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PUBLIC

To: Members of Cabinet Member - Health and Communities

Wednesday, 14 July 2021

Dear Councillor

Please attend a meeting of the **Cabinet Member - Health and Communities** to be held at **11.00 am** on **Thursday, 22 July 2021** in Committee Room 1; the agenda for which is set out below.

Yours faithfully

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

Helen Barrington
Director of Legal Services

AGENDA

PART I - NON-EXEMPT ITEMS

1. Declarations of Interest (if any)
2. To confirm the non-exempt minutes of the meeting of the Cabinet Member - Health and Communities held on 17 June 2021 (Pages 1 - 2)
3. To consider the non-exempt joint report of the Managing Executive Director of Commissioning, Communities and Policy, Executive Director of Adult Social Care and Health, Executive Director of Place, Director of Public Health and Director of Finance and ICT (Pages 3 - 18)

4. To consider the non-exempt reports of the Director of Public Health on:
 - 4 (a) Addressing the Digital Divide (Pages 19 - 26)
 - 4 (b) Recovery Month Grant Awards (Pages 27 - 34)
 - 4 (c) Transfer of Sexual Health Out of Area Underspend to Derbyshire Community Health Services NHS Foundation Trust and Procurement of a Research Project (Pages 35 - 38)

MINUTES of a meeting of the **CABINET MEMBER FOR HEALTH AND COMMUNITIES** held on 17 June 2021 at County Hall, Matlock

PRESENT

Councillor C Hart – Cabinet Member

Also in attendance: Councillor N Atkin

33/21 **MINUTES** **RESOLVED** that the non-exempt minutes of the meeting of the Cabinet Member for Health and Communities held on 3 June 2021 be confirmed as a correct record.

34/21 **GRANT TO DERBYSHIRE GYPSY LIAISON GROUP** The Cabinet Member considered a grant request of £3,500 from the Group in recognition of its work with Gypsies and Travellers in Derbyshire in 2021-21.

The Group played an extremely important role in supporting the three Council-owned Traveller sites in Derbyshire, with activities including assistance with private site planning applications and dealing with issues of education, health and welfare of Travellers. Over the years the Council had held regular discussions with the Group on issues arising from unauthorised encampments, site management and on developing good practice in dealing with unauthorised encampments.

During the Covid-19 epidemic, the Group assisted numerous roadside families by supplying special dietary food, when shelves were empty, by organising a weekly drop off and undertaking welfare checks at the same time. The Group also arranged vaccinations for those who did not have a GP or were in contact with any GPs.

The appendices attached to the report set out the relevant implications considered in its preparation, the accounts and accompanying report.

RESOLVED – that the Cabinet Member approve the grant request and that the Group be awarded £3,500 in recognition of its work in the County over the current year, subject to the County Council's standard conditions of grants.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET MEMBER

22 July 2021

Joint Report of the Executive Director of Adult Social Care and Health, the Managing Executive Director, Commissioning, Communities and Policy, the Director of Public Health, the Executive Director of Place and the Director of Finance & ICT

Performance and Revenue Outturn 2020-21

(Health and Communities)

1. Divisions Affected

1.1 Public Health, Coroners, Registrars, Trading Standards, Community Safety and Emergency Planning.

2. Key Decision

2.1 This is not a Key Decision.

3. Purpose

3.1 The purpose of this report is to provide the Cabinet Member with an update of the Council Plan performance position and the revenue outturn position of the Health and Communities portfolio for 2020-21.

4. Information and Analysis

4.1 Integrated Reporting

This report presents both financial and Council Plan performance data. The performance summary sets out progress on the Council Plan deliverables and measures led by the Health and Communities portfolio.

The remainder of the report gives a summary and detail on the revenue outturn position for the portfolio.

As an overview, the report shows that progress is "good" or "strong" for all of the Council Plan deliverables led by the portfolio. After the use of additional Covid-19 funding, the outturn position for 2020-21 is an underspend of £2.091m. It is calculated that £0.216m of savings have been achieved by the year end. This compares to target savings of £0.150m and the value of savings initiatives, which have been identified for implementation in the current year, of £0.216m.

4.2 Performance Summary

The following shows an overview of progress on the Council Plan deliverables and measures relating directly to Health and Communities.

Deliverable Progress



Performance Measures Against Target



Performance Measures Against Target

| | 2018/2019 | 2019/2020 | 2020/2021 | Target | Performance |
|--|-----------|-----------|-----------|--------|-------------|
| Percentage of children achieving at least a Good Level of Development (EYFS) | 70.8% | 70.8% | | | |
| Number of participants in Council delivered stop smoking programmes who stop smoking (projected) | 860 | 1,158 | 1,529 | 1,050 | ★ |
| Number participants in Council weight management programmes who achieve 5% weight loss (projected) | | 232 | 93 | 186 | 📌 |

Key ★ Strong ✓ Good 🟡 Review 📌 Action 🟡 Data not available/Target not set

Progress is "good" or "strong" for all of the Council Plan deliverables led by the portfolio.

Key areas of success are:

- Pause Derbyshire team continues despite challenges as a result of the pandemic and service restrictions. Remote/digital delivery continues with additional creative solutions to engage this vulnerable group of women with focussed support around the Christmas period.
- The Community Response Unit is effectively supporting the system to respond to Winter Pressures and continues to support those affected by Covid-19.
- An online weight management programme is now in place and is supporting people virtually or via phone based advice and support in line with Covid-19 restrictions.

Key areas for consideration are:

- For the 0 to 5 service, the service is still undertaking work to catch up those who did not receive a 1 year and 2.5 year contact when this contact was suspended during the first lockdown in line with national guidance.
- The new pre-school contact at 3.5 years has not started yet as the staff involved with this contact have been focusing on the 1 year and 2.5 year contacts, however as soon as this has been completed the service will look to implement the new pre-school contact.

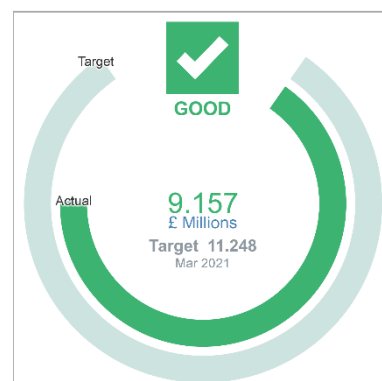
Further information on the portfolio's Council Plan performance are included at Appendix A.

4.3 Outturn Summary

The net controllable budget for the Health and Communities portfolio is £11.248m.

The Revenue Outturn Statement for 2020-21 indicates there is a year-end underspend of £2.091m.

Outturn against target budget

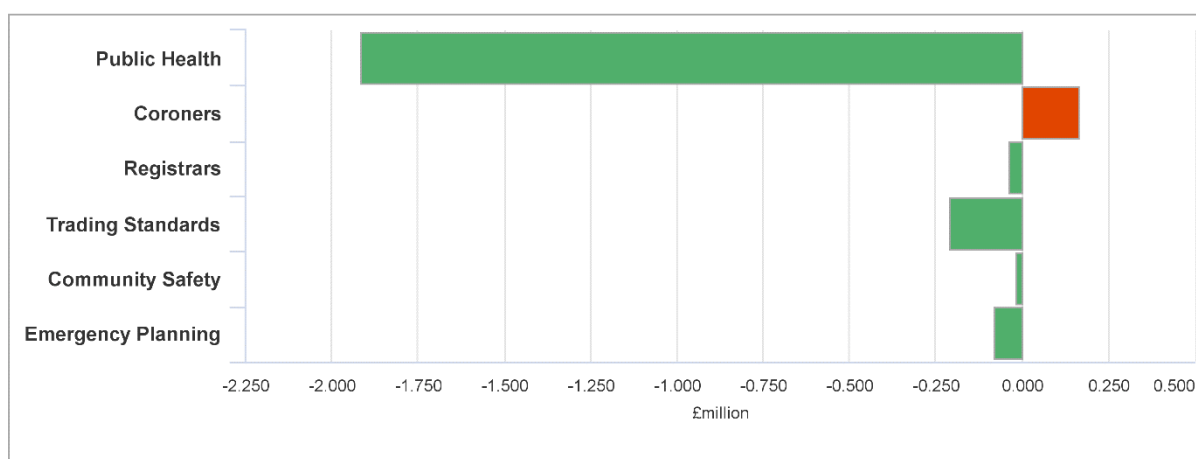


The significant areas which make up the outturn are shown in the following table and graph below:

Health and Communities Budget Items

| | Controllable Budget £m | Actual Expenditure £m | Under (-)/Over Spend £m | Percentage Under (-)/Over Spend | Budget Performance |
|--------------------|------------------------|-----------------------|-------------------------|---------------------------------|--------------------|
| Public Health | 5.978 | 4.064 | -1.914 | -32.0% | ✓ |
| Coroners | 1.920 | 2.087 | 0.167 | 8.7% | ✗ |
| Registrars | 0.177 | 0.139 | -0.038 | -21.5% | ✓ |
| Trading Standards | 1.327 | 1.120 | -0.207 | -15.6% | ✓ |
| Community Safety | 1.524 | 1.505 | -0.019 | -1.2% | ✓ |
| Emergency Planning | 0.322 | 0.242 | -0.080 | -24.8% | ✓ |
| Total | 11.248 | 9.157 | -2.091 | -18.6% | ✓ |

Under (-)/Over Spend



4.4 Key variances

4.4.1 Public Health – Live Life Better Derbyshire, underspend £0.943m. Vacant posts and reduced activity/costs due to effects of Covid-19 restrictions

4.4.2 Public Health - Sexual Health, underspend £0.838m
Sexual Health GUM Clinical activity and thus costs reduced due to effects of Covid-19 restrictions.

4.4.3 Public Health - OBA Priorities, underspend £0.372m
Covid-19 restrictions have put several projects on hold or delayed the start date.

4.4.4 Public Health - Place Based Approach, underspend £0.350m
 Covid-19 restrictions have put several projects on hold or delayed the start date.

4.4.5 Coroners Service, overspend £0.167m
 Residual running costs on old premises, backlog of invoices relating to Pathology Fees and increase in postmortems and other professional services

4.4.6 Trading Standards, underspend £0.207m
 Staff vacancies held as part of the restructure and Covid funding previously erroneously thought to be not allowed to be claimed.

4.5 Covid Funding

The above figures include all additional costs incurred due to Covid-19 and the funding provided to cover those costs. The table below details these areas of expenditure.

Covid Funding

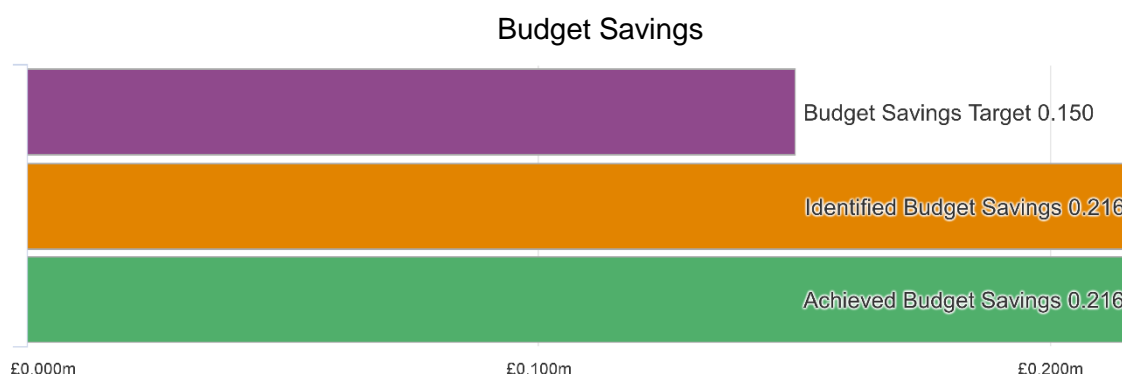
| | Corporate Covid Grant £m | Ring-Fenced Departmental Grants £m | Recharged to Health £m | Total £m |
|----------------------------------|-------------------------------------|---|-----------------------------------|---------------------|
| Public Health | | | | |
| Containment | 0.000 | 1.124 | 0.000 | 1.124 |
| Test & Trace | 0.000 | 0.474 | 0.000 | 0.474 |
| Clinically Extremely Vulnerable) | 0.000 | 0.209 | 0.000 | 0.209 |
| Community Testing | 0.000 | 1.696 | 0.000 | 1.696 |
| Emergency Assistance | 0.000 | 0.808 | 0.000 | 0.808 |
| Miscellaneous Additional Costs | 0.000 | 0.000 | 0.000 | 0.000 |
| Coroners | 0.061 | 0.000 | 0.000 | 0.061 |
| Registrars | 0.716 | 0.000 | 0.000 | 0.716 |
| Trading Standards | 0.097 | 0.000 | 0.000 | 0.097 |
| Community Safety | 0.192 | 0.000 | 0.000 | 0.192 |
| Emergency Planning | 0.031 | 0.000 | 0.000 | 0.031 |
| Total | 1.097 | 4.311 | 0.000 | 5.408 |

4.6 Budget Savings

Budget reduction targets totalling £0.216m were allocated for the year. There was an over-achievement of savings of £0.066m that was brought forward to the current year. This has resulted in total reductions to be achieved of £0.150m at the start of the year.

The value of the savings initiatives which have been identified for implementation in the current year is £0.216m.

The surplus between the total targets and the identified savings initiatives is £0.066m.



It is calculated that £0.216m of savings have been achieved by the year-end. The table below shows performance against the target.

Budget Savings Initiatives

| | Budget Reduction Amount £m | Achieved by the end of 2020/21 £m | Shortfall (-)/ Additional Savings Achieved £m | |
|---|----------------------------|-----------------------------------|---|---|
| Community Safety – reduction in staffing | 0.065 | 0.065 | 0.000 | ✓ |
| Community Safety – cease funding Stop Hate | 0.007 | 0.007 | 0.000 | ✓ |
| Community Safety – Increase recharges for Training | 0.008 | 0.008 | 0.000 | ✓ |
| Trading Standards - Restructure | 0.061 | 0.061 | 0.000 | ✓ |
| Trading Standards – Cessation of Weight Restriction enforcement | 0.025 | 0.025 | 0.000 | ✓ |
| Registrars – increased charges | 0.050 | 0.050 | 0.000 | ✓ |
| Total Position | 0.216 | 0.216 | 0.000 | ✓ |
| Shortfall/(Surplus) of Identified Savings | -0.066 | 0.000 | 0.066 | |

| | Budget Reduction Amount £m |
|-----------------------|----------------------------|
| Prior Year B/f | -0.066 |
| Current Year | 0.216 |
| Budget Savings Target | 0.150 |

4.7 Growth Items and One-Off Funding

- 4.7.1 Coroners service - £0.101m ongoing.
Increasing fees due to a national shortage of Pathologists.
- 4.7.2 Community Safety - Domestic Violence - £0.500m one-off.
Increasing costs of Domestic Violence service.

4.8 Earmarked Reserves

A detailed analysis of the earmarked reserves is shown below.

| | Opening Balance £m | Additions £m | (Used)/ Returned £m | Closing Balance £m |
|---|-----------------------|-----------------|---------------------------|-----------------------|
| Public Health ring-fenced Reserve | 7.424 | 1.108 | 0.000 | 8.532 |
| Public Health externally funded Reserve | 0.244 | 0.000 | 0.004 | 0.240 |
| Comm Safety DV prevention | 2.142 | 0.000 | 0.520 | 1.622 |
| Comm Safety | 0.021 | 0.000 | 0.000 | 0.021 |
| EM RR -Trusted Trade | 0.044 | 0.000 | 0.000 | 0.044 |
| Scams Prevention | 0.057 | 0.000 | 0.000 | 0.057 |
| EM Reserve - POCA | 0.135 | 0.007 | 0.006 | 0.136 |
| Syrian Refugee | 0.079 | 0.000 | 0.000 | 0.079 |
| Emergency Planning Reservoir reserve | 0.078 | 0.000 | 0.000 | 0.078 |
| Public Health ring-fenced Covid Community Testing funding Reserve | 0.000 | 0.771 | 0.000 | 0.771 |
| Public Health ring-fenced Covid Test & Trace funding Reserve | 0.000 | 3.385 | 0.000 | 3.385 |
| Public Health ring-fenced Covid CEV funding Reserve | 0.000 | 0.698 | 0.000 | 0.698 |
| Trading Standards - Covid work | 0.000 | 0.046 | 0.000 | 0.046 |
| Total | 10.224 | 6.015 | 0.530 | 15.709 |

The earmarked reserves have been reviewed and all are required to meet commitment already agreed for 2021-22 onwards.

5. Consultation

5.1 Not applicable.

6. Alternative Options Considered

6.1 Not applicable

7. Implications

7.1 Not applicable

8. Background Papers

8.1 Held on file within the Commissioning Communities and Policy Department. Officer contacts – Karen Howes (Emergency Planning), Paula Littlewood (Community Safety, Trading Standards, Coroners and Registrars), David King (Public Health), Ellen Langton (Performance).

9. Appendices

9.1 Appendix A - Health and Communities End of Year Council Plan Performance Report 2020-21.

9.2 Appendix B - Considerations

10. Recommendation

That the Cabinet Member notes the report and considers whether there are any further actions that should be undertaken to address performance, where it has not met the desired level.

11. Reasons for Recommendation

11.1 Not applicable

12. Is it necessary to waive the call-in period?

12.1 No.

Report Authors: Budget - David King, Finance Officer, Commissioning, Communities and Policy. Performance – Ellen Langton, Public Health.

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ellen.langton@derbyshire.gov.uk

Health and Communities End of Year Council Plan Performance Report 2020-21

Progress on Council Plan deliverables and key measures

Empowered and self-sufficient communities

 **Reviewed grants and developed a new offer to voluntary and community groups, learning from the remarkable response to the pandemic and supporting the sector to recover well, retain new volunteers and thrive**

Work has continued across the Voluntary and Community Sector (VCS) Grant Funding Review, putting in place the necessary plans for the next year (2021/22) to ensure that momentum is maintained on the review and key pieces of work across the review are commenced in the coming months.

The Council has worked closely with the VCS over the year to support the sector through the pandemic. The Council has maintained its grant funding commitment to all providers, increased funding where necessary and ensured any additional funding meets the needs of those responding to, or impacted by, the crisis.

The Council has developed and embedded a new approach for investing in VCS infrastructure to support the sector now and in the future and these newly established ways of working has established frequent VCS led engagement to identify the opportunities and challenges for the VCS relating to Covid-19. This has supported a wide range of planning going forward, which in turn puts the Council in a position to evaluate where we are and respond accordingly for planning from September 2021.

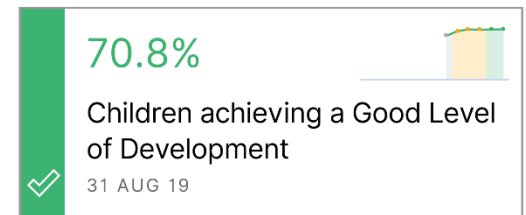
Work has also continued to establish a new, single approach to voluntary and community sector grant funding for the Council. Working groups, with representatives from across the Council, have been established, to deliver a new model for administering grant funding to the VCS, supporting the whole Council to improve its funding arrangements with the sector to allow it to recovery well from the impact of the pandemic and thrive in the future.

A focus on prevention and early intervention

✔ Embedded our newly redesigned universal and targeted 0-5s offer through Health Visiting services and Children’s Centres in partnership with the NHS

The 0-5 year Health Visiting Service is in the final stages of making sure any missed 1 year old and 2.5 year old reviews from the first Covid-19 lockdown period have been completed. The guidance at the time meant that all health visits were suspended with the exception of the antenatal and new birth visits only. The 0-5 year old health visiting service has also been working closely with the Early Help team to increase the number and quality of Early Help Assessments being completed by Health Visitors.

Due to Covid-19 the Early Years Foundation Stage assessments didn't take place in 2020, therefore this data has not been updated.



✔ Embedded the “Pause Project”, an innovative programme to address the needs of women who have had multiple children removed from their care and to prevent this cycle recurring

The Pause Project have delivered the Community 1 cohort since February 2020 and this will be ongoing upto the 18 month end point. Pause has worked with 107 referred women with a range of unmet needs which include domestic violence, housing, debt, mental illhealth, substance misuse and children in care. By working systemically and in partnership across a number of organisations and pathways the project has acheived improvements for the women engaged. Data indicates that the greatest presenting need in the last 12 months has been mental health (72%) and domestic violence (63%).

29 women are directly engaged with the Pause programme (target being 32) equating to a 91% maintenance rate and this exceeds the contractual threshold of 80%. This involvement with the project is outstanding due to the challenges to models of delivery due to impact of the pandemic.

Other targets met include 100% of women maintaining contraception (LARC); 0 pregnancies reported and 0 further care proceedings. All 29 women are now registered with a GP; 7 women are registered with a dentist and 13 women now in Education, Training, Employment or Volunteering. 19 of these women have already received 12 months of intensive support.

Qualitative evidence through self-reporting indicates 100% improvement across multiple issues and ongoing working towards individual goal- setting by women.

The Pause team comprises 4 practitioners - with an average practitioner caseload of 6-8 people. Community 2 has begun recruitment with 97 referrals, including from women leaving care.

External evaluation of the programme by the University of Sussex is will take place throughout 2021.

✔ Increased the number of people taking part in smoking cessation and weight management programmes to improve outcomes

The stop smoking and weight management services continue to be delivered virtually and via telephone due to the impact of Covid-19.

For stop smoking the number of people setting a quit date in Quarter 4 has been the highest quarter for 2020/21 (656 quit dates set) and is higher than 2019/20 (556 quit dates set) in the same period. To date 338 participants have achieved a 4 Week Quit. Based on our current quit rate of 65% the forecast is 452 individuals to achieve a 4 Week Quit for Quarter 4.

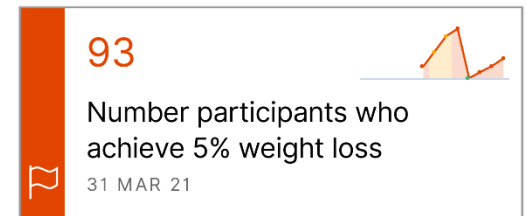
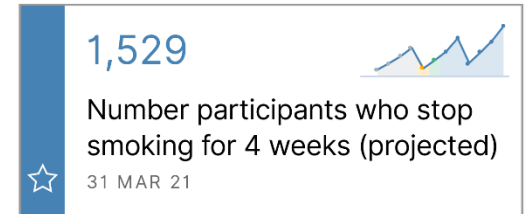
Overall in 2020/21 the stop smoking service has significantly increased the number of people achieving a 4 week Quit with a forecast of 1529 compared to 1159 in 2019/20.

For weight management the Quarter 4 forecast is that 150 individuals will complete the programme, 136 (77%) will lose weight and 42 (24%) will achieve a 5 % weight loss.

Overall 432 people are expected to complete a weight management programme in 2020/21 with a forecast of 374 (87%) participants losing weight and 93 (22%) achieving a 5% weight loss.

Covid-19 has impacted on the performance of the weight management service in 2020/21. We suspended service delivery in March 2020 and did not resume until August 2020. The prolonged nature of the pandemic has impacted upon individual's motivation to lose weight and there is evidence that the anxiety and stress arising from lockdowns has led to people gaining weight due to 'comfort eating'. In addition our Health Improvement Advisors have had a greater focus over the past year on people's wellbeing and supporting clients generally.

March figures for both services are year end projections and will be confirmed once all participants have completed the courses started during Quarter 4.



★ Integrated the Community Response Unit, established during the pandemic, in the Council's strategic approach to improving health and wellbeing

The current Community Response Unit (CRU) model is evolving to meet the needs of communities as we recover from Covid-19 and progress through the road map. The Winter Pressures referral mechanism has ensured good links through to integrated housing support as well as supporting those directly impacted by Covid-19. A phased plan has been drafted to integrate the CRU into the strategic approach to health and wellbeing and Public Health recovery work. However, in Quarter 4 the focus remained on response and supporting local residents, particularly those who are shielding due to lockdown arrangements.

Since the end of March 2020 the Community Response Unit has:

Written to 43,000 clinically extremely vulnerable residents to let them know we were there to help, and called around 10,000 clinically extremely vulnerable residents who have registered on the national shielding system to offer support;

Taken 11,817 calls and provided support to 4,471 Derbyshire residents of which 1,643 were clinically extremely vulnerable;

Supported 2,468 requests for support with food and shopping, 1,640 requests for prescription collections and 589 requests for support with social isolation e.g. friendly phone calls.

Key ★ Strong ✔ Good ○ Review 📧 Action ■ Data not available/Target not set

Considerations

a) Financial

As detailed in the report.

b) Other

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, legal and human rights, equal opportunities, human resources, environmental, health and property and transport considerations.

Report Sign Off and Version Control

| | |
|---|--|
| Report Title | |
| Author | |
| Meeting and Date | |
| Version | |
| Key Decision (published) | |
| Exempt item (notice of private meeting published) | |

| Implications | Name and Comments | Date Approved |
|-----------------|-------------------|---------------|
| Finance | | |
| Legal | | |
| Human Resources | | |

| | | |
|--|--|--|
| | | |
| Information Technology | | |
| Equalities | | |
| Corporate Objectives and priorities for change | | |
| Consultation | | |
| Other – please specify | | |

Author's Directorate Sign Off

| | | |
|--|--|------|
| | | Date |
| Managing Executive Director/Executive Director | | |
| DMT – if applicable | | |
| CMT – if applicable | | |
| Cabinet Member briefed | | |
| Other – please specify | | |

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DERBYSHIRE COUNTY COUNCIL

CABINET MEMBER FOR HEALTH AND COMMUNITIES

22 July 2021

Report of the Director of Public Health

**PUBLIC HEALTH APPROACH TO ADDRESSING THE DIGITAL DIVIDE
(Health and Communities)**

1. Purpose of the Report

To seek approval from the Cabinet Member for Health and Communities to commence a procurement exercise to secure specialist provider support to develop and initiate implementation of a public health digital inclusion strategy for Derbyshire over a period of 18 months and up to a value of £0.150m.

2. Information and Analysis

It is estimated that approximately 1.9 million households in the UK do not have access to the internet and are digitally excluded and, according to the Good Things Foundation (2020), 9 million people struggle to use the internet independently. The COVID-19 pandemic has further highlighted the digital divide and there is a growing recognition of the importance of internet access within our family and social networks, our communities and our economy which is accelerating the need to address the digital divide.

According to ONS 2019, in Derbyshire 10.4% of people in East Derbyshire (Chesterfield, Bolsover and North East Derbyshire) and 8.9% of people in South and West Derbyshire (South Derbyshire, High Peak, Derbyshire Dales, Erewash and Amber Valley) do not use the internet. This equates to 62,000 people in the County who have never used the internet and many more will lack basic digital skills.

There is a strong correlation between digital exclusion, financial exclusion and social exclusion. COVID -19 has led to a widening of this digital divide, as more products and services move online and become 'digital by default'. Additionally, those facing digital exclusion are likely to have other challenges and factors that make it difficult for them to access and engage with services and/or get support and information. Digital inclusion is essential to reduce health inequalities and help tackle financial and social exclusion.

Further local studies by both Healthwatch Derbyshire (2020) and Citizens Advice Chesterfield (2021) have highlighted that digital approaches are transforming society and is at the heart of how public, social and economic life is configured. However, those who are excluded can find themselves disadvantaged and the pandemic has widened this pre-existing and important gap and is exacerbating health inequalities.

In April 2021 the Public Health Investment Panel received and supported an application for investment to initiate the development of a public health approach to address digital exclusion. This proposal, based on a review of the evidence, discussions with partners, mapping and current good practice, put forward a strengths-based collaborative effort to tackle and break down barriers to creating a digitally inclusive Derbyshire. It included the following key elements:

1. Commissioning of an external organisation to provide expert professional services for the first 18 months of the project. The organization will be responsible for developing a Derbyshire digital inclusion strategy, including through building a coherent and coordinated network of digital inclusion activity across Derbyshire.

Activities will include:

- Communication and engagement,
- Developing bespoke digital skills training and strategies to target provision to those with greatest need,
- Evaluation tools to evidence impact and models for demonstrating return on investment.

In addition, the organization appointed will build and embed sustainability across all strands of digital inclusion, accelerate and maximise the opportunities of the programme and provide expert advice across the digital inclusion agenda.

2. Subject to the recommendations that come from the strategy (outlined above), consider establishment of a dedicated project team to co-ordinate, and provide linkage across the system for existing and emerging digital services.
3. Establish a small grants scheme to kickstart digital inclusion project innovation at a local level.

The proposal and costings have been informed and benchmarked by examples of good practice including the successful model adopted by the '100% Digital Leeds' programme. We have spoken to project leads and officers in Leeds at length, to benefit from their experience and knowledge in setting up and developing their digital programme and have used this to

inform the proposal outlined in this report. Further background information can be found in Appendix 1.

Investment in digital inclusion will drive two types of economic return:

1. Direct savings to the investor (i.e. DCC) by encouraging and enabling beneficiaries to use online public services which have a lower delivery cost. Customers completing online transactions costs an average of 17p a time; in comparison, doing the same transaction face to face costs £14 (from 100% Digital Leeds).
2. Indirect savings and economic benefits relating to the wider effects of digital inclusion on behaviour: these include personal cost savings e.g. better financial products available online, potential gains from earning, impact on employment rates, savings to the NHS (through reduced face to face dependency on Primary Care).

According to the Centre for Economics and Business Research, there is £15 of growth for every £1 invested in digital inclusion (CEBR, 2018 The Economic Impact of Digital Inclusion in the UK).

This will be a Countywide, universal project with a specific focus on cohorts identified as disproportionately affected by digital exclusion including people with a long-term health condition, older people, the homeless, those with low literacy levels and/or a learning disability.

Key stakeholders have already demonstrated a significant appetite to be involved in partnership work around this agenda. These include Derbyshire County Council (Public Health, Adult Care, Childrens Services, Economy and Transport, Commissioning, Communities and Policy), the Community Sector, NHS organisations and Joined up Care Derbyshire. Additionally, we have a well-established Public Health locality programme that offers the opportunity to connect with local people, supporting and empowering them to influence the project planning and development. This mechanism allows our communities to convey their 'felt' priorities and needs. This will be an essential part of the programme moving forward and will provide a vehicle to really understand the needs and wants of local communities.

A wide variety of work is underway in our communities and digital work streams are emerging in many areas, but additional capacity is needed to strengthen, build, identify, engage and link partners across this complex system. Upon doing so elements developed as part of this programme will add value to existing projects, services and interventions that are proving successful at locality level. Increased linkage and partnership working via networks will allow the sharing of best practice and resources, reduce duplication and maximise impact. Work will also align to key Council priorities such as Channel Shift.

This report seeks approval for part one of the plan to be activated. Further reports will follow later, to seek approval for implementation of the plans that arise from the strategy.

3. Social Value Considerations

Increasing digital skills is essential for stimulating the economy, employment opportunities and local businesses. Evidence suggests that over 80% of jobs require digital skills (Department of Culture Media and Sport, 2019) and it is possible to stimulate the economy by boosting the digital skills of workers who have digital skills for life but not yet for work (Lloyds Bank UK consumer Digital Index, 2020). Manual workers with high level digital skills earn approximately £2,160 per annum more than those with low digital skills (Lloyds Bank UK Consumer Digital Index, 2020).

4. Finance Considerations

This report seeks approval to award up to £0.150m to cover specialist provider support for a period of 18 months from award of contract. Finances will be met from the Public Health ring fenced grant budget.

5. Legal Considerations

The procurement of this work will be carried out in accordance with Protocol 5 of the Council's Financial Regulations and the Public Contracts Regulations 2015.

The Council's standard contract paperwork shall be used to set out the terms and conditions for which the procurement is made.

6. Other Considerations

In preparing this report the relevance of the following factors has been considered; financial, legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

7. Background Papers:

Public Health Investment Panel – April 2021 (Held by Public Health)

8. Key Decision

No

9. Call-in

Is it required that call-in be waived for any decision on this report?
No

10. Officer's Recommendation

The Cabinet Member for Health and Communities is asked to approve commencement of a procurement exercise, to secure specialist provider support to develop and initiate implementation of a public health digital inclusion strategy for Derbyshire, over a period of 18 months and up to a value of £0.150m.

Dean Wallace
Director of Public Health

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Appendix 1 – Additional Information - Public Health Digital Inclusion Approach

Access:

Investment in a digitally inclusive Derbyshire will level up the opportunity to access; support, products, advice, information, employment and services that are increasingly reliant on digital technology. Currently some of our most vulnerable groups and individuals struggle to use the internet or lack the basic digital skills required to get online. The pandemic has escalated its importance as services and communities have harnessed digital for help and support throughout the pandemic and yet for those in most need this platform often remains inaccessible. For example:

- People in the poorest households are at least four times more likely to be digitally excluded (Ofcom adults media use, 2020)
- 23% of children from the poorest households don't have access to broadband and a laptop, desktop or tablet (Ofcom, 2019)
- Those unable to access the internet pay on average £348 more per year in utility bills (Lloyds Bank UK Consumer Digital Index, 2020)
- Workers in manual jobs with high digital engagement earn on average £180 more per month than those in the same job but with low digital engagement
- Nearly half of those claiming benefits lack essential digital life skills (Lloyds Bank UK Consumer Digital Index, 2020)
- The majority of those with low digital engagement would not use the internet to manage their health (Lloyd Bank Consumer Index 2020). This is significant as in March 2020 alone online medical consultations doubled Bibby and Leavey, 2020, Learning from Lockdown)

The qualitative study by Healthwatch Derbyshire (2020) strengthens the findings above concluding that virtual appointments didn't work for many of our most vulnerable residents. In fact, those from cohorts vulnerable to digital exclusion and facing barriers of any sort in accessing virtual healthcare were very likely to report a negative experience of the consultation/process. Full report available at:

<https://healthwatchderbyshire.co.uk/2020/10/virtual-appointments-are-they-right-for-me/>

Evidence of Effectiveness:

The proposal is based on the successful model adopted by the 100% Digital Leeds programme. More information available at www.digitalinclusionleeds.com.

Over a 2-year period the project:

- Appointed Social Change Charity with digital expertise to provide strategic support, and to build the digital inclusion network, embed sustainability and evidence return on investment
- Secured additional funding from Business Rates, CCG, Digital and Information service, Local Integrated Better Care Fund, Leeds Housing, NHS Digital, Public Health, Covid-19 fund and Smart Leeds to develop interventions
- Established a tablet lending scheme of 400 4G iPads lent to organisations working with the most digitally excluded
- Expanded council Wi-Fi to 20 community buildings
- Awarded £200,000 in grants to community organisations
- Established a dementia pathfinder project

- Established and developed a digital champions network to support digital inclusion activities and advocate for the benefits of digital
- Helped organisations to support their service users
- Set up networks and partnerships to share best practice and improve signposting

Additionally, there are multiple studies on the improved health outcomes and reduced social isolation that come from being online (Pluye, Sherif, Granikov, 2019; Good Things Foundation Digital Inclusion in Health and Care (2017-2020).

Monitoring and Evaluation

Within Derbyshire there is already a recognition of the need to collaborate across the whole system to maximise health and wellbeing gains. Efforts have begun to align work and develop a system wide approach to support this agenda. Joint working across the health system is facilitated by Joined up Care Derbyshire, whose plan recognises the contribution of the wider determinants of health, health inequalities and population health to improving health outcomes. It is therefore proposed that governance arrangements for the project will be through the Derbyshire Health and Wellbeing Board, and Derbyshire's Digital Board - which is a subgroup of Joined Up Care Derbyshire. These forums provide excellent opportunities to innovate and share learning.

We would expect all monitoring and evaluation of the new service to be developed by the successful service provider overseeing the project in the first 18 months. They will be expected to develop a system to capture return on investment and positive social impact in the longer term such as:

- Progression to further learning, formal or informal
- Progression to positive employment outcomes both in work and into work
- Improvements in health and wellbeing (from using digital health skills to self-manage conditions)
- Increased social connection and reduced isolation

as well as project outcomes including:

- Number of professionals trained to deliver digital skills training to individuals within their area of expertise
- How many digital champions are trained in the first year
- Additional funding secured
- Number of networks/partnerships established

PUBLIC
Author: Martyn Shore

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

22 July 2021

Report of the Director of Public Health

REDUCING THE HARM OF SUBSTANCE MISUSE IN DERBYSHIRE

1. Purpose of the report:

To seek Cabinet Member approval for the award of Recovery Month grants to a total value of between £3,790 and £8,085.

Please note the value of £8,085 would be grant funded if all the higher cost activities went ahead and the value of £3,790 would be grant funded if all the lower cost activities went ahead, as explained below.

2. Information and analysis:

Recovery Month takes place in September each year and is a national event. It has been celebrated in Derbyshire since 2014 and is an opportunity to showcase recovery from substance misuse, to reduce stigma and to highlight that recovery is achievable. Until 2018, local activities had previously concentrated on large scale events which take considerable resources to organise and have tended to locate in Chesterfield as our largest town. Due to this, a number of smaller but active recovery organisations from other parts of the county have struggled to take part in a meaningful way, and Recovery Month in Derbyshire was starting lose momentum.

On 13 November 2018 the Strategic Director for Adult Care approved the allocation of £20,000 over a three year period to encourage individuals, treatment services and recovery organisations to undertake their own projects, events and activities in their own localities. This approach is more inclusive of our geographically diverse county, and has revitalised the efforts of both local and countywide organisations and their service users.

This new approach was welcomed by local organisations, and has generated a renewed energy and enthusiasm for collaborative working around recovery. In order to ensure that finance was not a barrier to delivering innovative and local recovery events, or engaging with larger organised recovery events, small grants have been offered to local organisations who support people in recovery.

We had a successful first year in 2019, grant funding six organisations and sixteen separate events and activities. Events included fly fishing on Ladybower Reservoir, a Recovery Football Festival, a community café and various organisations taking part in the annual recovery games in Doncaster. Overall, over 300 people participated in Derbyshire Recovery Month activities in 2019.

Plans for Recovery Month activities during 2020 had to be scaled back due to the uncertainty around the COVID-19 pandemic. However, a few organisations were able to do some small scale, outdoor activities such as a recovery walk when restrictions allowed.

After the Government announced the Roadmap out of lockdown in February 2021, organisations were invited to apply for funding to support Recovery Month activities in September 2021 but were advised where possible to:

- plan a main activity and a contingency activity
- plan outdoor activities

This was stipulated in case Government restrictions are tightened in September 2021 and to ensure we have some form of Recovery Month celebration taking place.

Five organisations submitted applications covering ten activities/events, and these were considered by an evaluation team comprising the Health Improvement Practitioner for Substance Misuse and the Healthcare Public Health Practitioner for Substance Misuse using a pre-determined, objective scoring template. Nine activities/events scored successfully against the scoring criteria.

It is therefore proposed to provide grants to the following organisations to enable them to engage in the Recovery Month activities for 2021.

Please note the value of £8,085 would be grant funded if all the higher cost activities went ahead and the value of £3,790 would be grant funded if all the lower cost activities went ahead.

Please also note that some national activities such as the National Recovery Games and National Recovery Walk are not fully confirmed as of yet due to uncertainty around social distancing that could be in place in September.

1. Chesterfield FC Community Trust

| Activity number | Main or contingency activity | Activity/event | Location | Funding specifics | Costs |
|-----------------|------------------------------|--|----------------------------------|---|-----------|
| Activity 1 | Main | Hosting the Derbyshire Recovery Football Festival (in partnership with Derby County Community Trust) | St Georges Park, Burton on Trent | Coach hire Pitch hire Water Hand sanitizer PPE Refreshments | £2,095.00 |
| | Contingency | Hosting a Derbyshire Recovery football fixture in partnership with Derby County CT and Stand To | St Georges Park, Burton on Trent | Minibus hire Pitch hire Water Hand sanitizer PPE Refreshments | £1,715.00 |
| Activity 2 | Main | Attending the National Recovery Games in partnership with Stand To | Newcastle | Coach hire Refreshments Packed lunches T shirts PPE Hand sanitizer | £815.00 |
| | Contingency | Local recovery walk | Chesterfield | Water Hand sanitizer PPE | £115.00 |

2. Derby County Community Trust

| Activity number | Main or contingency activity | Activity/event | Location | Funding specifics | Costs |
|-----------------|------------------------------|---|-----------|--|-----------|
| Activity 3 | Main | Recovery football fixture against Blackpool FC CT | Blackpool | Coach hire Pitch hire T shirts Refreshments | £1,000.00 |
| | Contingency | No contingency planned | | | |

3. Derventio Housing Trust

| Activity number | Main or contingency activity | Activity/event | Location | Funding specifics | Costs |
|-----------------|------------------------------|---|-----------------------|---|-----------|
| Activity 4 | Main | Hosting transport for the Derbyshire Recovery Network to the National Recovery Walk | Venue to be confirmed | Coach hire Refreshments T shirts Banner | £1,785.00 |
| | Contingency | Local recovery walk | Derbyshire | T shirts Refreshments Travel costs to walk location | £830.00 |

4. Stand To

| Activity number | Main or contingency activity | Activity/event | Location | Funding specifics | Costs |
|-----------------|------------------------------|--|--------------|--|----------|
| Activity 5 | Main | Hosting Recovery Rockboxathon (inviting all partners) | Chesterfield | Instructor hire Venue hire Minibus hire Travel costs to minibus pick up T shirts Refreshments | £880.00 |
| | Contingency | Hosting Recovery RockBox fitness session (with CFCCT only) | Chesterfield | Instructor hire Venue hire Minibus hire Travel costs to minibus pick up T shirts Refreshments | £850.00 |
| Activity 6 | Main | Attending the National Recovery Games in partnership with Chesterfield FC CT | Doncaster | T shirts Refreshments Travel costs to minibus pick up | £295.00* |
| | Contingency | No contingency planned | | | |

| | | | | | |
|------------|-------------|---|------------|---|---------|
| Activity 7 | Main | Attending the Reuse and Recover Garden celebration hosted by Rhubarb Farm | Bolsover | Minibus hire Travel costs to minibus pick up T shirts | £280.00 |
| | Contingency | Local recovery walk | Derbyshire | Minibus Travel costs to minibus pickup T shirts Refreshments | £360.00 |

*This is a contribution as Stand To have match funding from the Armed Forces Covenant Trust for this activity.

Stand To are also using residual funds from cancelled recovery Month events in 2020 to fund the following activity to celebrate Recovery Month in 2021:

- Attending the Derbyshire Recovery Football Festival (hosted by Chesterfield FC Community Trust)

5. Rhubarb Farm

| Activity number | Main or contingency activity | Activity/event | Location | Funding specifics | Costs |
|-----------------|------------------------------|---|--------------|---|---------|
| Activity 8 | Main | Hosting the 'Reuse and Recover Garden' opening event (open to all organisations in the Derbyshire Recovery Network) | Bolsover | Food Archery activity Archery instructors | £770.00 |
| | Contingency | No contingency | | | |
| Activity 9 | Main | Transport to Rockboxathon | Chesterfield | Minibus hire Fuel | £85.00 |
| | Contingency | No contingency | | | |

All organisations currently deliver projects with people in recovery in Derbyshire.

3 Social Value considerations:

Social value benefits of recovery are highlighted by the 'Life in Recovery' Study (September, 2015) by Professor David Best from Sheffield Hallam University. This study showed that people moving into recovery were more likely to be in education or employment, to volunteer, eat healthily and take regular exercise.

4. Financial considerations

The total amount allocated to develop Recovery Month activity in Derbyshire is £20,000 over three years. This was approved from underspends from the demand-led elements of the substance misuse budget which is met through the Public Health Grant. To date, £10,688 has been allocated to Recovery Month activities in 2019-20 and 2020-21.

5. Legal/ HR considerations

The Council's standard grant agreement shall be used to set out the terms and conditions for which the grant is made, which provides for clawback of funding in certain circumstances and shall also provide that the Council is not liable for any employment liabilities.

6. Other considerations

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, equality of opportunity, environmental, health, property and transport considerations.

7. Background papers:

Adult Care Senior Management Team paper 13 November 2018 "Reducing the harm of substance misuse in Derbyshire"

Paper for Cabinet Member, Health and Communities 11 April 2019 "Reducing the harm of substance misuse in Derbyshire"

Paper for Cabinet Member, Health and Communities 27 June 2019 "Reducing the harm of substance misuse in Derbyshire"

Paper for Cabinet Member, Health and Communities 03 February 2020 "Reducing the harm of substance misuse in Derbyshire"

Paper for Cabinet Member, Health and Communities 14 May 2020 "Reducing the harm of substance misuse in Derbyshire"

8. Key Decision: No

9. Call-in:

Is it required that call-in be waived for any decision on this report? No

10. Officer's Recommendation:

That the Cabinet Member for Health and Communities approves the award of grants as detailed in the report to support Recovery activities for 2021 in Derbyshire.

**Dean Wallace
Director of Public Health**

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PUBLIC
Author: Andy Raynor

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

22 July 2021

Report of the Director of Public Health

Transfer of Sexual Health Out of Area Underspend to Derbyshire Community Health Services NHS Foundation Trust and Procurement of a Research Project

1. Purpose of the report:

To seek Cabinet Member approval to transfer a proportion of the underspend from the Public Health Sexual Health 20/21 Out of Area Budget to Derbyshire Community Health Services NHS Foundation Trust (DCHS) to support innovations in the Sexual Health Promotion Service.

Also, to seek Cabinet Member approval to procure and award a research project with the aim of understanding the sexual health and wellbeing needs and barriers to accessing services for those who are disproportionately affected by poor sexual health outcomes.

2. Information and analysis:

The annual budget for the Derbyshire Integrated Sexual Health Service for 2020/2021 was £4,971,457. Most of this budget is allocated across five tariff-based elements of the contract equating to £4,148,409.

Due to the COVID 19 pandemic in the 2020/2021 financial year all payments for the sexual health service have been paid using block payments. These block payments do not include the additional Out of Area (OOA) budget held by the Council to pay for Derbyshire residents who access sexual health services in other areas of the country. There is an additional £1.6 million for these OOA costs.

The COVID-19 pandemic has led to a reduction in travel and subsequently less people accessing sexual health services in other areas of the country. As a result, there was a substantial underspend in the 2020/2021 financial year within the OOA budget of £837,721.

SMT have given approval to utilise a proportion of this underspend to support the delivery of additional sexual health services. This paper seeks approval to transfer some of these funds to DCHS.

By transferring these funds to Derbyshire Community Health Services NHS FT, it will enable the Sexual Health service to provide the highest service quality by utilising core contacts, knowledge, and skills. This also enables an excellent opportunity for a joint working partnership approach between Derbyshire County Council and Derbyshire

Community Health Services NHS FT as we move forward into the Integrated Care System model.

The additional elements are:

1. Sexual Health Promotion Outreach Van, that will offer a community-based and targeted approach which addresses health inequalities, reduces stigma, and normalises positive sexual health for all by taking sexual health provision into communities to increase engagement.
2. Derbyshire Integrated Sexual Health Service (ISHS) Accessibility and Engagement Fund, to support organisations and groups which work with communities most vulnerable to poor sexual health. Whilst the ISHS proactively works to address stigma around accessing sexual health services for some hard to reach communities there are often significant barriers to accessing mainstream services. The best way to work with these groups is to work with organisations that already have established relationships with them. Therefore, this fund invests in community projects, groups and activities which aim to address these barriers and improve sexual health outcomes for vulnerable groups.
3. MSM. Sexually active gay, bisexual and other men who have sex with men are at higher risk of contracting STIs. In the UK over half of all new HIV positive results occur among MSM and the majority of new syphilis infections are in this community. This cohort are hard to reach and tend to be involved with multiple risky behaviours. Therefore, it is proposed that DCHS subcontract with a specialist organisation to target these high risk groups.
4. IT developments, to allow more routine issues to be self-managed and give more time for vulnerable clients to be seen face to face in a clinic setting. This will be done by upgrading some of the IT infrastructure across the sexual health service and the deployment of self-serve check in kiosks at the main clinic in Chesterfield.
5. Summer campaign. The lockdowns have restricted the movements of most single people and with the potential of a summer easing resulting in increased opportunities to get-together, the service needs to be ready to encourage those aged 16 and over to have fun with their freedom but enjoy safer sex. The intention is to create a visible and fun summer campaign that gets people talking and is inquisitive enough for people to want to find out more and remind them about the Derbyshire Integrated Sexual Health Service.

This paper also seeks approval from the Cabinet Member for permission to procure an organisation with a proven track record of research and evaluation to:

1. undertake a piece of collaborative research with DCHS to understand the sexual health and wellbeing needs and barriers to accessing services for those which are disproportionately affected by poor sexual health outcomes; and
2. to provide for these groups a set of co-developed recommendations for delivering effective and accessible Integrated Sexual Health services. This project will be procured via the public health commissioning team and will be funded from the OOA underspend.

Finally, this paper seeks approval from the Cabinet Member to delegate the authority to award the contract for this piece of work to the Executive Director.

3. Social Value considerations:

The Derbyshire Integrated Sexual Health service will continue to support the local community, with regard to the health and wellbeing of the population and will contribute to a thriving Derbyshire by providing a service that enables residents to develop healthy behaviours.

In addition to delivery of the overall sexual health service, DCHS have also committed to delivering the following outcomes in Derbyshire:

- Supporting local businesses to expand;
- Developing the talents and skills of local people;
- Reducing organisations' running costs so they can target their resources where they are needed most; and
- Investing in local businesses, and working with them to design and shape services that meet local needs.

DCHS will continue to develop ways to deliver services against these outcomes during the Covid-19 pandemic. DCHS will continue to provide specialist coaching and training for community and voluntary organisations within Derbyshire where appropriate.

Evidence suggests that investing more in the upstream sexual health promotion elements of the service will improve long term outcomes. There is strong evidence of cost-effectiveness for a range of sexual health interventions and this work area is developing further to show impact of sexual health interventions on wider socio-economic factors e.g. a teenage pregnancy can have a risk of negative impact on mother and child through impact on schooling, employment, benefit and housing costs.

4. Financial Considerations.

The value of each of these additional projects is.

- Outreach van £40,000
 - Accessibility and Engagement Fund £50,000
 - MSM organisation £35,000
 - IT developments £40,000
 - Marketing £20,000
- Total to be transferred to DCHS £185,000
- Research Project to be commissioned by DCC £60,000

The underspend for the 20/21 Public Health OOA budget was £837,721 and the finance for these projects can be provided from this underspend.

5. Legal Considerations

The approval to transfer £185,000 for the 5 elements laid out within this report to Derbyshire Community Health Services NHS Foundation Trust will be made under Protocol 10 of Derbyshire County Council's Financial Regulations and PCR2015

regulation 72 (b) (i) and (ii). Both Procurement and Legal Services have been consulted as part of the business case approval which is required as part of the Protocol 10 process.

The procurement of research will be carried out in accordance with Protocol 5 of Derbyshire County Council's Financial Regulations. Protocol 5 stipulates that where a procurement is not included in the approved Departmental Service Plan, approval to award the contract must be obtained from the appropriate Cabinet Member. The Constitution allows the Cabinet Member to delegate this function to the Executive Director.

5. Other considerations:

In preparing this report the relevance of the following factors has been Considered; prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property, and transport considerations.

5. Background papers:

SMT Paper, 22 March 2021, Utilisation of Underspend from the Sexual Health Out of Area Budget.

Business case to Transfer of Sexual Health Out of Area Underspend Funds to Derbyshire Community Health Services NHS Foundation Trust.

6. Key Decision:

No

7. Call-in:

Is it required that call-in be waived for any decision on this report? No

8. Officer's Recommendation:

That the Cabinet Member:

1. approves the transfer of funding to DCHS to the value of £185,000 from the OOA budget for the Sexual Health Promotion Outreach Van; Derbyshire Integrated Sexual Health Service (ISHS) Accessibility and Engagement Fund; commission a specialist for MSM & LGBT community; IT developments; and marketing projects.
2. approves the procurement of a provider to undertake a piece of collaborative research with DCHS to understand the sexual health and wellbeing needs and barriers to accessing services for those which are disproportionately affected by poor sexual health outcomes with a maximum value of £60,000; and
3. delegates the authority to award a contract for the research to the Director of Public Health.

Dean Wallace
Director of Public Health