing Strategy

5. Recommendations

The Health and Wellbeing Board are asked to agree that work should take place over the next six months to revise and refresh the Health and Wellbeing Strategy to consider the impact of and recovery from COVID-19 and reflect other system changes.

Dean Wallace
Director of Public Health
Derbyshire County Council

Appendix 1: Summary of current Health and Wellbeing Strategy Priorities

Enable people in Derbyshire to live healthy lives

Smoking, physical inactivity, poor diets, drinking above recommended alcohol limits and sexual ill health are 5 of the biggest contributors to disease and disability in Derbyshire. Together these factors contribute to a range of conditions including (but not limited to):

- becoming overweight or obese
- tooth decay
- depression
- anxiety
- type 2 diabetes
- respiratory diseases
- certain cancers
- heart disease
- osteoporosis

Over the next 5 years we will support work that enables people to live healthy lives through physical activity, healthy eating, living tobacco free, drinking at safer levels and maintaining good sexual health.

Work to lower levels of air pollution

Air pollution is associated with a number of adverse effects across the life course, contributing towards asthma in children, worsening of respiratory and cardiovascular disease, and cases of lung and other cancers.

The Health and Wellbeing Board will support work that brings together individuals, communities and organisations to improve air quality.

Improvements in air quality cannot be achieved by any one organisation in isolation, and so we must work together to reduce levels of air pollution across Derbyshire.

Build mental health and wellbeing across the life course

One in 4 people have a mental health problem in any given year and half of adult mental health problems start by the age of 14 years. Good mental health and wellbeing begins in early years; between conception and the age of 2 years is a critical period for a child’s brain development and their long-term emotional health. A wide range of factors then influence mental health and wellbeing throughout childhood and adulthood, emphasising the need for a life course approach to mental health and wellbeing.

We will contribute to and champion programmes that support people in Derbyshire to fulfil their mental health and wellbeing potential, through investing in prevention, early intervention and mental health promotion across the life course.

Support our vulnerable populations to live in well-planned and healthy homes

Effective planning and healthy housing is key to preventing ill health and enabling people to live independently into old age. Poor condition housing is known to have significant impact on health and wellbeing, particularly for people who spend a lot of time at home (for example, children and older people).

Housing that is cold, damp, or overcrowded can also impact on people's ability to access and sustain employment.

Some people have no home at all, or unstable housing, and this is detrimental to mental and physical health in a multitude of ways. Communities need to be well planned and linked so that people can live well.

The Health and Wellbeing Board will support work across Derbyshire that seeks to understand what makes a home healthy, and that works with planning and housing stakeholders to ensure a healthy housing stock.

Strengthen opportunities for quality employment and lifelong learning

Education and employment are important for both physical and mental health and wellbeing. Educational qualifications are a determinant of labour market position, which in turn influences income, housing and other material resources. Unemployment is associated with an increased risk of ill health and mortality and employment in low quality jobs can also be detrimental to health and wellbeing.

The Health and Wellbeing Board will support work that enables all local people to access good quality employment opportunities and the training or education required to succeed in those roles.

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healthwatch Derbyshire

Care Home Report: Sharing good practice and suggestions

Authors: Helen Walters, Chloe Cannon and Sharon Mellors
November 2020

Contents

1. Executive summary

Covid-19 has had an adverse impact on everyone, with the care home sector being particularly affected. Care homes have the unenviable task of balancing infection control with resident wellbeing.

This project was initiated as a result of comments received by Healthwatch Derbyshire (HWD) from relatives concerned that the lockdown and subsequent measures introduced around visiting was having a detrimental effect upon the mental and physical wellbeing of their loved ones.

HWD decided to gather information to try to understand how the Covid-19 pandemic has affected the wellbeing of care home residents and their relatives and to examine what measures have been introduced to combat these issues. The pandemic has been a particularly difficult time for residents, their friends and family and care home staff. At the same time, HWD was aware of some amazing examples of care and innovation by care homes. The aim of the project was to allow HWD to identify and share these good practice initiatives and helpful ideas across the care home community in Derbyshire.

Current restrictions would have made it difficult for HWD to gather the experiences of care home residents themselves so the project was designed to gather the views from the perspective of family friends and loved ones of care home residents.

This project was designed and run by a group of HWD volunteers with the guidance of HWD staff members. The volunteers helped to develop, test and later share a survey that could be completed online or by way of an interview. They then later helped to analyse the responses received.

The project was supported by Healthwatch Derby and their volunteering programme in order to ensure we gathered Countywide understanding.

Methods of engagement

Between 26th October and 16th November 2020, an online survey was shared with residents of Derbyshire. The survey asked about how the mental and physical wellbeing of care home residents has been affected during the pandemic and about any steps the homes had taken to address these challenges. The survey also asked about contact between relatives and their loved ones and communication between the relatives and the care homes themselves. Respondents were encouraged to share ideas and best practice.

The survey was shared by HWD with various voluntary organisations, as well as with our own voluntary network. Healthwatch Derby supported our engagement by sharing the survey with their contacts to ensure we captured the feedback of those in the county and the city.

We received 90 responses. Those responses received shared the experiences of spouses, children, extended family and friends of care home residents thus offering a diverse perspective.

Additional internet-based research was conducted by examining the websites and public Facebook pages of local care homes to highlight good practice currently taking place, and share this with both commissioners and providers of services. It is hoped that increased awareness of good practice will lead to greater implementation across the health and social care system.

The findings from this research can be found in Appendix A.

What will we do with this information?

This report will be shared with The Strategic Care Home Group which provides guidance and support for the COVID Care Homes Cell on matters such as infection control, agreeing on local interventions needed and to ensure good quality, safe and effective care home sector in Derbyshire that meets the needs of the local population.

Copies will also be provided to the Directors of Public Health for Derbyshire and Derby City, and to the Association of Directors of Public Health nationally.

The report will also be shared with Healthwatch England and used to inform national policy.

2. Conclusions & recommendations

Key findings

Feedback received identified five key areas; these are detailed in the following sections of the report:

1. **Care home visiting** – to be maintained, by all means possible, to ensure the physical and mental wellbeing of both residents and their loved ones.
2. **Contact between residents and their family and friends** - is essential to maintain personal relationships. Guidance, policies and procedures should be in place to support care homes to ensure this is provided in a personalised way, providing reasonable adjustments where appropriate.
3. **Communication between care homes and their residents family and friends** – is vital in ensuring families are kept informed about current regulations and updated about the welfare of their loved ones. Some care homes have been successful by introducing a wide range of methods to keep families updated whereas others may need help and support to do this. Guidance, policies and procedures should be in place to support care homes to ensure this is provided in a personalised and standardised way.
4. **The wellbeing of care home residents** – is the cornerstone of good quality care. We have shared many examples of how this has been achieved. However, there will be further examples that we are not aware of.
5. **Recognition of the dedication of the care home staff** - care home staff have worked tirelessly, and made many sacrifices, to ensure the safety and happiness of their residents during the pandemic and should be highly commended for this.

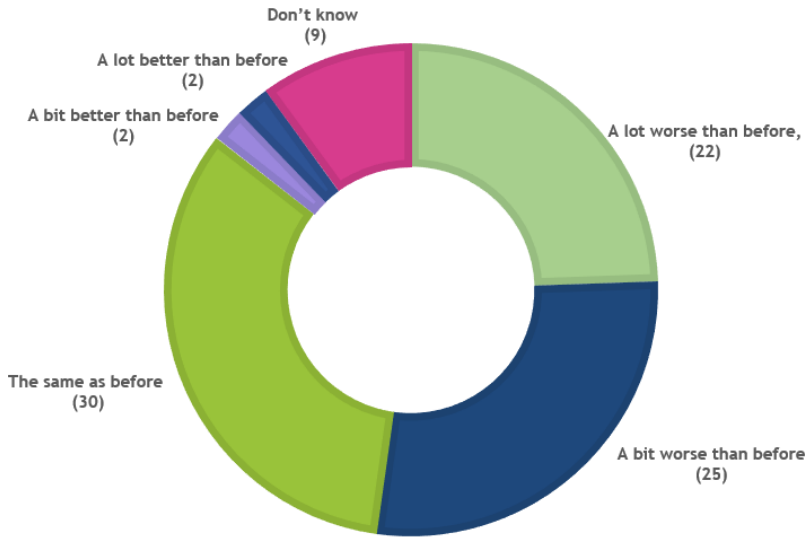
What should happen now?

1. Look at how the good practice examples outlined in the report can be shared across the system.

2. To consider the suggestions for improvements made within the report and make a minimum of ten pledges to help improve the experience of residents and their relatives and friends under the current conditions.

3. Mental wellbeing

We asked participants to tell us how their friend or relative's mental wellbeing had been affected since the Covid-19 pandemic, along with areas of good practice and any suggestions for improvement.



3.1 What we were told

Forty-seven (47) respondents perceived their loved ones' mental wellbeing had got worse during the Covid-19 pandemic.

Twenty-three (23) of these believed this was due to them not being able to have face-to-face visits so were missing contact with their family and friends.

Sample of comments:

- *"My Dad is very down because he hasn't been able to see his family. At times he has been confined to his room because Covid was in the home. His mental wellbeing is being affected. He has no stimulation or company. He thinks the family have just put him in there and left him."*
- *"My Mum is 96 and before Covid she was happy and active with full mental capacity. She was extremely upset when visiting stopped recently and said that all she wanted was to see me. Her mental health has suffered and she is slightly confused and doesn't understand why she can't see me. She says there is no point in living and she is just waiting to die and wishes it would hurry up."*

Many recognised that this was often due to the restrictions and regulations imposed, and was out of control of the care home staff.

Sample of comments:

- *"It has not really been anything to do with the care home itself it has been more the fact that we cannot visit as we used to do due to the pandemic regulations."*

Nine respondents commented that their friend or relative's memory had declined or their dementia had progressed more rapidly during the Covid-19 pandemic.

Sample of comments:

- *"I think the lack of visits and stimulus due to Covid has affected my relative greatly. To the point that they no longer know who I am and is reported that they now cry and are upset for most of the day."*
- *"My mum's dementia has deteriorated during the lockdown and she can't remember why we can't visit as we did, this is upsetting for her."*

However, one respondent noted that their memory decline may have been due to natural deterioration.

Sample of comments:

- *"I don't know if the pandemic has been a cause for the deterioration or whether it is their general deterioration with dementia and Alzheimer's disease."*

Other respondents commented that their loved ones were displaying low mood, a lack of motivation and unhappiness.

Sample of comments:

- "She says there is no point in living and she is just waiting to die and wishes it would hurry up. This is very, very distressing for me, the thought that she is feeling so unhappy and deteriorating fast mentally."

Friends and relatives' mental health

Not being able to visit loved ones has also had a significant impact on the friends and relatives of residents in care homes. In some cases, friends and relatives have never spent much time apart from their loved one, making the restrictions difficult to cope with.

Sample of comments:

- "My mental wellbeing has also worsened since I have not been able to see her. I feel powerless."
- "Unfortunately due to Covid restrictions, we have not been able to go inside the home and have never seen mum's bedroom etc which is very hard to deal with."
- "It is breaking my heart not seeing her. It will be terrible if I cannot visit at Christmas - we have never been apart then."

Improvements in wellbeing

Four respondents perceived that their loved one's mental wellbeing had improved since the pandemic. They described that being able to socialise with other residents in the home and the care received by the staff was an important factor in maintaining mental wellbeing whilst restrictions on visiting are in place.

Sample of comments:

- *"We have heard that my auntie is doing ok. She is very sociable and has lots of friends in the home. I am sure this will be doing her good."*

Two respondents' loved ones had moved to a care home during the pandemic and felt that the home setting had improved their wellbeing.

Sample of comments:

- *"Mum has dementia and moved to the home before Covid hit … she is less anxious, settled, has company and is well-loved by the staff."*
- *"My grandma was living alone before going into hospital in following a fall and subsequently being discharged into CHC EOL* [Continuing Health Care End of Life] *nursing care. In reality, she has seemed happier and more secure now living in a setting that can provide 24-hour support and company so she has improved."*

Thirty respondents reported no perceived change to their loved one's mental wellbeing. Some comments spoke about their relatives with dementia or other memory issues where they were unaware and thus unaffected by the restrictions.

Sample of comments:

- *"My family member suffers from dementia so it's difficult to assess their mental wellbeing but I would say that it is unchanged."*
- *"My mother has dementia so really has no understanding of lockdown or restrictions in place and why."*

3.2 Examples of good practice

Respondents were asked to identify areas of good practice that had been introduced by the care home to improve the mental wellbeing of residents.

Activities

Many respondents referred to various activities having been put in place to stimulate and motivate residents, as well as provide the chance for interaction and social contact with other residents.

Sample of comments:

- "*My mum's home is trying its best to keep peoples spirits up. They put on a full programme of activities and the staff could not work any harder*."
- "The home interact with the residents. They have a programme of daily events to stimulate the residents."

Personalised approach

Some survey respondents highlighted that staff have taken extra time and care to ensure residents feel cared for and to try and reduce loneliness and social isolation. They shared examples of staff taking a more personal approach to improving wellbeing which was appreciated by friends and relatives.

Sample of comments:

- *"I know that the home designated a carer for a number of residents to provide more 'one-to-one' for a period of time each day."*

- *"The home is very good and carers go into her room on a frequent basis as mum prefers to stay in her room."*
- *"She told me that the staff in the care home had been very kind giving her hugs and making her feel special which was a great relief to me."*

Efforts to allow communication with family

To improve mental wellbeing, staff have often recognised the importance of having contact with family members and friends and have tried to maintain contact despite the restrictions. This will be explored further in Section 5 of this report.

Sample of comments:

- *"The nursing home has done everything within the guidelines to allow us to visit mum on a regular basis. The staff are very caring and dedicated and we feel very reassured that she is being well looked after."*
- *"We can WhatsApp at any time, we have completed memory boards and sent in photos and letters to keep our love one up to date on what we doing, which has helped with their mental health."*
- *"Three members of staff moved into the home during the lockdown. They were brilliant and made every effort to keep in touch with family members via phone, FaceTime and email. Can't fault their dedication."*

Other areas of good practice have included

- *"He has access to his long term drama group via a zoom session each week which he loves."*
- *"A mental health counsellor has visited."*
- *"They have daily relaxation sessions."*
- *"They had made an effort with her appearance and had her hair done."*

Finally, five respondents commented that they did not know what the home was doing to improve mental wellbeing, or there was a perception that the home was doing nothing or not doing enough.

Sample of comments:

- "*As a family, we are totally unaware of what the home has implemented to raise his spirits."*
- *"How are the residents being stimulated and encouraged? There's no feedback."*
- *"None introduced as I am aware of."*

Further examples of good practice within care homes can also be found in Appendix A annexed to this report.

3.3 Suggestions for improvement

Respondents were asked if they had any suggestions for improvement.

Face-to-face visits

Many felt that the mental wellbeing of their loved one's would be improved by better methods of contact and, in particular, the introduction of face-to-face visits.

Sample of comments:

- *"The home is excellent and puts on lots of entertainment and films etc., but it does not fill the gap of human love from your family."*
- *"I think it would be very beneficial if homes were given the resources to allow perhaps two nominated relatives to be tested on a regular basis to allow them to be able to go into the homes to see their relatives and be able to hold their hands and hug them etc. We are grateful that we can see our relative but I feel it would improve our relative's overall wellbeing if we could have physical contact again."*
- *"The situation at present is intolerable. There must be a way that relatives can visit their loved ones in the home … they need the loving care and company of their loved ones, at the end of their lives. It is imperative that a solution is found as quickly as possible and I think the suggestion of making relatives key workers would work well. Please help."*

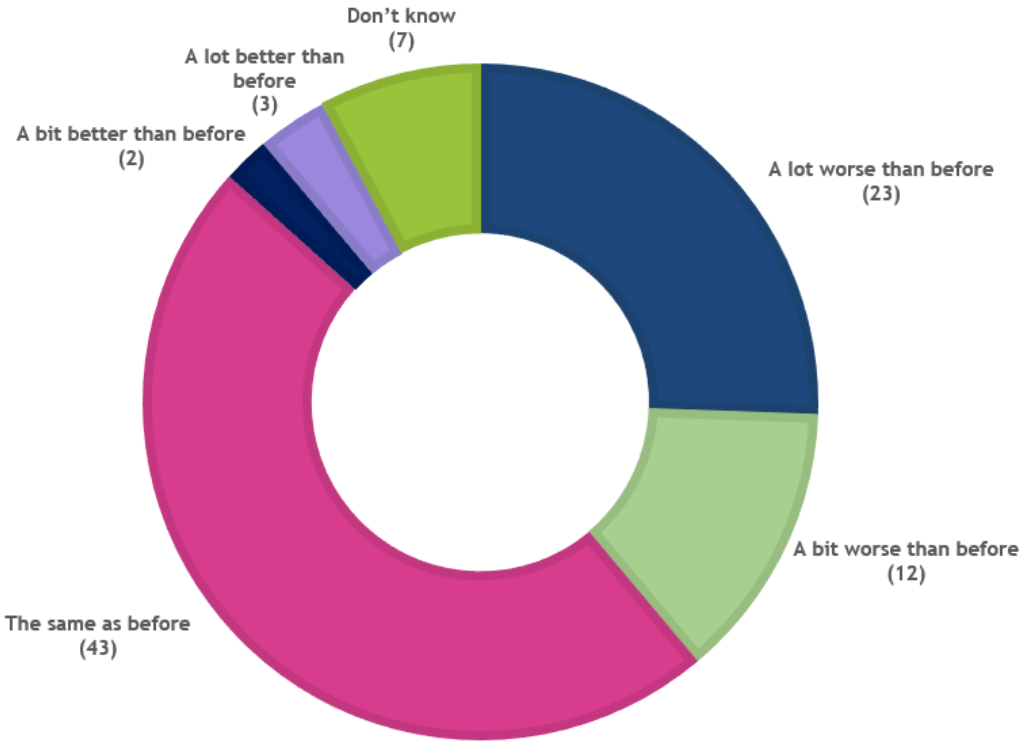
Contact between care home residents and their family and friends is discussed in greater detail within Section 5 of the report.

Other suggestions for improvement included:

- Help to meet residents' religious and spiritual needs where they are unable to go to their place of worship or attend a service or ceremony.
- Ensuring that birthdays, anniversaries and other special occasions are celebrated and that relatives and friends are enabled to join in these celebrations in as many ways as possible.
- "Recording of family members' voices and favourite familiar songs might be a nice idea in this case."

4. Physical wellbeing

We asked participants to describe how their relative's/friend's physical wellbeing had been affected since the Covid-19 pandemic:



4.1 What we were told

Thirty-five (35) Respondents perceived that their loved ones' physical wellbeing had got "a bit worse" or a "lot worse" during the pandemic.

Thirteen (13) respondents commented on a reduction in their loved one's mobility. They felt the reasons for the reduction in mobility was due to residents having less opportunity to participate in physical activity, a loss of motivation and the absence of professional interventions.

Sample of comments:

- *"My mum's physical health has been affected as she can no longer go outdoors and enjoy a little walk. She always enjoyed being outside. I feel she misses being outside and enjoying nature etc."*
- *"Prior to his admission to the care home* [in October 2020]*, he was able to walk unaided. He was presented at the window in a wheelchair and was only able to stand with assistance. The deterioration was pronounced in such a short space of time."*
- *"Physio stopped, the home was asked by the physio to continue the physio exercises with Dad. It is unlikely that happened. Before Covid he had a family member visit and they could do the exercises with him."*

Others commented on their relatives having developed chest infections, an increase in falls, weight loss and having developed bed sores or ulcers.

Sample of comments:

- *"Weight loss and severe deterioration physically."*
- *"Her mobility has come to an end and has to be hoisted and is regularly turned due to sores on her bottom."*

However, it was recognised that this was sometimes due to a general decline in health over time.

Sample of comments:

- "I think the decline is due to illness progression."
- "A little bit worse but not due to Covid."

Improvement in physical health

Five respondents felt that their loved ones' physical health had improved during the pandemic and attributed this to excellent care from staff.

Sample of comments:

- "My grandma was living alone before going into hospital and then discharged into nursing care. In reality, her physical wellbeing has improved now she is living in a setting that can provide 24-hour support. She is no longer considered eligible for EOL pathway at 99!"
- "The staff have worked hard and Mum has regained her appetite and put weight on."

4.2 Examples of good practice

Respondents were asked to identify areas of good practice that had been introduced by the care home to improve the physical wellbeing of residents.

Opportunity for exercise

Nine respondents described how the care home had introduced more opportunities for physical exercise.

Sample of comments:

- *"More gentle exercise routines seemed to have been implemented but I don't know how often this takes place."*
- *"Care home staff work hard to take residents out for walks and do in-house discos etc."*
- *"Dad is still able to walk in the garden and there are activities each day if he chooses to join in."*
- *"Indoor treadmills installed".*

Other good practice initiatives included

- *"He has recently been able to have a Parkinson's nurse to assess and review medication and also she involved the physio within her team."*
- *"Daily temperature checks."*

Finally, five respondents commented that they did not know what the home was doing to improve physical wellbeing.

Sample of comments:

- *"Communication from the care home of what is being done is poor."*

Further examples of good practice within Care homes can also be found in Appendix A annexed to this report.

4.3 Suggestions for improvement

Allowing family members to visit

Some respondents called for a change in the regulations allowing for face-to-face visits. Family and friends play a significant role in the care of their loved ones in care homes. They often provide personal care including help with feeding, assistance with treatments and provide an opportunity for exercise.

Sample of comments:

- "He had a family member visiting pretty much every day and they would do his exercises with him on each visit."
- "Mum's mobility has declined as we can't take her out for a walk. An improvement would be mum being able to go out with me for a walk."

5. Contact between residents and their family and friends

Throughout the Covid-19 pandemic, healthcare services have continued to operate in care homes. However, during the first lockdown, non-essential visits were paused and care homes needed to find other ways for their residents to keep in touch with their families and friends.

It is recognised that the situation has been particularly challenging for care homes in balancing infection control with trying to maintain contact between residents and their loved ones. Issues such as being short-staffed due to sickness or staff self-isolating have often compounded these pressures. This challenge has been recognised by many respondents who understand the difficulties faced due to the restrictions.

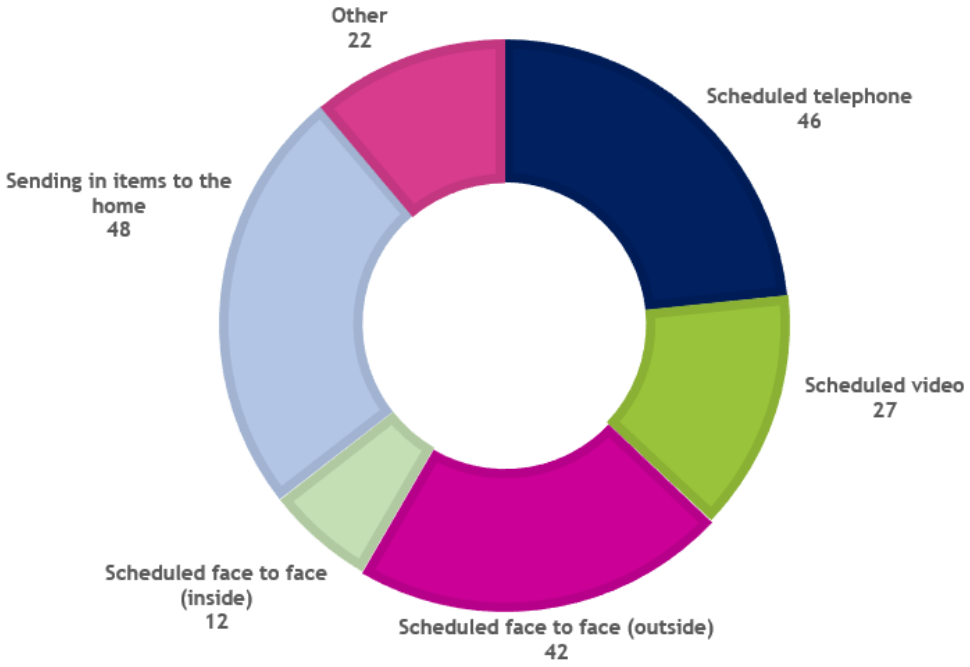
Sample of comments:

- *"I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation."*
- *"I wish I could give her a hug but I understand why not."*

Respondents were asked to comment on the methods of contact they used to stay in touch with their loved ones, offer good practice examples and remark upon how contact could have been improved.

5.1 What we were told

More traditional methods of communication, such as telephone calls and face-to-face visits were cited as the most effective way for residents and relatives to keep in touch during the Covid-19 pandemic. However, one size does not fit all. Communication methods need to be tailored to individual needs for them to work to maximum effect.



Telephone contact

Respondents shared that telephone calls worked well. This appeared to have particularly been the case where the care home resident had access to their own telephone, were able to use this independently and were able to keep this charged and with credit. This allowed relatives and friends the freedom to contact their loved ones as and when they wanted.

Sample of comments:

- "We have given mum her own phone. We can call her whenever we want which is great. Staff need reminding to make sure it is charged. This is not a criticism as I know how busy they are."
- "Phone calls worked well if the family member was able to answer the phone and it was kept charged, topped up etc."

Others found this method of contact to be unsuitable for their relatives due to difficulties holding a telephone or was inappropriate due to hearing loss/speech difficulties. It was recognised that extra support was required from staff members and that additional pressure on their time often impacted on the frequency of quality of the contact.

Sample of comments:

- "… has only had one call. This was more successful but was too short and has not been repeated. We suspect that this is because having Parkinson's, he is unable to hold a phone himself. He would need a staff member to do this for him or he would need a hands-free phone. We suspect staff are too busy to accommodate this."
- "His voice is croaky and difficult to hear on a phone."

Face-to-face contact

Face-to-face contact was viewed by many to be the preferred method of contact and some homes were very accommodating to ensure this form of communication could take place effectively. Others commented that the weather had a big impact on whether outside visits were seen as an effective method of communication or not.

Sample of comments:

- *"Visits in the gazebo in the garden were brilliant."*
- *"During the summer I was able to see her once a week for half an hour outside in a Gazebo, which she found uncomfortable, but on the whole enjoyed."*
- *"The home had tried very hard and made a summer house suitable for visits, but it was cold for mum. Meeting outside was lovely when warm, but not now."*
- *"Visiting outside was ok in the summer but not good when wet and cold. I was hoping a room could have been set aside for indoor visits."*

It should be noted that not every person that responded to the survey was comfortable visiting their relatives inside the care home.

Sample of comments:

- *"I did not feel so comfortable visiting inside (because I didn't want to take any bugs in from outside, not the other way round)."*
- *"Not done an inside visit yet as nervous about doing this at the moment."*

Five of the seven respondents who had window visits described these as having not worked for their relative. Barriers such as hearing loss, visual impairment or residents residing on an upper-level floor, rendered such visits ineffective and inappropriate.

Sample of comments:

- *"The window visits did not work for us as the window opened from the bottom but not very much, there were grass and gravel to negotiate with my wheelchair and my dad can't hear very well and so got distressed."*
- *"Window visits poor because mum finds it hard to hear, also not good for me having to stand out in the rain and cold. This made Mum sad."*

Video calls

The provision of video calling using Skype, Microsoft Teams and Zoom etc. seemed to have been used on varying levels across the county. Twelve respondents who had video contact with their loved one noted that this was generally an effective method of communication but did not always run smoothly and had areas for improvement. Video contact relied on support from staff members who were not always trained to use the technology, or just did not have access to appropriate technology to facilitate. Others commented that the calls had felt rushed.

Sample of comments:

- *"The video session was a good substitute but sometimes a little confusing for those with little internet experience."*
- "The video contact could have been made easier if more staff were trained to facilitate this and more IT equipment had been made available."
- "Video links worked well but could but could be rushed at times."

Sending in items to the home

Respondents told us that being able to send in regular familiar gifts such as letters, cards, photographs, flowers and other gifts, worked well.

Sample of comments:

- "Mum liked getting letters."

5.2 Examples of good practice

Face-to-face contact

Face to face contact was seen by many respondents as the favoured contact method and, when done well, it was the most likely to have received positive comments.

- *"The last visit was in a specially prepared inside room and that was really well done."*
- *"The appointment style visits were good in the fact you regulate the amount of people within the building at any one time."*
- *"Staff write in a daily diary which is shared with us during our weekly gazebo visits."*

Video calls

- "We had one family Skype call when it was my Auntie's birthday and watched her with the cake we sent in and sang "happy birthday."

5.3 Suggestions for improvement

Person-centred approach

Respondents suggested that the home should look at the needs and circumstances of each resident individually and contact should be personalised to them and their loved ones.

Sample of comments:

- *"The home should take a proactive approach, find a secure method of sending photos and updates and encourage two-way communication We have never been offered the option of a video call or letter writing. It seems the staff just don't have the time to facilitate this, particularly when the resident has profound hearing and sight loss."*
- *"There should have been an assessment of what contact was needed to keep them in contact."*

- *"It would be good to be included without being a burden (or feeling we will be a burden). The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people. It would be good if the home could say it is ok for the wider family to be kept in touch and call. Large families suffer more especially when as close as ours."*
- *"Arrangements not geared up for big families. We feel her children come first with visits and Skype calls."*

Face-to-face visits

Thirty-four respondents suggested that improvements could be made by the introduction of visits that allow for more face-to-face contact with family and loved ones and some said they would be willing to comply with any regulations put in place to make these Covid friendly.

Such visits were seen as being the only option for those nursed in bed or with disabilities which made other methods of contact unsuitable. This method of communication was seen to be the one that would have the greatest positive impact on residents and families wellbeing.

Sample of comments:

- *"Relatives need to be allowed to visit their relatives inside. This is more important now as winter approaches as it can be very difficult to have a meaningful visit when you are stood outside in the cold and rain."*
- *"I would love to be able to go and see her in her room. I am happy to put on full PPE and follow all rules. I would like to be regarded as a Key Worker and look after my mum again."*
- *"The situation at present is intolerable. There must be a way that relatives can visit their loved ones in the home. These people are like prisoners and they have done nothing wrong. They need the loving care and company of their loved ones, at the end of their lives. It is imperative that a solution is found as quickly as possible and I think the suggestion of making relatives key workers would work well. Please help."*
- *"We should have been allowed to visit in our Bubble not just the same person in the family. That was not good for the rest of the family's mental health."*

Respondents also commented that a lack of visitors to homes could have safeguarding implications.

Sample of comments:

- *"… concerned about a lack of monitoring from external services."*

At the time of writing, a pilot to provide Covid-19 tests to designated family and friends of those in care homes has been launched. It is hoped that the measures implemented within the pilot will be rolled out to facilitate indoor visits and physical contact between residents and their loved ones.

Video calls/technology

Better use of technology was a key theme, with many suggesting there should be more opportunities for video calling, supported by staff where needed. Some respondents

commented that video contact could have been made easier if staff were trained to facilitate this or it was facilitated by an expert.

Media platforms such as Facebook and WhatsApp were suggested as a way to help residents communicate with their family and friends.

Sample of comments:

- *"Make use of technology to have video calls."*
- *"Personal tablets to facilitate Facetime in residents' room. Encouraging and supporting residents to contact friends and relatives themselves."*
- *"Introduce Zoom sessions which are aided by an external expert and not a nursing staff member."*
- *"The video contact could have been made easier if more staff were trained to facilitate this."*
- *"If they have more assistance we could communicate through messenger services like Facebook messenger and more."*
- *"On several occasions, the manager has talked about setting up WhatsApp calls with the home's tablet but this has never materialized."*

Special occasions

One person commented that more could have been done to promote contact during their relative's birthday.

Sample of comment:

- *"We took flowers and gifts up for Grandma's 99th and they didn't make any contact with us or help Grandma to speak to us on the day."*

Location, scheduling and duration of contact

The following were suggested as ways of improving the organisation of contact.

Sample of comments:

- *"They could have a dedicated quiet room for calls."*
- *"I found a pre-booked slot worked well."*
- *"The 30-minute appointment to be together in the summer house was excellent but almost too short, especially for relations I met at the home who had come from London and Devon."*
- *"There should be allocated days and time slots that staff adhere to as my elderly in-laws sit by the I-pad at home waiting for his call, and are frequently let down and disappointed."*

Privacy

Although visits are required to be supervised to ensure social distancing is observed, friends and relatives told us they often found this hindered their experience.

Sample of comments:

- *"Found the visits intrusive due to staff sitting in."*

- *"Staff supervised the outside visits which I felt were unnecessary and felt they stopped our privacy. Told it was to stop physical contact but wish we had been trusted to do what was best."*
- *"When occasional Skype contact has been arranged, staff have stayed hovering whilst mum and I chatted which was disconcerting."*

However, one respondent felt that when staff had let their relative have an unsupervised video call to maintain privacy, this lead to communication difficulties being left unresolved.

Sample of comments:

- *"FaceTime has been 50% effective, but line often cuts out, staff don't supervise for privacy, so can't resolve IT issues."*

No improvements required

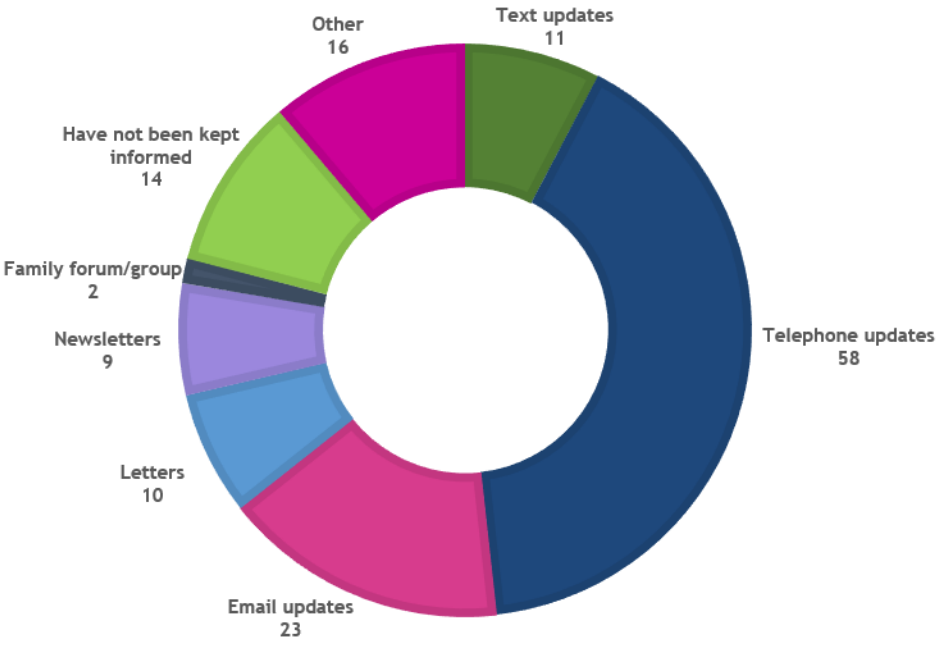
We received six comments from people praising the good practice of care homes in maintaining contact between them and their loved ones and suggesting that no further improvements were required or could be achieved.

Sample of comments:

- *"Not sure there is any way they can improve communications."*
- *"I cannot think of any at the moment under the present restrictions."*
- *"I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation."*

6. Communication with care home

Respondents were asked how the care home contacted them to keep them informed about their relative/friend and any changes made due to the pandemic.



6.1 What we were told

Respondents generally commented positively when the care home kept them regularly informed of their relative's condition.

Telephone calls offered the most popular method of communicating with relatives with 58 respondents having used this method. Calls were particularly noted as working well by 11 respondents.

Sample of comments:

- *"Telephone calls by the staff have been very helpful."*
- *"The phone calls were the best way of communicating."*

Not being informed

Fourteen (14) respondents stated that they had not been informed about the status and wellbeing of their relative/friend or changes made due to the pandemic.

Some respondents stated that communication had only taken place when they had contacted the home themselves. Other respondents also described how they had needed to 'chase' the home for an update.

Sample of comments:

- "No communication. Only to say visits needed to stop in March."
- "It would be helpful if there was a routine way of the home contacting relatives and updating them on any new procedures required and on any changes in the health of the loved one."
- "Any communication would have been welcomed. Even telephone contact from staff to update on progress or to let us know what was required would have been very helpful but was very difficult to achieve. Staff seemed too busy and did not seem to realise what it felt like to be not involved in providing care when we had been very involved previously."
- "My cousin's wife has only received two calls in the four weeks he has been in the home. One was to arrange the window visit and the other because she called the home and asked how he was. She has no idea how he is, how he is coping, does he have friends, what he does all day?"

6.2 Examples of good practice

Respondents commented on the communication methods that they had found particularly useful:

Sample of comments:

- "Newsletters were good to show what they had been doing, it's good to see pictures."
- "Facebook photos/video clips of mum doing activities."
- "My mother-in-law is in a residential home. They have fantastic daily updates on Facebook."
- "Their email response to my emails voicing any concerns has been rapid and thorough."

6.3 Suggestions for improvement

Introduction of other methods of contact

Respondents suggested the introduction of alternative methods that the care home could introduce to keep them informed. The use of Facebook or newsletters were a key suggestion along with, resident/family forums.

One respondent had already been a member of a resident/family forum which had previously provided a platform for the discussion of any issues. This had been stopped during the first lockdown. Others commented that they would like one to be established or resurrected.

Sample of comments:

- "The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people."
- "Photos/brief video recording sent from the phone of a daily activity."
- "More use of social media. A Facebook page would enable us to feel more involved in my mum's life."
- "WhatsApp would be a useful tool as a family."
- "Relatives' forums to talk about how visits can happen indoors."

Regular personalised communication

The most popular way to receive updates from the care home was by telephone. However, there were several comments about the sporadic nature and consistency of these calls.

Nine respondents expressed a wish for more frequent communication and updates from the home. Other respondents expressed frustration when the frequency of communication from the care home did not meet with their expectations.

Others told us that they would have liked to be kept up-to-date about the health of their loved one and that any changes to their care were communicated.

One respondent suggested that when her relative moved to the care home during the pandemic, it would have been useful for the home to have developed a plan of how best they were going to update her.

Sample of comments:

- "I would have liked more regular updates, if only to say, all is ok."
- "Some form of weekly update from the home would really help. More regular Facebook posts."
- "There were odd examples of staff making the effort to ring us to update us with information, these made all the difference but were few and far between."
- "The family hardly ever receive updates on his wellbeing and feel let down by the care provided."
- "If a person is poorly, or has some change, then a routine phone call would be nice, to let us know."

Communication from a designated care worker

Some respondents suggested that they could receive regular updates from a nominated member of staff who knew their relatives well.

Sample of comments:

- *"If the care home designated a specific staff member for us to contact and gave us a direct number to reach them."*
- *"There should be continuity with a worker perhaps key worker. Staff don't always know what's been going on or provide updates."*
- *"Weekly update from a designated care worker."*

Some respondents recognised the challenges faced by care home staff to maintain their caring duties but expressed their frustration with a lack of communication.

One respondent suggested additional staff to support communication and offer telephone support, whilst another suggested volunteers to be recruited to support communication with relatives.

Sample of comments:

- "When you ring the home the phone often rings out. I know it can be busy but this is so frequent."
- "Could staff have more help to help with contact i.e. from volunteers?"

Extended families

Members of extended families told us that they were often not receiving updates. Two respondents commented that the care home had asked for one point of contact. One respondent spoke about being unsure whether extended family members could contact the care home to seek updates about their relatives and suggested an improvement would be for this to be made clearer.

Sample of comments:

- *"Tell larger families what can and cannot be done about having contact. What is ok for us to do without being a burden."*
- *"The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people."*

7. Other

Despite the challenges faced by care home staff and by families/friends, many comments highlight the hard work and dedication of care home staff.

Sample of comments:

- *"Thank you to staff for trying to show love and care to my mum during the lockdown."*
- *"Many staff have stayed overnight, and not gone home to avoid carrying infection to the residents. We thank them and their families so much for this."*
- *"The big debt we owe to all carers needs to be acknowledged."*
- *"People are working hard during this time and under difficult circumstances. I appreciate she is receiving the care she needs."*

- *"The staff did very well in difficult and unusual circumstances."*
- *"It has been difficult for everyone, and everyone has been doing the best they can under very difficult circumstances."*
- *"I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation."*

8. Thank you

HWD would like to thank all participants who gave their time to complete the survey and to share their views.

We would like to thank Healthwatch Derby for their support and assistance with this project. We would also like to thank the many groups and services who supported and cooperated with this engagement activity as well as sharing the survey with their contacts.

We would like to thank Dr Fiona Marshall, Research Fellow - NIHR ARC and Dr Kathryn Hinsliff-Smith PhD, MA, PGCE, BA (Hons), Associate Professor Research/Reader, De Montfort for all their assistance and contribution with the planning and research for this project.

Finally, we would like to extend our huge thanks to the volunteers at both HWD and Healthwatch Derby for their hard work and dedication in helping with the research, design and running of this project.

9. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all relatives and friends with loved ones in care homes but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific and time-limited period and, therefore, provides a snapshot of the experience of relatives collected then. This being said, these are the genuine thoughts, feelings and issues participants have conveyed to HWD. The data should be used in conjunction with, and to complement, other sources of data that are available.

10. About us

HWD is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

HWD was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and

will ensure that this evidence is used to influence those who plan and run services at a national level.

11. Appendix

Appendix A: Research identifying examples of good practice within care homes

Introduction

During early November 2020, volunteers of Healthwatch Derby and Healthwatch Derbyshire (HWD) and HWD staff members, undertook internet-based research to identify examples of good practice taking place in care homes in Derbyshire and countrywide.

The research included examining the websites and public Facebook pages of local care homes to highlight good practice currently taking place and share this with both commissioners and providers of services. It is hoped that increased awareness of good practice will lead to greater implementation across the health and social care system.

We looked at approximately 108 care homes across the county. However, not every Derbyshire care home has been researched and not every home has a web presence (such as a website or a public Facebook page) which could be reviewed. As such, this seeks only to offer an overview of the available information with every effort having been made to provide an accurate reflection of those sites reviewed.

We examined recommendations for best practice within care homes as suggested by Social Care Institute for Excellence (SCIE) and within the report - *Meeting the Needs of People living in Care Homes during the Covid-19 Pandemic* – UK perspective (as referenced below). We have offered examples of such practice as identified by our research.

Good practice: Recommendations for mental and physical wellbeing

Making food and meals special both as an activity and to support those not eating well (SCIE)

Examples identified in care homes in Derbyshire:

- One care home group held Mad Hatter's tea parties at all of their care homes. These included food marked "eat me" and 'potions' labelled "drink me". Residents decorated the homes with homemade decorations many made from decks of playing cards
- One home held a "Bake Off" competition and residents made sandwiches on World Sandwich day
- Many homes held summer BBQ events often with provided entertainment. One held a summer beach event where residents drank cocktails and had a visit from an ice-cream van. They also had a sandpit and paddling pool
- Staff and residents at one home reminisced about their school days. They ate sausages and mash with cornflake tart for dessert as well as playing games, doing a science experiment (lava lamps) and having milk and biscuits for a snack. They also celebrated international beer day on 7 August. Residents enjoyed a shandy and steak pie and chips. They also played cards, dominoes and sang together
- Residents at one home researched had been growing their own produce and using these as ingredients within their meals.

Examples from across the country:

- One care home reported that one of their residents was not eating well in isolation. At lunchtime, staff took her outside and served her meal, and made a pre-planned Zoom call to her daughter so they could have their lunch 'together'. It gave her a sense of eating with her family and as a result, she ate better. This more social lunchtime experience was repeated as frequently as possible, particularly with this woman and her daughter (SCIE, 2020).

Keeping people connected with the community, highlighting that communities and local authorities have an important role to play in supporting care homes (SCIE)

Examples from care homes in Derbyshire:

- Residents in two homes had painted stones which formed part of a larger community based painted rock project promoting community cohesion and kindness
- To combat social isolation, the staff at one home encouraged members of the public to become a pen pal with a care home resident. They had 400 requests from the public and residents wanting to participate
- One home was noted to have close links with their local Royal British Legion who had been bringing gifts to the home during the pandemic. These included cakes, toiletries and homemade cushions
- After seeing an article on the news, care home staff decided to ask residents a question, "If you could pass on one pearl of wisdom to the younger generation, what would it be?" The residents' responses were shared on Facebook
- In one area, a local chaplain would usually undertake services at the homes with some residents attending local church services. During the pandemic, every effort has been made to meet those residents' spiritual needs. Services have been replaced by reflections/prayer sheets which are distributed within the care homes. The chaplain has also shared their contact details and is available to those who want to pray or speak privately
- A local primary school sent in Easter cards and letters to the staff and residents at their local home
- One local home received a donation of tablets for contact purposes after an appeal was made by local businesses and individuals
- A Scout leader had taken a local care home donation of plants and messages from the scout group. The home had also received a donation of free takeaway pizzas from their local branch of Domino's Pizza
- One school in Amber Valley designed and produced face visors for staff working at five care homes across Derbyshire.

Being active or occupied, to engage in meaningful occupation to prevent boredom and give purpose (Research Gate, 2020)

Examples from care homes in Derbyshire:

- Many homes celebrated events such as Remembrance Day, Halloween, VE Day and lesser known-events such as National Food Day. At one home, World Animal Day was celebrated with a rabbit visiting for the residents to pet
- One home had a resident musician, who regularly played with the activities coordinator who is an ex-cruise ship singer, put on shows for residents
- Napkin folding had been done as an activity at one establishment, aimed at building coordination skills, hand control and hand strength as well as keeping the brain active
- One home had been incubating duck eggs and watching them hatch and grow

- Our research showed care home residents had played Hungry Hippos on a large scale using balls and scoops fashioned from brooms
- At one home, residents usually attended the local well dressing festival. After this was cancelled, they held their own well dressing festival
- One nursing home had held yoga sessions and had an Elvis impersonator and other vocalists visiting and performing
- Staff at a local care home created a Positivi-Tree. Staff and residents wrote down what they were looking forward to when lockdown was over and hung it on the tree. This aimed to boost the mood among residents.

Examples from across the country:

- Care homes in Durham and Darlington were encouraged to use soft toys and weighted dolls. These provided opportunities for touch, cuddling and squeezing. Residents were also encouraged to use weighted blankets and photo-cushions with pictures of family members to hug (Redcar and Cleveland, 2020).

Activities connecting residents in care homes with families/friends (SCIE)

Examples from care homes in Derbyshire:

- One care home group would usually have multi- home events and activities. Due to being cancelled, the residents at one home sent cards and messages to residents at another to maintain their friendships
- *"The one thing we have started is we've got a big minibus, so we've got a few people who drive it and they are ringing relatives up and we're doing like a drive-by wave or we'll stop and they can talk through the window with them and things like that. Just to get the residents out of the home but they're only on a bus" (*Marshall, F; Gordon, A; Gladman, J; Bishop, S, unpublished).

Good practice for Christmas/special occasions/significant life events

Examples from care homes in Derbyshire:

- One home is putting on a pantomime for residents
- There was lots of evidence on Facebook pages where birthdays had been celebrated, candles blown out on a cake and photographs shared. One home advertised seeking 100 cards for a resident celebrating her 100th birthday. This resulted in a huge community response and more than 100 cards being received. This has since been repeated by the group for other resident's birthdays
- At one local care home, residents/staff are doing a pantomime which will be live-streamed and be able to be accessed by relatives and loved ones.

Suggestion of good practice to be introduced in care homes (HWD volunteer):

- Facilitate video/zoom calls with family and friends to share a meal/drink/present opening/christening together.

Good practice: Contact between residents and relatives (SCIE)

Examples from care homes in Derbyshire:

➢ **Secure visiting pods/areas**

- Two homes researched were shown to have a purpose-built visiting area within the home using a glass screen to separate the residents from relatives so visiting can occur in a Covid-safe way. The use of Bluetooth headphones was being provided by one home to ease communication.

➢ **Outdoor/garden visits**

- At one care home, a resident had his 102nd birthday during the pandemic. He was surprised by his old neighbours visiting him outside the home to wish him a happy birthday. His visitors clapped, in a socially distanced way, on the pavement outside the care home
- Many homes in Derbyshire have held visitation where the visitor can see their loved ones in the garden or external areas of the care home.

➢ **Virtual visits using video calling technology**

- One care home resident attended his grandson's wedding via Zoom. He was able to dress up and toast the happy couple.

➢ **Use of Facebook as a communication tool**

Albeit, not specifically mentioned by SCIE, HWD identified examples of how Facebook had been used as a useful communication tool:

- One home held a celebration day whereby residents received awards. Residents displayed messages which were shared on Facebook. Relatives and friends were able to comment on the Facebook post. These comments could then have also been shared with the residents by the home
- One care home was offering bookable appointments upon their Facebook page.
- Residents at one care home produced a tik-tok video for relatives and friends which was shared on Facebook. This resulted in lots of positive comments in reply
- The Facebook page of a local care home showed residents displaying the gifts they had received from family members. They also posted a video on Facebook with residents signing "We'll meet again" as a message to their family and friends.

➢ **Other methods of contact**

- One home was shown to encourage family members to send in pictures, videos and messages.

Examples from across the country:

- Care homes in Durham and Darlington encouraged family members to send video/audio recordings to them digitally. Care homes were also encouraged to purchase talking-photo albums that recorded family messages alongside each photograph (Research Gate 2020)
- A large national care home group trained staff to help with technology platforms (FaceTime, Skype, and their RelsApp) to ensure contact could be maintained with families. This approach also increased residents' sense of belonging. It was really important that the staff got to know the technology well because it was frustrating when good connectivity could not be made (Research Gate 2020)

- Care homes in Lothian asked family or friends to write a short message on a postcard, letter or picture. The messages were shared between residents more than once and provided comfort on several occasions. If a resident was feeling low or distressed, staff would direct a resident to a meaningful postcard or letter
- These messages could be sent by post, emailed for staff to print, or scanned if the original copies were precious (Research Gate 2020).

Good Practice: Contact between care homes and relatives

Examples from care homes in Derbyshire:

The use of Facebook has been identified as a useful communication tool that updates the residents' family about the activities taking place within the care home and share news and guidance. The use of Facebook has shown to be effective in involving the resident's wider extended family.

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Derbyshire Health and Wellbeing Board - Terms of Reference

Core strategic functions of the Derbyshire HWB

Provide strategic leadership and direction for the health and wellbeing agenda in Derbyshire by:

- Determining and outlining priorities for improving the health and wellbeing of the population of Derbyshire, with a particular focus on tackling health inequalities and preventing ill-health through consideration of issues linked to the wider determinants of health.
- Holding organisations and partners to account for delivering against the priorities outlined in the Health and Wellbeing Strategy.
- Working as part of the wider system to address strategic challenges for health and care, with a particular focus where appropriate of working collaboratively with Derby City Health and Wellbeing Board in relation to identified joint priorities.
- Exploring opportunities to improve health and wellbeing in Derbyshire, building on the shared assets and leveraging additional investment where possible from the public, voluntary and private sectors.
- Championing prevention and population health as important strategic issues and influencing organisations and partnerships to reflect this in their work.

The strategic function will be supported by the following actions:

Identify and develop a shared understanding of the needs and priorities for population health and wellbeing in Derbyshire through the development of a Joint Strategic Needs Assessment (JSNA) and utilising other locally available evidence regarding the health needs of the population. The Board will:

- Ensure the Derbyshire JSNA is reviewed, refreshed and further developed to reflect the latest qualitative and quantitative evidence.
- Ensure the JSNA drives the development of a Health and Wellbeing Strategy (HWBS) which is outcomes focused.
- Prepare, publish and oversee the HWBS to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measured way.
- Ensure the HWBS priorities shape and influence decision making and commissioning activity and where appropriate the HWB hold organisations or partnership groups to account to ensure the effective delivery of the priorities outlined.
- Ensure that where appropriate system wide delivery plans are in place to support the HWBS strategic priorities and outcomes.
- Challenge performance against the outcomes outlined in the HWBS via the HWB dashboard indicators which make links to performance frameworks for the NHS, public health and local authorities.
- Develop mechanisms to measure, monitor and report improvements in health and wellbeing outcomes for Derbyshire.

Ensure there are effective and appropriate mechanisms to communicate, engage and involve local people and stakeholders in Derbyshire in relation to health and wellbeing. The Board will:

- Champion public engagement involvement and co-production in strategies and documents that impact on population health.
- Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders in decision-making.
- Represent Derbyshire in relation to health and wellbeing issues at a regional and national level where appropriate.
- Work closely with the Derbyshire Healthwatch to ensure that appropriate engagement and involvement with patients and service users.

Membership

The HWB will involve NHS Provider organisations and have a CCG vice chair in line with national best practice guidance. The Cabinet member for Health and Communities, Derbyshire County Council will Chair the Board and Vice Chairs are indicated in the membership list below should the Chair be unable to attend a meeting.

The full HWB membership will comprise:

- Cabinet Member for Health and Communities (Chair) (Statutory)
- Accountable Officer for Derbyshire Clinical Commissioning Groups (Statutory) (Vice chair)
- One CCG Governing Body Chair representative on behalf of all Derbyshire Clinical Commissioning Groups (Statutory)
- Strategic Director Adult Care, Derbyshire County Council (Statutory)
- Strategic Director Children's Services, Derbyshire County Council (Statutory)
- Director of Public Health, Derbyshire County Council (Statutory)
- One representative from Healthwatch Derbyshire (Statutory)
- Cabinet Member for Adult Care
- Cabinet Member for Young People
- Chair of 3D to represent the voluntary sector
- One officer rep from Provider Alliance Group to represent officers from Derbyshire NHS Providers
- Chair of Clinical Professional Reference Group to provide clinical view from NHS Providers
- The Chair of Tameside and Glossop Single Commission
- Two District Council elected members on behalf of all district councils in Derbyshire
- A District Council Chief Executive to champion wellbeing on behalf of all district councils in Derbyshire
- A District Council Chief Executive to champion housing on behalf of all district councils in Derbyshire
- Police and Crime Commissioner for Derbyshire
- One senior officer representative from Derbyshire Constabulary
- One senior officer representative from Derbyshire Fire and Rescue Service
- One senior officer from East Midlands Ambulance Service NHS Trust
- STP Senior Responsible Officer (if not already represented on the Board)

The Board can co-opt additional members as it considers appropriate in relation to HWBS priorities.

Both NHS England and Public Health England can attend the Board meetings as required, but in relation to a specific issues or area of interest.

Specific officers may be asked to attend one or a series of HWB meetings to provide detailed insight and input to particular topics or issues, such as one of the HWB priorities.

Governance

Agenda Planning
The Chair and Vice Chairs in conjunction with the Strategic Director Adult Care at Derbyshire County Council will set the agenda for future Health and Wellbeing Boards. All Board members will be asked to put forward reports for consideration prior to agendas being finalised.

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

Delivery of pieces of work
Work will be delivered by established system groups and HWB will direct and commission specific pieces of work via Board members who will need to action, co-ordinate and feedback to the Board within agreed timescales.

Task and Finish Groups
Task and Finish Groups will be established by exception to take forward key pieces of work for the HWB. They will be chaired by HWB members and include representatives from HWB partners and wider stakeholders.

Relationship with other Boards
The governance diagram at the end of this document sets out the relationship between the HWB and other key Boards and programmes of work in Derbyshire.

A separate protocol will be developed setting out the relationship between the HWB and STP to ensure that the HWB can provide appropriate challenge to the STP Board and associated delivery groups.

Meetings of the Board

Frequency
The HWB will meet on quarterly basis.

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

Meetings will normally take place at County Hall, Matlock unless the Health and Wellbeing Board is required to visit another venue or participate in a joint session with Derby City Health and Wellbeing Board.

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

Voting
At this stage of its development the HWB will operate on a consensus basis.

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

Quorum
A quorum of five will apply for meetings of the HWB including at least one representative from the County Council and one representative of the CCGs.

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

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

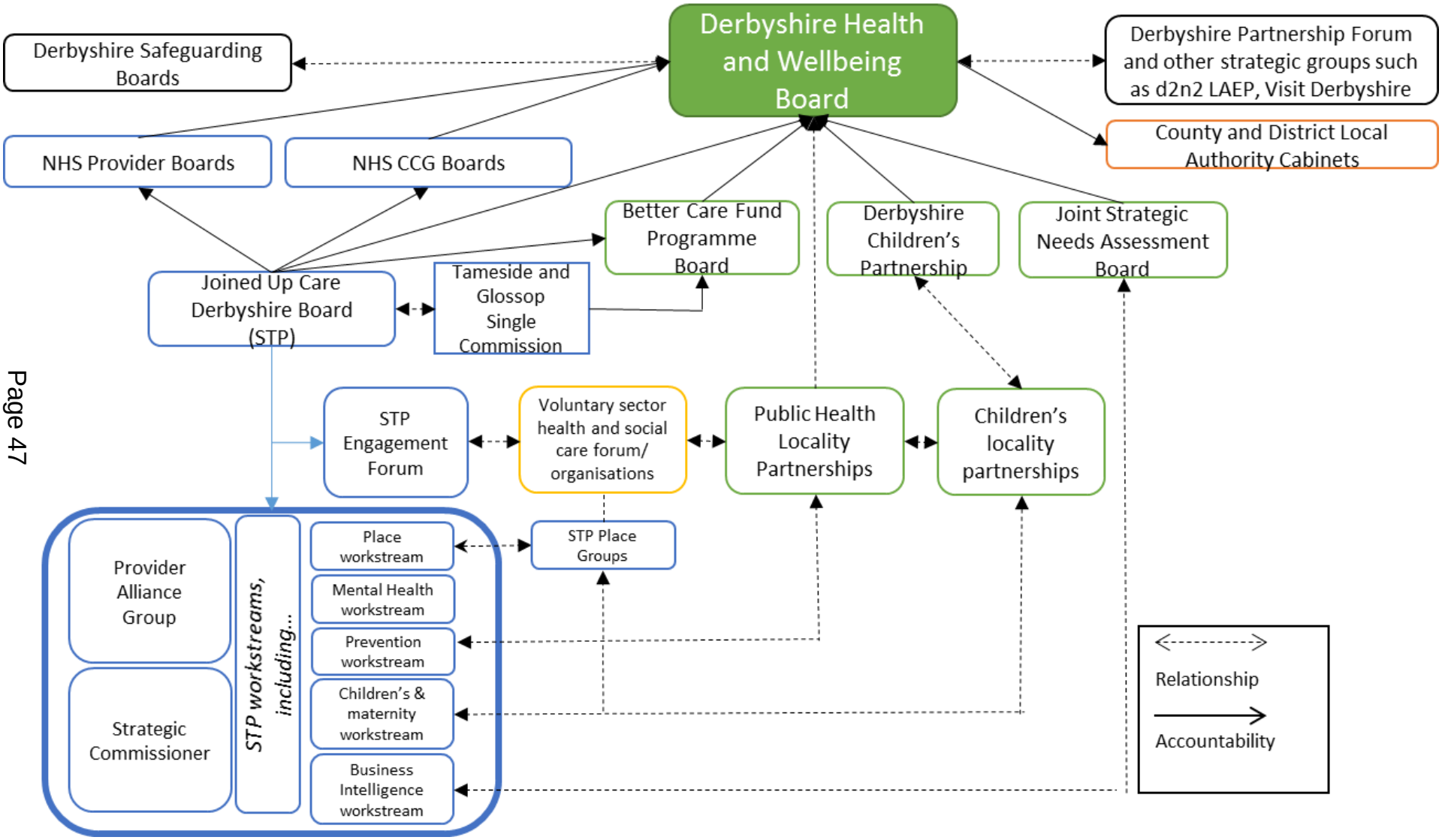
Board papers
The agenda and supporting papers shall be circulated at least five clear working days in advance meetings and published on the County Council website.

Minutes will be published on the County Council web site.

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

Review
These terms of reference will be reviewed annually or earlier if required.

HWB governance structure



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PUBLIC

HEALTH AND WELLBEING BOARD

01 APRIL 2021

Report of the Executive Director Adult Social Care and Health

DERBYSHIRE BETTER CARE FUND 2020-21 PLAN

1. Purpose of the Report

1. To provide a summary of the 2020-21 Better Care Fund Planning Requirements; and
2. To present the 2020-21 Better Care Fund Plan for Derbyshire to the Derbyshire Health and Wellbeing Board;

2. Information and Analysis

On 3rd of December 2020 the Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England published the Better Care Fund (BCF) planning guidance for 2020-21. The details of allocations of funding for the BCF 2020-21 were made available in February 2020 as per the guidance the planning template was not submitted nationally but agreed locally to ensure the national conditions were met.

Planning requirements

The BCF planning requirements for 2020-21 have moved towards a light touch approach due the pressures within Central and Local Government and the NHS as a result of Covid.

A national review of the BCF is due to be undertaken, and therefore any substantial changes to the overall policy and subsequent planning requirements will not be made until this has been completed – likely during 2021, with changes to take effect 2021-2024, however this may be further delayed.

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

i. Plans covering all mandatory funding contributions to be agreed by Health and Wellbeing Board areas and minimum contributions for Clinical commissioning Group (CCG) minimum and Improved Better Care Fund (iBCF) pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006)

ii. The contribution to social care from the CCG via the BCF be agreed, and meet or exceed the minimum expectation
iii. Spend on CCG commissioned Out-of-Hospital (OOH) services to meet or exceed the minimum ring fence.

iv. CCGs and local authorities to confirm compliance with the above conditions to their Health and Wellbeing Boards.

Confirmation of funding contribution

NHS England has published individual Health and Wellbeing Board (HWB) level allocations of the BCF for 2020-21. This includes an uplift in contributions in line with CCG revenue growth. The minimum contributions required for Derbyshire from partners for 2020- 21 are:

CCG	Minimum Contribution 2020-21
NHS Tameside and Glossop CCG	£2,500,976
NHS Derby and Derbyshire CCG	£57,255,167
Total Minimum Contribution	***£59,756,143***

The iBCF funding made available to Derbyshire during 2020-21 is provided below, along with the Winter Pressures grant for 2020-21 which is now part of the BCF Pooled Budget.

Funding Source	2020-21
iBCF	£31,054,728
Winter Pressures Grant	£3,627,306
Total iBCF Funding available	***£34,682,034***

Disabled Facilities Grant

Following the approach taken in previous years, the Disabled Facilities Grant (DFG) will again be allocated through the BCF. The funding made available for the District & Borough Councils in Derbyshire is £7,898,005 which includes additional allocations announced in January 2021

Former Carers' Break Funding Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes (e.g. reducing delayed transfers of care). In Derbyshire £2,153,612 has been allocated for services to support Carers in 2020-21.

In summary the Derbyshire BCF Pooled Budget for 2020-21 is:

Source of funding	2020-21
CCG Minimum	£59,756,143
LA Additional (Community Equipment)	£1,646,760
iBCF	£31,054,728
Winter Pressures Grant	£3,627,306
DFG	£7,898,005
TOTAL	***£103,982,942***

National metrics

The national metrics used to monitor the BCF are detailed below: the planning requirement guidance has not detailed any targets for the 4 metrics for 20/21 as the emphasis has been on hospital discharges and implementing and supporting the Covid agenda across the Health and Social care system.

- Non-elective admissions (General and Acute);
- Admissions to residential and care homes;
- Effectiveness of reablement;
- Delayed transfers of care.

Local plan development, sign off and assurance

2020-21plan has been agreed locally at the BCF Programme Board as per the guidance. The guidance has excluded any requirement to complete a narrative plan for 2021.

The Derbyshire BCF 2020-21 Plan

The Derbyshire 2020-20 BCF Plan is, in effect, a continuation of the 2019-20 plan. The overarching vision and aims of the plan remain the same as established in 2015-16.

There is a continued focus on community services being funded through the plan to reflect the work of the Joined Up Care Derbyshire Place workstream. This includes services such as Community Nursing, Therapy, Matrons, Evening Nursing, Clinical Navigation, Intermediate Care Teams (North), Social Care support packages, Reablement, Hospital Social Work Teams etc.

Some preventative services have also been included to promote self-management and to reduce the demand on secondary health and care services. These include: Carers services, Community Equipment service, Disabled Facilities Grants and Local Area Coordinators.

The Plan has been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan was approved by the Joint BCF Programme Board, a delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB), at its meeting on January 18th 2021, the section 75 was updated in March 2021

3. Officer's Recommendations

The Derbyshire Health and Wellbeing Board is asked to receive the report and:

1. Note the summary of the 2020-21 Better Care Fund Planning Requirements;
2. Note the 2020-21 Better Care Fund Plan for Derbyshire; and

Helen Jones
Executive Director, Adult Social Care and Health
Derbyshire County Council

NHS Derby and Derbyshire CCG
NHS Tameside and Glossop CCG

Derbyshire Better Care Fund

2020-21Planning Template

Contents

Income

BCF 2020-21 Income & Expenditure Calculator

5. Income

Selected Health and Wellbeing Board: Derbyshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Derbyshire	£7,898,005
DFG breakerdown for two-tier areas only (where applicable)	
Amber Valley	£1,454,493
Bolsover	£1,134,054
Chesterfield	£1,371,747
Derbyshire Dales	£601,736
Erewash	£1,062,242
High Peak	£554,969
North East Derbyshire	£819,693
South Derbyshire	£899,071
Total Minimum LA Contribution (exc iBCF)	**£7,898,005**

iBCF Contribution	Contribution
Derbyshire	£34,682,034
Total iBCF Contribution	**£34,682,034**

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Derbyshire	£1,646,760	Community Equipment
Total Additional Local Authority Contribution	**£1,646,760**	

CCG Minimum Contribution	Contribution
NHS Derby and Derbyshire CCG	£57,255,167
NHS Tameside and Glossop CCG	£2,500,976
Total Minimum CCG Contribution	**£59,756,143**

Income continued

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No

Additional CCG Contribution	Contribution
Total Addition CCG Contribution	**£0**
Total CCG Contribution	**£59,756,143**

	2020-21
Total BCF Pooled Budget	**£103,982,942**

Expenditure pages 9 -13

BCF 2020-21 Income & Expenditure Calculator

6. Expenditure

Selected Health and Wellbeing Board: Derbyshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£7,898,005	£7,898,005	£0
Minimum CCG Contribution	£59,756,143	£59,756,143	£0
iBCF	£34,682,034	£34,682,034	£0
Additional LA Contribution	£1,646,760	£1,646,760	£0
Additional CCG Contribution	£0	£0	£0
Total	£103,982,942	£103,982,942	**£0**

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£16,827,539	£22,671,619	£0
Adult Social Care services spend from the minimum CCG allocations	£33,834,216	£36,506,631	£0

Expenditure

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Mental Health Enablement	Prevention / Early Intervention	Other	Mental Health / Wellbeing	Mental Health		LA			Local Authority	Minimum CCG Contribution	£577,893	Existing
1	Integrated care teams	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,646,492	Existing
1	ICS - Integrated Workforce (social care)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,378,978	Existing
1	Care packages to maintain clients in a social care	Home Care or Domiciliary Care			Social Care		LA			Local Authority	Minimum CCG Contribution	£6,978,297	Existing
1	Dementia Reablement Service	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,350,124	Existing
1	Falls Recovery	Prevention / Early Intervention	Other	Physical Health / Wellbeing	Social Care		LA			Local Authority	Minimum CCG Contribution	£153,141	Existing
1	Mental Health Triage	Prevention / Early Intervention	Other	Mental Health / Wellbeing	Social Care		LA			Local Authority	Minimum CCG Contribution	£104,278	Existing
1	Mental Health Acute Based Social Worker	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency		Social Care		LA			Local Authority	Minimum CCG Contribution	£104,278	Existing
1	Seven Day Working	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£823,246	Existing
1	Mental Health - Recovery and Peer Support	Other		Mental Health Recovery & Support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£276,435	Existing
1	ICS Reablement & DSO Reablement	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£4,859,348	Existing
1	Community Support Beds	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,683,596	Existing
1	ICS - Hospital Teams	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency		Social Care		LA			Local Authority	Minimum CCG Contribution	£987,895	Existing

Expenditure continued

1	Dementia Support	Prevention / Early Intervention	Other	Advice & Information	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£410,682	Existing
1	Assistive Technology	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum CCG Contribution	£683,410	Existing
1	ICS - Specialist Teams	Prevention / Early Intervention	Other	Care Planning, Assessment and Review	Social Care		LA			Local Authority	Minimum CCG Contribution	£654,206	Existing
1	Supporting the Care Market	Other		Care Market Sustainability	Social Care		LA			Private Sector	iBCF	£7,937,693	Existing
1	Reduce Budget Savings to Protect Social	Other		Adult Social Care Delivery	Social Care		LA			Local Authority	iBCF	£11,351,652	Existing
1	Support to Improve System Flow	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£3,473,500	Existing
1	Winter Pressures	Other		Care Market Sustainability	Social Care		LA			Local Authority	iBCF	£3,627,306	New
1	Community Nursing	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£9,569,462	Existing
1	Integrated Teams	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£462,286	Existing
1	Evening Nursing Services	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,184,493	Existing
1	Care Co-ordinators	Other		Care Coordination	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£723,194	Existing
1	Community Matrons	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£2,250,914	Existing
1	Community Therapy	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,634,940	Existing
1	Senior Medical Input	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£371,240	Existing

Expenditure continued

1	Primary Care Hubs	Prevention / Early Intervention	Other	Access to Primary Care	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£136,835	Existing
1	Care Home Support Service	Other		Healthcare Services to Care Homes	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£462,305	Existing
1	Glossopdale Neighbourhood Team	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£508,685	Existing
1	Intermediate Care Team Chesterfield	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£42,894	Existing
1	Intermediate Care Team BSV	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£209,525	Existing
1	Intermediate Care Team NED	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,032,671	Existing
1	Community IV Therapy	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£156,904	Existing
1	Clinical Navigation Service	Integrated Care Planning and Navigation	Care Coordination		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£890,418	Existing
1	Pathway 1 home care	Community Based Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£589,835	Existing
2	Local Area Coordinators	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	Minimum CCG Contribution	£180,433	Existing
2	Carers	Carers Services	Other	Carer Advice, Information and Respite	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£2,153,612	Existing
2	Disabled Facilities Grant	DFG Related Schemes	Other	Adaptations, wider Health & Housing	Social Care		LA			Local Authority	DFG	£7,898,005	Existing
2	Integrated Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			Private Sector	Minimum CCG Contribution	£4,766,780	Existing
2	Integrated Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			Private Sector	Additional LA Contribution	£1,646,760	Existing

Expenditure continued

2	Preventative Services (inc. Public Health	Prevention / Early Intervention	Other	Health & Housing	Social Care		LA			Local Authority	iBCF	£1,867,000	Existing
2	Wheelchairs	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,034,852	Existing
3	Autism Support	Other		Pathway Development	Social Care		LA			Local Authority	Minimum CCG Contribution	£663,425	Existing
4	Workforce Development	Enablers for Integration	Integrated workforce		Social Care		LA			Local Authority	Minimum CCG Contribution	£261,000	Existing
4	Programme Management (BCF & TCP)	Other		Enabler	Social Care		LA			Local Authority	Minimum CCG Contribution	£428,088	Existing
4	Information sharing across health	Enablers for Integration	Shared records and Interoperability		Social Care		LA			Local Authority	Minimum CCG Contribution	£109,766	Existing
4	Care Act	Care Act Implementation Related Duties	Other	Various - Advocacy, Prisoners,	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,259,286	Existing
4	Enablers (System and Service	Enablers for Integration	Implementation & Change Mgt capacity		Social Care		LA			Local Authority	iBCF	£6,424,883	Existing

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DERBYSHIRE HEALTH AND WELLBEING BOARD

1 April 2021

Report of the Executive Director for Adult Social Care and Health Derbyshire County Council

HEALTH AND WELLBEING BOARD ROUND-UP REPORT

1. Purpose of the report

To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

2. Round-Up

Understanding factors that enabled digital service change in general practice during the covid-19 pandemic

The Covid-19 pandemic prompted rapid uptake of existing digital technologies to deliver patient care differently in general practice. This report published by the King's Fund looks at how services changed and the digital tools and services that were used to facilitate that change. It looks particularly at the wider factors that enabled change and what might need to be done to sustain these changes after the response to the pandemic.

Inequalities in oral health in England

This report published by Public Health England describes the current picture of oral health inequalities and oral health service inequalities in England. The information presented may be used to inform the equality impact assessment of proposed public health interventions and to inform commissioning of services.

Living Safely with Covid: Moving toward a strategy for sustainable exit from the Pandemic

This guidance published by Association of Directors of Public Health aims to support directors of public health, local authorities and wider partners in considering the approaches that are most appropriate as the country moves out of lockdown. It focuses specifically on the inequalities that have been observed during the pandemic and the actions that should be taken to address them. It also explores early thinking on recovery and how this might be maximised to address the wider health and economic impacts of Covid-19 in an equitable and fair way.

Maternal mental health during a pandemic

This report published by Centre for Mental Health finds that women and their families have faced extra pressures on their mental health, including anxiety about giving birth during lockdown or about becoming unwell, fears about losing employment, and increasing levels of domestic violence. It finds that some groups of women face a higher than average risk of poor mental health, including women of colour and women experiencing economic deprivation.

Delivering prevention in an ageing world: democratising access to prevention
This consultation paper published by International Longevity Centre (ILC) sets out key criteria that will allow governments and health care systems to democratise access and deliver prevention across the life course. Submissions and feedback will be accepted until 9 April 2021.

County councils network: the future of social care
The report highlights the need for reform in adult social care provision and proposes a system of 'optimised local delivery'. In this model, local government is at the heart of social care, taking advantage of its knowledge of the needs of local communities, working in partnership with national government, private and voluntary sector partners to deliver a comprehensive system of social care.

Unequal impact? Coronavirus, disability and access to services
The report by the Women and Equalities Select Committee on the impact of Covid-19 on people living with disabilities is sobering reading. It assesses the difficulties many people experienced and includes important recommendations to improve the wellbeing of disabled people as we go into transition and recovery.

Survey reveals the mental and physical health impacts of home working during covid-19
With working from home set to continue for millions of UK workers, research by the Royal Society for Public Health shows that there are key health and wellbeing disparities between different groups of people who made the move to home working as a result of Covid-19.

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.

During 2020 we received 44 pharmacy applications, due to the high volume they have been summarised in this report. Notification of the following applications has been received; 1 application for consolidation of pharmacies, 4 applications for change of trading name, 4 applications for change of ownership, 28 applications for change in hours (supplementary/core), 3 applications for closure of pharmacies, 2 applications for new pharmacies and 2 applications of relocations

3. BACKGROUND PAPERS

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

4. RECOMMENDATION

The Health and Wellbeing Board is asked to:

- Note the information contained in this round-up report.

Helen Jones
Executive Director for Adult Social Care and Health Derbyshire County Council

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REVISED December 2020

DERBYSHIRE CHILDREN'S PARTNERSHIP
TERMS OF REFERENCE

1. Purpose

1.1 To improve the wellbeing of all children and young people who live within or receive services from Derbyshire; whilst redressing inequalities between the most disadvantaged children and their peers.

1.2 To ensure that partners are working together effectively both strategically (across the whole of Derbyshire) and locally to achieve this aim.

1.3 To provide support and, where necessary, challenge to other groups and Boards (for example the six Locality Children's Partnerships, Joined Up Care Derbyshire and the Health and Wellbeing Board) to ensure that governance arrangements are robust; children's and families' needs are being considered and understood and that outcomes are being improved.

2. Vision

OUR VISION

Working creatively together to inspire and empower children, young people, their families and communities to be the best they can be: Safe, healthy, happy, learning and working

OUR BELIEFS

- **Children, young people and their families and carers will be at the centre of all arrangements in Derbyshire to improve outcomes and their participation is essential**
- **Services should be accessible according to need and promote equity for vulnerable groups**
- **Services should adopt a 'strengths-based' approach, working with children and families to help and empower them to achieve their own solutions wherever possible**
- **Professionals within all children's services should, as far as possible, work and be trained together and share a common understanding**
- **Staff from all agencies, including adult services, should work together wherever this is likely to improve their effectiveness and the experience for children, young people and families**

3. Roles and responsibilities

3.1 The Partnership will:

i. Identify key issues and priorities which require concerted action across all agencies to improve outcomes for children, young people and their families;

ii. Ensure that the issues and priorities which have been identified are being addressed by relevant strategic groups or boards;

iii. Actively promote the integration of service delivery and evidence-based practice;

iv. Champion co-production with children, young people and their families;

v. Regularly review whether services are making a difference in improving outcomes for children, young people and families;

vi. Provide support and, where necessary, challenge to relevant groups, boards and agencies to:

a) ensure that governance arrangements are robust and effective;
b) ensure that all identified issues and priorities for children, young people and families are being addressed;
c) champion the interests of children, young people and families;
d) ensure that all agencies working with children and young people in Derbyshire are applying effective processes and the highest standards to keep them safe from harm.

4. Membership and Meeting Arrangements

4.1 The following people will be members of the Derbyshire Children's Partnership:

Member	**Representing Agency**
Executive Director of Children's Services	Derbyshire County Council
Cabinet Member for Young People	Derbyshire County Council
Police and Crime Commissioner or nominee	Office of the Police and Crime Commissioner
Head of Public Protection	Derbyshire Constabulary
Director of Public Health or nominee	Derbyshire County Council
Voluntary Sector	Nominated by 3D -Third Sector Support for Derbyshire
Independent Chair, Derby and Derbyshire Safeguarding Children Partnership or nominee	Independent
Director of Adult Care or nominee	Derbyshire County Council
Clinical and Executive leads for children and young people (x 2)	Derbyshire Clinical Commissioning Group

Young people's representative and link to Derbyshire's strategic network of youth councils	Head of Quality, Performance & Participation, Derbyshire County Council or nominee
Chairs or nominees, Locality Children's Partnerships (x 6)	
Special Educational Needs & Disability representative (the "7th Locality")	Nominated by Derbyshire special schools/support centres' forum
Service Director, Performance Quality & Partnerships	Derbyshire County Council – Children's Services
Head of Early Help Transition Team	Derbyshire County Council

4.2 The Partnership can co-opt additional members on a temporary or permanent basis, with agreement of members. With the exception of the six Locality Children's Partnerships, there will be no permanent sub-committees. The Partnership will not normally establish sub-committees or task and finish groups and will seek to influence and work through other existing groups, boards and governance structures wherever these exist.

4.3 Meetings will take place termly i.e. there will be three meetings each year. The chairs of the six Locality Children's Partnerships will also meet together as a group in between each meeting of the Partnership. The Partnership will agree priorities and determine its forward work programme on an annual basis.

4.4 A Chair and Vice Chair will be elected and will serve a two year term. The Chair and Vice Chair will decide if a meeting needs to be cancelled or rearranged. Meetings will be quorate if at a minimum, there is attendance of:

- Chair or Vice Chair
- Executive Director of Children's Services or representative
- 1 Clinical Commissioning Group representative
- 3 Locality Children's Partnership representatives

4.5 Meetings will normally be held virtually via Microsoft Teams. Members of the Partnership will be required to attend or send their apologies. Deputies may attend on behalf of an individual member providing that they are able to fulfil the role and responsibilities. Wherever possible the same nominated deputy should provide cover for members to ensure continuity.

4.6 Any personal or prejudicial interests held by members should be declared on any item of business.

4.7 The Derbyshire Children's Partnership will be regarded as a "working group" for Access to Information Act purposes and consequently meetings shall not be open to the press or public.

4.8 Freedom of Information (FOI) Act provisions shall apply to all partnership business.

4.9 The minutes of the Partnership meetings, once agreed as an accurate record, will be published at www.derbyshirepartnership.gov.uk

5. Representation and involvement of wider stakeholders

5.1 Partners and stakeholders who are not represented directly on the Derbyshire Children's Partnership, including for example NHS providers and District/Borough Councils, will be able to feed in views and raise issues via their membership of the Locality Children's Partnerships.

5.2 The Partnership will hold a conference to engage with wider partners and stakeholders at least once per year, to establish their views and to help the Partnership identify its priorities and future work plan. This may involve children and young people, parents and carers, NHS providers, Fire and Rescue Service, Police, Probation, school and college representatives, Borough and District Councils, wider voluntary/community sector organisations and any other relevant stakeholders determined by the Partnership.

5.4 The arrangements to engage wider partners and stakeholders are summarised at Appendix 2.

6. Expectations of Members

Members will:

6.1 Act as a 'champion' for children and young people in Derbyshire, particularly children and young people who may be vulnerable, by promoting the Partnership's vision and priorities within their own agencies and to other groups and boards wherever appropriate.

6.2 Champion the delivery of improved outcomes, value for money, co-production and the integration of services.

6.3 Regularly attend Partnership meetings and contribute actively to the work of the Partnership.

6.4 Offer support and constructive challenge, in order to hold the Partnership and partners to account.

6.5 Contribute to the development of the Partnership as an effective, efficient and inclusive team including raising concerns with the Chair if necessary.

6.6 Ensure that the organisations, sectors and networks which members represent are fully informed about issues and priorities identified by the Partnership, and that any actions that need to be delivered through partner organisations are taken forward promptly.

6.7 Ensure that any significant issues for their organisations, sectors or networks are identified and brought to the Partnership for discussion.

7. Key Relationships and Accountabilities

7.1 The Partnership will work within the strategic framework agreed by the Health and Wellbeing Board. It will operate as a formal sub-group of the Health and Wellbeing Board and will be accountable to the Health and Wellbeing Board through the provision of an annual report to this Board.

7.2 The Partnership will promote close joint working with the Derby and Derbyshire Safeguarding Children Partnership, to ensure that the priorities of the DDSCP, and learning from child practice reviews, are disseminated as widely as possible and embedded into commissioning and service delivery.

7.3 In addition there will be close joint working with the sub-groups of the Derby and Derbyshire Safeguarding Children Partnership to ensure that intelligence about local issues is shared, particularly where there are emerging new risks for children or changing patterns of need and demand. This two-way flow of information will also provide feedback to the Partnership sub-groups about how effectively local services are working together to help and protect children. The Derbyshire Children's Partnership will provide an annual highlight report to the Derby and Derbyshire Safeguarding Children's Partnership Executive Board, detailing its activity and in particular how work undertaken by Locality Children's Partnerships supports the DDSCP priorities.

7.4 The Partnership will promote close joint working with Joined Up Care Derbyshire and in particular the Children's STP Board, which is a multi-agency group responsible for transforming and re-shaping children's health services across Derbyshire and Derby City. The Derbyshire Children's Partnership and Children's STP Board will ensure that they are sighted on each other's work and agree complementary work plans. To support this, the agendas and minutes will be shared.

7.5 The Independent Chair of the Derby and Derbyshire Safeguarding Children Partnership, the Cabinet Member for Young People and Head of Public Protection are members of the joint chairs' group which brings together the chairs of all safeguarding children and adult boards in Derby and Derbyshire. Through their membership of this joint group, the chairs of other safeguarding groups in Derbyshire will be informed of any issues identified by the Derbyshire Children's Partnership that require wider consideration or coordination.

7.6 The Locality Children's Partnerships will be formal sub-groups of the Derbyshire Children's Partnership. The Derbyshire Children's Partnership will provide information and support, as required, to assist the Locality Partnerships in identifying and responding to local needs. It will ensure that the Chairs of the Locality Children's Partnerships are well-informed about countywide developments and evidence-based practice. The Derbyshire Children's Partnership will provide a mechanism and a forum for sharing emerging good practice between the Locality Partnerships. Where the Locality Partnerships may be encountering issues or difficulties, it will assist in brokering solutions.

8. Delegation and Escalation

8.1 The Derbyshire Children's Partnership is not expected to create standing sub-committees or task and finish groups (other than the Locality Children's Partnerships); however as appropriate it may escalate or delegate issues, priorities or tasks to other existing groups and boards[1] including:

- Joined Up Care Derbyshire including the Children's STP Board

[1] It is recognised that from time to time the names of groups and boards will change. Where names have changed, references should be taken to refer to the current groups or boards.

- Corporate Parenting Board/Children in Care Strategic Groups and Boards
- Locality Children's Partnerships
- SEND Strategic Board
- Children's Commissioning Groups
- Strategic workforce planning groups

8.2 The Partnership will escalate issues and priorities as necessary to the Health and Wellbeing Board. It will ensure that the Health and Wellbeing Board is well informed about the effectiveness of the local area in identifying and meeting the needs of children and young people, particularly those who are vulnerable, and the effectiveness of the local area in improving outcomes.

Appendix 1

Standing Agenda Items - DCP

1. DCP minutes and matters arising
2. LCP minutes and matters arising
3. Key issues that need consideration/action by the DCP (LCP Chairs)
4. Young people's views/feedback
5. DDSCP Update
6. Learning from child practice reviews
7. Thematic discussions/reports as per agreed workplan
8. Key messages and actions for LCPs

Standing Agenda Items – LCPs

1. LCP minutes and matters arising
2. DCP minutes and matters arising
3. Key messages and actions from DCP
   - Itemised discussion with papers/reports and additional attendees as relevant
4. Feedback from young people & locality youth forum
5. Progress review
   - Key LCP priorities
6. Local issues and intelligence – any significant emerging issues or changes in data/performance the LCP needs to be aware of?
7. Key messages to be shared with partner organisations/staff
8. Key issues that need consideration/action at the next DCP meeting

APPENDIX 2 – ARRANGEMENTS FOR ENGAGING WIDER PARTNERS & STAKEHOLDERS

In addition to the arrangements detailed below, any partner or stakeholder can raise issues directly with the Chair or Vice Chair of the Derbyshire Children's Partnership at any time.

Partner/Stakeholder:	**Engaged via:**
Children and Young People	Via Participation and Children's Rights Officer, linking to the strategic network of youth councils and children in care council/care leavers' council Via local youth forums linked to each Locality Children's Partnership Annual conference
Healthwatch Derbyshire	Invited to attend meetings and submit reports as necessary Annual conference
Parents and carers	Via Healthwatch Annual conference
NHS providers	Via CCG (Members of the Derbyshire Children's Partnership) Via chair of Children's STP Board Via membership of Locality Children's Partnerships Annual conference
District and Borough Councils	Via membership of Locality Children's Partnerships Annual conference
National Probation Service/Community Rehabilitation Company	Via chair of Derby & Derbyshire Safeguarding Children's Partnership Annual conference
Derbyshire Fire and Rescue Service	Via membership of Locality Children's Partnerships Annual conference
Schools and colleges	Via membership of Locality Children's Partnerships Annual conference