

# Public Document Pack



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PUBLIC

To: Members of Cabinet Member - Health and Communities

Tuesday, 24 August 2021

Dear Councillor

Please attend a meeting of the **Cabinet Member - Health and Communities** to be held at **11.00 am** on **Thursday, 2 September 2021** in Committee Room 3; 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 22 July 2021 (Pages 1 - 6)
3. To consider the non-exempt 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 on Performance and Budget Monitoring/Forecast Outturn 2021-22 (Quarter 1) (Pages 7 - 26)

4. To consider the non-exempt reports of the Director of Public Health:
  - 4 (a) Covid-19 Emergency Fund Update (Pages 27 - 34)
  - 4 (b) Community Testing Update (Pages 35 - 40)
  - 4 (c) Mental Health and Suicide Prevention Project (Pages 41 - 46)
  - 4 (d) Erewash Health and Wellbeing Partnership Grant Allocation (Pages 47 - 52)

**MINUTES** of a meeting of the **CABINET MEMBER FOR HEALTH AND COMMUNITIES** held on 22 July 2021 at County Hall, Matlock

**PRESENT**

Councillor C Hart – Cabinet Member

**35/21** **MINUTES RESOLVED** that the non-exempt minutes of the meeting of the Cabinet Member for Health and Communities held on 17 June 2021 be confirmed as a correct record.

**36/21** **PERFORMANCE AND REVENUE OUTTURN 2020-21** The Cabinet Member was provided with an update on the Council Plan performance position and the revenue budget position of the Health and Communities portfolio for 2020-2021.

The report showed that progress was "good" or "strong" for the portfolio. After the use of additional Covid-19 funding, the budget forecast position saw an underspend of £2.091m. It was calculated that £0.216m of savings had been achieved by the year end compare to target savings of £0.150m and the value of savings initiatives, which had been identified for implementation in the current year, of £0.216m.

The report contained detailed tables and graphs showing an overview of progress on deliverables and measures. Key areas of success were Pause Derbyshire which continued despite the challenges of the pandemic and service restrictions; the Community Response Unit in response to winter pressures and Covid-19; and online weight management programme. Areas for consideration were 0-5 Service and new pre-school contact. Appendix A provided further information.

The net controllable budget for the portfolio was £11.248m. The Revenue Outturn Statement for 2020-21 indicated that there was a year-end underspend of £2.091m. The significant areas which made up the outturn were detailed in the report.

Key variances in Live Life Better Derbyshire, Sexual Health, OBA Priorities, Place Based Approach and Trading Standards were detailed showing underspends, and the Coroners Service saw an overspend of £0.167m. Covid funding was also detailed.

Budget reduction targets totalled £0.216m. There was an over-achievement of savings of £0.066m which was brought forward to the current year and resulted in total reductions of £0.150m at the start of the year.

The portfolio received additional budget allocations: Coroners service - £0.101m and Community Safety Domestic Violence - £0.500m one-off payment. Earmarked reserves were detailed within a table and had already been committed for 2021-22 onwards.

**RESOLVED** – that the Cabinet Member note the report and consider whether there were any further actions that should be undertaken to address performance, where it has not met the desired level.

**37/21 PUBLIC HEALTH APPROACH TO ADDRESSING THE DIGITAL DIVIDE** Approval was sought from the Cabinet Member 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.

It was estimated that approximately 1.9 million households in the UK did not have access to the internet and were digitally excluded and up to 9 million people struggled to use the internet independently. The COVID-19 pandemic had further highlighted the digital divide and there was a growing recognition of the importance of internet access within family and social networks, communities and the economy, accelerating the need to address the digital divide. Figures showed that in Derbyshire, 62,000 people may never have used the internet and many more lacked basic digital skills.

There was a strong correlation between digital exclusion, financial exclusion and social exclusion. COVID-19 had led to a widening of this digital divide, as more products and services moved online and became ‘digital by default’. Those facing digital exclusion were likely to have other challenges and factors that made it difficult for them to access and engage with services and/or get support and information. Digital inclusion was essential to reduce health inequalities and help tackle financial and social exclusion. Further local studies had highlighted that digital approaches were transforming society and was at the heart of how public, social and economic life was configured.

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. The proposal put forward a strengths-based collaborative effort to tackle and break down barriers to creating a digitally inclusive Derbyshire; the key elements were detailed within the report. The proposal and costings had been informed and benchmarked by examples of good practice including the successful model adopted by the ‘100% Digital Leeds’ programme, which was used to inform the proposal outlined. Further background information could be found in Appendix 1.

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

1. Direct savings to the investor by encouraging and enabling beneficiaries to use online public services which had a lower delivery cost.
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).

Key stakeholders had already demonstrated a significant appetite to be involved in partnership work around this agenda plus a well-established Public Health locality programme offered the opportunity to connect with local people, supporting and empowering them to influence the project planning and development. A wide variety of work was underway and additional capacity was needed to strengthen, build, identify, engage and link partners across the complex system.

**RESOLVED** – that the Cabinet Member 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.

**38/21      REDUCING THE HARM OF SUBSTANCE MISUSE IN DERBYSHIRE**

Approval was sought from the Cabinet Member approval for the award of Recovery Month grants to a total value of between £3,790 (grant funded if all the lower cost activities went ahead) and £8,085 (grant funded if all the higher cost activities went ahead).

Recovery Month, a national event, took place in September each year and had been celebrated in Derbyshire since 2014. Local activities had previously concentrated on large scale events in Chesterfield, which took considerable resources to organise, and a number of smaller but active recovery organisations from other parts of the county; these had struggled to take part in a meaningful way, which had resulted in Recovery Month in Derbyshire losing momentum.

On 13 November 2018 approval was granted for 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 had revitalised the efforts of both local and countywide organisations and their service users and had generated a renewed energy and enthusiasm for collaborative working around recovery. Small grants had been offered to ensure that finance was not a barrier to delivering innovative and local recovery events, or engaging with larger organised recovery events.

Due to the uncertainty around the COVID-19 pandemic, plans for Recovery Month activities during 2020 had to be scaled back however, a few organisations were able to do some small scale, outdoor activities such as a recovery walk. From 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 and plan outdoor activities.

Applications were submitted covering ten activities/events; nine activities/events scored successfully against the scoring criteria and grants awarded accordingly – these were tabled in detail within the report. All organisations currently deliver projects with people in recovery in Derbyshire.

**RESOLVED** - that the Cabinet Member approve the award of grants as detailed in the report to support Recovery activities for 2021 in Derbyshire.

**39/21      TRANSFER OF SEXUAL HEALTH OUT OF AREA UNDERSPEND TO DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST AND PROCUREMENT OF A RESEARCH PROJECT**

Approval was sought from the Cabinet Member 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 and 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.

The annual budget for the Derbyshire Integrated Sexual Health Service for 2020/2021 was £4,971,457, allocated across five tariff-based elements of the contract totalling £4,148,409. During 2020/2021 financial year, all payments for the sexual health service had been paid using block payments, which do not include the additional Out of Area (OOA) budget for Derbyshire residents who access these services in other areas of the country. The COVID-19 pandemic resulted in a substantial underspend within the OOA budget of £837,721.

Approval had been given to utilise a proportion of this underspend to support the delivery of additional sexual health services with the transfer of some of these funds to DCHS. This enabled the Sexual Health service to provide the highest service quality by utilising core contacts, knowledge, and skills and an excellent opportunity for a joint working partnership approach between Derbyshire County Council and Derbyshire Community Health Services NHS FT.

The additional elements were:

1. Sexual Health Promotion Outreach Van;
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;
3. MSM (sexually active gay, bisexual and other men who have sex with men) who were at higher risk of contracting STIs and HIV;
4. IT developments; and
5. Summer campaign to encourage those aged 16 and over to have fun with their freedom but enjoy safer sex.

The report went on to seek 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 were disproportionately affected by poor sexual health outcomes; and
2. provide a set of co-developed recommendations for delivering effective and accessible Integrated Sexual Health services.

Evidence suggested that investing more in the upstream sexual health promotion elements of the service improved long-term outcomes. There was strong evidence of cost-effectiveness for a range of sexual health interventions and

development to show impact of sexual health interventions on wider socio-economic factors.

**RESOLVED** - that the Cabinet Member (1) approve 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) approve 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) delegate the authority to award a contract for the research to the Director of Public Health.

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**FOR PUBLICATION**  
**DERBYSHIRE COUNTY COUNCIL**  
**CABINET MEMBER FOR HEALTH AND COMMUNITIES**

**02 September 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 Budget Monitoring/Forecast Outturn 2021-22 as at Quarter 1**

**(Health and Communities)**

**1 Divisions Affected**

County-wide.

**2 Key Decision**

This is not a key decision.

**3 Purpose of the Report**

To provide the Cabinet Member with an update of the Council Plan performance position and the revenue budget position of the Health and Communities portfolio for 2021-22 up to the end of June 2021 (Quarter 1).

**4 Information and Analysis**

**4.1 Integrated Reporting**

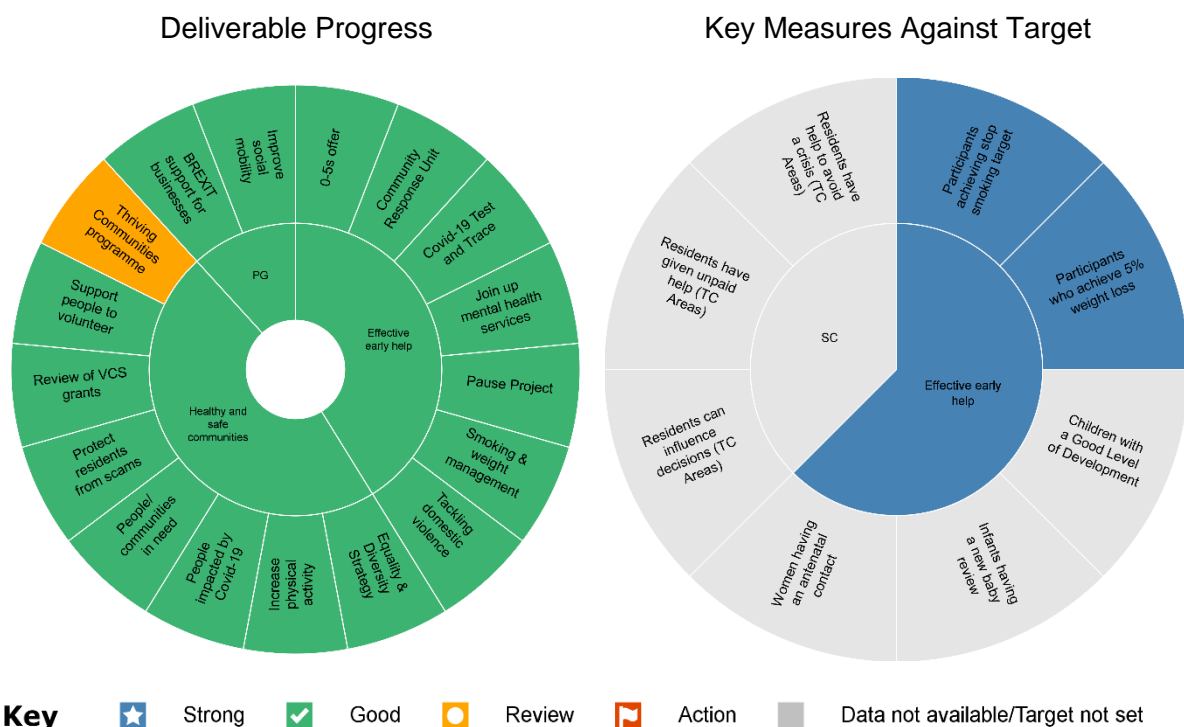
This report presents both financial and Council Plan performance data. The performance summary sets out progress on the Council Plan deliverables and measures led by the Health and Communities portfolio. The remainder of the

report gives a summary and detail on the revenue budget position for the portfolio.

As an overview, the report shows that progress is "good" for the majority of the Council Plan deliverables led by the portfolio, however the deliverable "Worked with communities in a further 8 areas across the county as part of the Thriving Communities programme, listening to and understanding their needs and working together to ensure they thrive" has been flagged as "requiring review". After the use of additional Covid-19 funding, the budget forecast position for 2021-22 is an underspend of £0.343m. It is forecast that £0.213m of savings will have been achieved by the year end. This compares to target savings of £0.255m and the value of savings initiatives, which have been identified for implementation in the current year, of £0.213m.

## 4.2 Performance Summary

The following shows an overview for Quarter 1 of progress on the Council Plan deliverables and key measures relating directly to Health and Communities.



Progress is "good" for the majority of the Council Plan deliverables led by the portfolio.

- For Public Health, the performance against key deliverables is good.
- The Active Derbyshire Network is being expanded through the development of a talking space virtual platform which engage more physical activity partners and target activity with people who are currently inactive to help tackle health inequalities.
- Public Health continues to provide support to those impacted by the pandemic alongside Local Resilience Forum partner. 2,598 local contact tracing calls were completed in Quarter 1 and many of these were locally led rather than being by the national team. Public Health responded to a significant outbreak in Erewash and in High Peak and was part of a multi-agency team that undertook targeted local surge testing in these areas.
- The Community Response Unit is supporting individuals to access vaccinations for Covid-19 by providing practical support, such as access to transport where required. The Community Response Unit is now being embedded into the Public Health strategic approach to health and wellbeing across Derbyshire's communities.
- Despite concerns regarding performance in the previous quarter, both weight management and stop smoking support are now rated as strong. The service continues to be delivered virtually, but more people are setting a quit date than in any quarter in 2020-21 and 348 people have achieved a four week quit. Live Life Better Derbyshire continue to encourage primary care to make referrals to weight management services to increase the number of people participating in this programme.

Further information on the portfolio's Council Plan performance are included at Appendix 2.

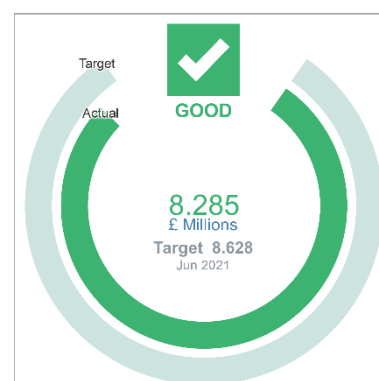
### 4.3 Budget Forecast Summary

The net controllable budget for the Health and Communities portfolio is £8.533m. An additional £0.095m Covid-19 funding will be added to the budget to give a total of £8.628m.

The Revenue Budget Monitoring Statement prepared for Quarter 1 indicates there will be a forecast year-end underspend of £0.248m without Covid-19 funding.

As this underspend will be further increased by the use of £0.095m of additional Covid-19 funding, which has been allocated to the Council to support the costs incurred as a result of the pandemic, the forecast position is an underspend of £0.343m.

Forecast outturn against target budget

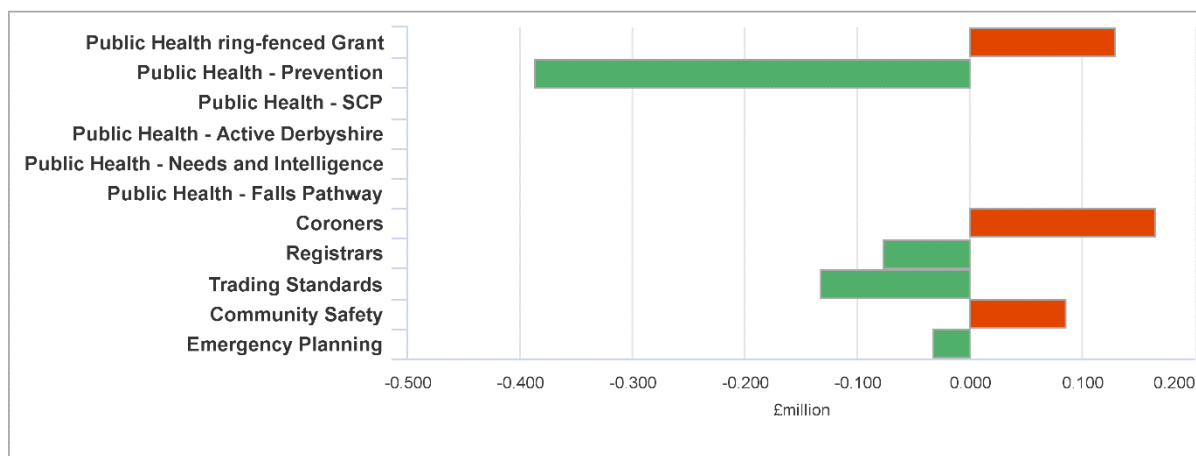


The significant areas which make up this forecast are shown in the following table and graph below:

#### Health and Communities Budget Items

	Controllable Budget £m	Full Year Forecast £m	Forecast Under (-)/Over Spend £m	Percentage Under (-)/Over Spend	Budget Performance
Public Health ring-fenced Grant	0.000	0.130	0.130	100.0%	❌
Public Health - Prevention	3.728	3.341	-0.387	-10.4%	✅
Public Health - SCP	0.186	0.186	0.000	0.0%	✅
Public Health - Active Derbyshire	0.104	0.104	0.000	0.0%	✅
Public Health - Needs and Intelligence	0.068	0.068	0.000	0.0%	✅
Public Health - Falls Pathway	0.119	0.119	0.000	0.0%	✅
Coroners	1.866	2.031	0.165	8.8%	❌
Registrars	-0.535	-0.611	-0.076	-14.2%	✅
Trading Standards	1.200	1.067	-0.133	-11.1%	✅
Community Safety	1.354	1.440	0.086	6.4%	❌
Emergency Planning	0.443	0.410	-0.033	-7.4%	✅
Total	8.533	8.285	-0.248	-2.9%	✅
Covid-19 Funding	0.095				
Total after use of additional funding	8.628	8.285	-0.343	-4.0%	✅

#### Forecast Under (-)/Over Spend



## 4.4 Key Variances

### 4.4.1 Public Health - Prevention, underspend £0.387m

Additional contribution from Public Health Grant for Disabled Employment Team, Local Area Co-ordinators, Time Swap and Pensions Credit project

#### 4.4.2 Coroners Service, overspend £0.165m

Residual running costs on old premises, backlog of invoices relating to Pathology Fees and increase in post mortems and other professional services

#### 4.4.3 Trading Standards, underspend £0.133m

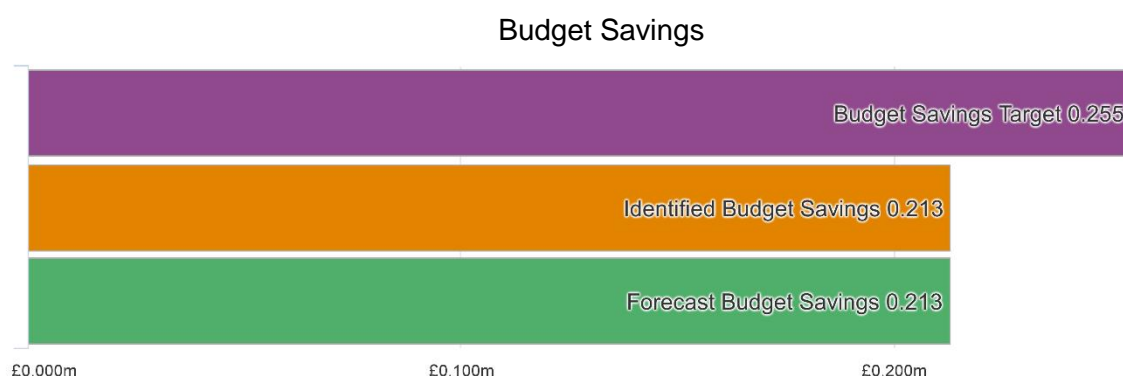
Vacancies have been held due to the restructure and transfer to Place.

### 4.5 Budget Savings

Budget reduction targets totalling £0.271m were allocated for the year. There was an over-achievement of savings of £0.016m that was brought forward to the current year. This has resulted in total reductions to be achieved of £0.255m at the start of the year.

The value of the savings initiatives which have been identified for implementation in the current year is £0.213m.

The shortfall between the total targets and the identified savings initiatives is £0.042m.



There are no additional reductions allocated to this portfolio for the year.

It is forecast that £0.213m of savings will have been achieved by the year-end. The table below shows performance against the target.

#### Budget Savings Initiatives

	Budget Reduction Amount £m	Forecast to be Achieved by the end of 2020/21 £m	Shortfall (-)/ Additional Savings Achieved £m	
Community Safety - increase cost of training	0.007	0.007	0.000	✓
Trading Standards - reduction in staffing	0.040	0.040	0.000	✓
Public Health - funding of Prevention from Public Health Grant	0.155	0.155	0.000	✓
Public Health - review of Prevention Services	0.011	0.011	0.000	✓
Total Position	0.213	0.213	0.000	✓
Shortfall/(Surplus) of Identified Savings	0.042	0.000	-0.042	

	Budget Reduction Amount £m
Prior Year B/f	-0.016
Current Year	0.271
Budget Savings Target	0.255

## 4.6 Earmarked Reserves

Earmarked reserves totalling £15.237m are currently held to support future expenditure. Details of these reserves are as follows:

Reserves		£m
Public Health ring-fenced Reserve	=	8.532
Public Health ring-fenced Covid Test & Trace funding Reserve	=	3.385
Comm Safety DV prevention	▼	1.104
Public Health ring-fenced Covid Community Testing funding Reserve	=	0.771
Public Health ring-fenced Covid CEV funding Reserve	=	0.698
Public Health externally funded Reserve	=	0.240
EM Reserve - POCA	=	0.136
Trading Standards - Covid work	↑	0.092
Scams Prevention	↑	0.087
Syrian Refugee	=	0.079
Emergency Planning Reservoir reserve	=	0.078
Comm Safety	=	0.021
EM RR -Trusted Trade	▼	0.014
<b>Total Reserves</b>	▼	<b>15.237</b>

### Key




- ↑ Reserve has increased over the quarter
- = Reserve is unchanged over the quarter
- ▼ Reserve has decreased over the quarter

## 4.7 Traded Services

A trading area is where the Council receives income in return for providing discretionary services to external organisations and/or individuals.

### Partially Traded Areas

'Partially traded' trading areas do not have a net controllable budget of £0, but they do receive income from external entities which contributes to funding some of the discretionary services they provide. The financial performance of these areas is as follows:

Service Area	Trading Area	Budgeted Income Target £m	Projected Actual Income £m	Forecast Excess/ Shortfall(-) compared to Target £m	Performance
Public Health	Mental Health course delivery	0.003	0.003	0.000	
Public Health	School Crossing Patrol SLA sites	0.012	0.012	0.000	
CCP	Registrars	1.248	1.625	0.377	

## 5 Alternative Options Considered

Not applicable.

## 6 Implications

Not applicable.

## 7 Background Papers

Budget monitoring - held on file within the Commissioning, Communities and Policy Department. Officer contacts – Emma Hickman (Emergency Planning), Paula Littlewood (Community Safety, Trading Standards, Coroners and Registrars), Claire Hendry/David King (Public Health).

Performance - Ellen Langton (Public Health Lead – Policy).

## 8 Appendices

Appendix 1- Considerations

Appendix 2- Health and Communities Performance Report Quarter 1, 2021-22

## **9 Recommendation**

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

## **10 Reasons for Recommendation**

Not applicable.

## **11 Is it necessary to waive the call-in period?**

No

**Report Authors:** David King, Finance Officer, Commissioning, Communities and Policy and Ellen Langton, Public Health Lead – Policy

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## **Implications**

### **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 consideration



## Health and Communities Quarter 1 Council Plan Performance Report 2021-22

### Progress on Council Plan deliverables and key measures

#### Resilient, healthy and safe communities

##### Worked with communities in a further 8 areas across the county as part of the Thriving Communities programme, listening to and understanding their needs and working together to ensure they thrive

Rating: Review

Expected completion date: 31 Mar 2022

The new Thriving Communities Board has been established with the commitment to drive forward the approach within communities across Derbyshire. A structured programme of Board sessions, designed to close the gap between the system and communities, has already begun to create a dynamic relationship between strategic leaders and practical local activity.

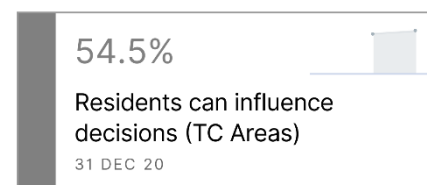
The Board agreed to support continued growth of the Thriving Communities approach in Cotmanhay, Shirebrook, Gamesley and Newhall and to expand work, initially, into four new areas, Langley Mill, Staveley, Ashbourne (and surrounding areas) and homelessness. Work which had been paused in Danesmoor/ Clay Cross due to a lack of capacity and interest locally will remain on hold.

Board members have entered into in-depth dialogue about embedding the approach by receiving insight about the current situation in local communities, how public services are collaborating with local people (and each other) and the opportunities and challenges this presents in shifting culture to Thriving Ways of Working. This has been made more difficult during the pandemic, as the approach is grounded in creating human relationships and working practically together to find and release the potential of people and communities at the local level in community spaces.

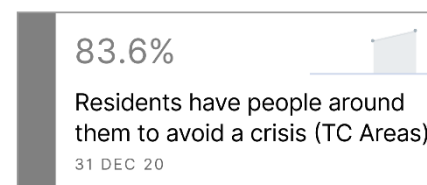
The reduction in the local presence of services and restrictions on community activity as a result of the pandemic has led to a delay to the programme, meaning that there is some risk to achieving the roll-out into the additional 8 communities within the programme timescale. Progress will be monitored and additional capacity may need to be considered as appropriate.

Establishing the Board however has been extremely successful, supported by developments including:

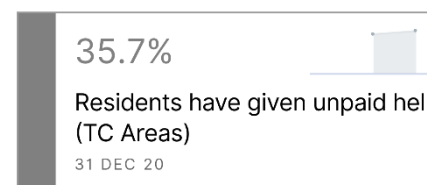
- A set of Thriving Communities Guidebooks which have been created to outline the model, ways of working, story, methodology and tools for practical application, alongside a bespoke evaluation framework which is being used to baseline and monitor progress in shifting culture and practice at all levels;



2019-2020	51.1%
2020-2021	54.5%
Target 20-21	58.0%
Performance	
2021-2022	Due in Q3
Target 21-22	55.0%



2019-2020	64.2%
2020-2021	83.6%
Target 20-21	70.0%
Performance	
2021-2022	Due in Q3
Target 21-22	70.0%



2019-2020	33.1%
2020-2021	35.7%
Target 20-21	32.0%
Performance	
2021-2022	Due in Q3
Target 21-22	36.0%

- Three successful dialogue-based sessions have been run, and attended by both board members and a range of officers in management and frontline roles.

Thriving Communities 'Connected Teams' have continued to fill gaps locally, providing support such as personal care, delivering meals, raising donations for people in crisis, helping prepare peoples' homes for return from hospital and offering a welcoming 'place to go' for any local issues. They have been a lifeline for those without family or support networks and have provided a bridge between local people and services. They are active in helping partners to understand the root cause of problems (e.g. drug problems, assaults, gangs causing property damage) and create local solutions. They are also helping to bring new opportunities into communities by providing a way for local employers to connect with people and generating investment via external funding and donations.

The three survey questions will be included in annual residents survey will take place during Quarter 3. This will provide updated responses figures for the established Thriving Communities areas against targets for 2021-22 set in line with previous performance and trends.

### **Worked with partners through the Active Derbyshire network to increase the number of people in local communities taking part in physical activity, including reviewing and updating the Derbyshire Cycle Plan**

Rating: Good

Expected completion date: 31 Mar 2022

The Active Derbyshire network has been expanded through the development of the Talking Space virtual platform. The platform has engaged a much broader number of partners from across the physical activity system. The platform has enabled themed discussions to be held, which have helped partners understand and connect with inactive people and communities. The network has also enabled over £400,000 of external funding from Sport England's Tackling Inequality Fund and Young Peoples Fund to be delivered in the county.

In terms of the Derbyshire Cycle Plan a review is currently progressing. A key deliverable of the Plan has been the increased activity around cycling at a local level. Active Derbyshire has worked with Local Authorities, Public Health and the Council's Sustainable Travel colleagues to enable the local system to come together and create new opportunities for active travel and recreational cycling.

### **Provided support to people and communities in need, including financial help from our discretionary fund, and support for those affected by flooding**

Rating: Good

Expected completion date: 31 Mar 2022

The Derbyshire Discretionary Fund has supported Derbyshire residents with 3,126 awards in Quarter 1. There were 2,622 awards of Emergency Cash Payments; 216 awards of Exceptional Pressure Grants; 153 awards under the Covid Winter Grant Scheme funding that ended on 16 April 2021; and 135 awards under the Covid Support Payments provision which began on 11 May 2021. There have been no instances of flooding hardship this quarter.

✔ **Put in place a new Equality and Diversity Strategy, setting out priority actions the Council will take to reduce discrimination and tackle inequalities**

Rating: Good

Expected completion date: 31 Mar 2022

Following a preliminary workshop and discussions across the Council, a set of initial draft equality and diversity priorities have been identified. These have formed the basis of the initial draft Equality and Diversity Strategy 2021-25 which is currently in development. Engagement on the proposed draft Strategy with workshop participants and other stakeholders will take place over coming months with public consultation on the draft Strategy planned for Autumn 2021. The final Equality and Diversity Strategy will be presented for adoption by full Council in February 2022.

✔ **Provided targeted support to protect residents who are most susceptible to scams, fraud and financial abuse**

Rating: Good

Expected completion date: 31 Mar 2022

Officers have responded to more than 300 referrals from the National Trading Standards Scams Team and other local partners to respond to referrals for help and support. Over 80 vulnerable residents have received one-to-one support to help them recognise current scams, and where a client has been a victim, Trading Standards have intervened with banks and other businesses to seek compensation and refunds. In addition Trading Standards have continued to install call blocker devices at the homes of those most residents that are most vulnerable. These devices have so far prevented over 100,000 nuisance and scam calls since the installations started.

✔ **Supported more Derbyshire people to volunteer to help their communities, learning from and building on the remarkable response to the Covid-19 pandemic**

Rating: Good

Expected completion date: 30 Sep 2022

In its very early stages, officers have been working on the scope of this Council Plan priority to ensure that the full depth and breadth of the opportunities of increasing volunteering can be discussed before work is taken forward. There are a number of services already benefitting from the assistance of volunteers and it essential that all approaches are considered as this priority is developed. Discussions on this priority will be held with senior officers at the earliest possible opportunity.


✔ **Worked with partners and supported individuals, communities and businesses who have been impacted by the pandemic**

Rating: Good

Expected completion date: 31 Mar 2022

Public Health continues to work alongside the Local Resilience Forum partners across Derbyshire to support communities to recover from the pandemic. We have continued to make funding available to small groups and organisations via the COVID Emergency Fund, which ended on 30 June 2021. In Quarter 1 the fund distributed £41,000 in grants. In addition, we have engaged at a locality level to support communities in the response to Covid-19 and have an established Community Champions network in place who can share the latest updates in relation to Covid-19 information and advice. Public Health continues to provide appropriate advice, information and guidance to support the safe re-opening of different activities. We have conducted and

supported surveys of residents and the third sector to improve our understanding of the impact of the pandemic on people and organisations across Derbyshire.

 **Finalised the review of voluntary and community sector grants and established a consistent approach to future funding to support the sector to recover well, grow and thrive**

Rating: Good

Expected completion date: 31 Mar 2022

Work has continued on the Voluntary and Community Sector (VCS) Grant Funding Review, implementing the plans developed in Quarter 4 of 2020-21 to ensure that momentum is maintained on the review and ensure key pieces of work across the review have commenced.

Officers have continued to develop and embed the new approach for investing in VCS infrastructure to support and has undertaken critical first monitoring meetings with all 13 providers to understand the work providers are undertaking as part of the new approach. Given the ongoing nature of the pandemic and the sector's role in providing a vital community response, work has been undertaken to securing funding for infrastructure organisations for an additional six-month period at a total cost of £226,114 has been critical.

To ensure that there is adequate VCS infrastructure in place to provide ongoing support to response, recovery and resurgence regarding the pandemic, work has been undertaken with Public Health to secure funding for infrastructure providers to ensure adequate capacity to support those identified as clinically extremely vulnerable (CEV) whilst providers pivot back towards their core infrastructure. These proposals, totalling £250,000 will be brought forward in the coming months.

The Council has continued to make usual grant payments during the Covid-19 crisis and has maintained regular contact with relevant organisations. Throughout the period of the pandemic preparatory work for the grants review has been undertaken to establish a baseline of current awards and to develop options appraisals to assist both internal discussions and engagement and consultation with groups at the appropriate time about future funding arrangements.

Organisations are still under significant pressure as a result of the pandemic and work has been undertaken to secure £378,936 funding to ensure the security and stability of the sector is maintained in the interim for a period of six months from 1 October 2021 - 31 March 2022.

Work has also continued to establish a new, single approach to voluntary and community sector grant funding for the Council. Five working groups have been established, with representatives from across the Council, to deliver new policies, processes, rules, regulations and digital infrastructure to support consistent and coordinated development and administration of grant funding to the VCS. This will support the whole Council to improve its funding arrangements with the sector to allow it to recover well from the impact of the pandemic and thrive in the future.

- **Effective early help for individuals and communities**

- ✓ **Continued to operate the Community Response Unit, established during the pandemic, as part of our work to improve health and wellbeing**

Rating: Good

Expected completion date: 30 Sep 2021

The Community Response Unit (CRU) are now offering advice and support to people who require transport to vaccinations. It is now integrated into the strategic approach to health and wellbeing and Public Health recovery work. Calls to the CRU have reduced dramatically over the last few months. In the last quarter, the CRU has answered 161 calls and logged 47 requests for help and support. The most requested type of support was with food, finances, emotional support, information or advice and prescriptions.

A questionnaire is being prepared to send out to everyone who has accessed the CRU since March 2020. This is to ask about their experience of using the CRU and what help and support they may need over the next year. This is intended to help shape the CRU for the medium term

- ✓ **Undertaken local Covid-19 testing and contact tracing activity and provided advice to schools, care homes, businesses and communities to help manage the spread and outbreaks of coronavirus**

Rating: Good

Expected completion date: 31 Mar 2022

There have been 6,086 Covid-19 cases in Derbyshire in Quarter 1. The contact tracing team have completed 2,598 calls. These have been a combination of initial contact tracing when the national team were unable to complete cases (prior to 1 June 2021) and enhanced contact tracing. This has included ensuring that all cases are followed up, support is offered, calls to those with a Variant of Concern have been made with additional questions, enhanced contact tracing has been conducted with all care home staff and any districts where rates have risen as identified by the Incident Management Teams. Derbyshire County Council was approved to be a Local 0 local authority and be the first point of contact for all positive cases in Derbyshire from 1 June 2021.

There have been 110 incidents or outbreaks in education settings and 18 in workplaces that have been managed by the Council. Support including detailed risk assessments, clarification of new guidance and individual queries, including from parents, have been given to all education settings. In addition, there have been 6 outbreaks in care homes that Public Health and Adult Care staff have worked with NHS colleagues and providers to manage the outbreak and reduce risk of further transmission.

In Quarter 1 27,385 lateral flow tests for Covid-19 have been conducted through 29 Council-run Community Testing Sites.

Significant COVID incidents responded to in Quarter 1 include:

- Targeted testing was conducted on the 3rd and 4th June in Gamesley due to high numbers of cases, spread of the Delta Variant and cases associated with the local primary school. Test kits were hand delivered to every household and a mobile testing unit positioned in the area. This resulted in 970 tests being taken in the area. A significant amount of communication was undertaken with local residents and other key stakeholders within the area to ensure a good uptake of testing.
- A large outbreak of over 170 cases at Wilsthorpe School in Erewash required significant resource allocation to work with the school on risk assessments and advice and guidance, enhanced contact tracing across the district, provision of a testing unit on site for all staff, pupils and their households, with a further testing unit deployed for the wider community. A number of cases were reported in other local education settings in the

area, and support was also provided to these settings as well to reduce risk of onward transmission. Regular information was also provided to the wider community.

- Follow up of Delta variant cases – enhanced surveillance and follow-up was undertaken on initial cases of the Delta variant recorded within Derbyshire. Where required, this included visits to households who were non-contactable by phone, working alongside Environmental Health teams. As a response to the Delta variant, the Council worked with PHE to develop a standardised approach to ensure a timely response to follow-up of cases suspected as being a variant of concern, which has now been fully implemented.

**Increased the number of people taking part in stop smoking and weight management programmes**

Rating: Good

Expected completion date: 31 Mar 2022

The stop smoking and weight management service continue to be delivered virtually and via telephone due to the impact of Covid-19. The number of people setting a quit date in Quarter 1 (717 quit dates set) is higher than any quarter of 2020-21 and is higher than 2020-21 Quarter 1 (595 quit dates set). To date 348 participants have achieved a 4 week Quit. Based on our average quit rate of 65% the forecast is 466 individuals to achieve a 4 Week Quit for Quarter 1 2021-22, compared to a target for the quarter of 300.

For weight management there were 412 new starters in Quarter 1 and as weight management is a rolling programme it is forecast that 185 people will lose weight,

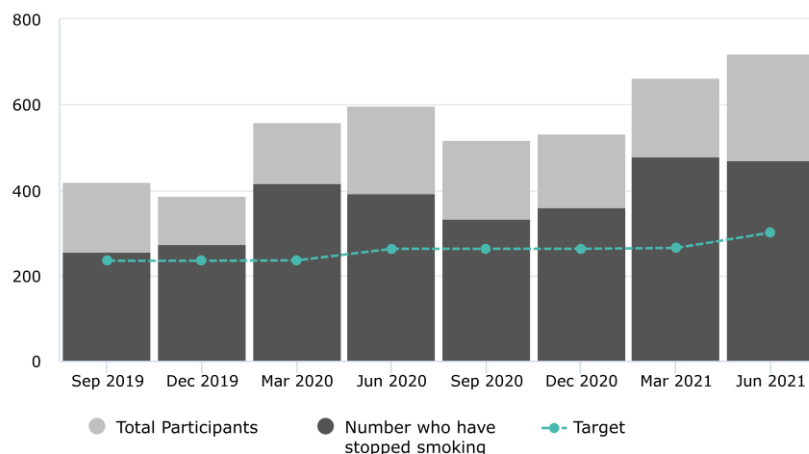
**466**  
Number participants who stop smoking for 4 weeks  
30 JUN 21

2019-2020	1,158
2020-2021	1,554
<b>2021-2022</b>	<b>466</b>
Target	300
Performance	

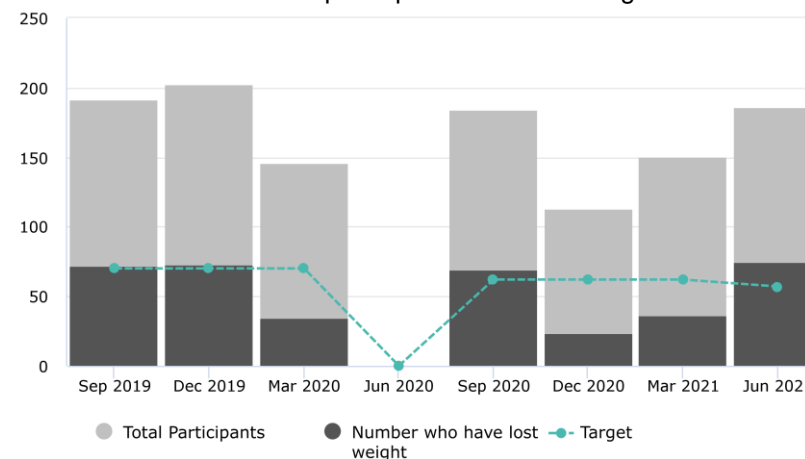
**74**  
Participants who achieve 5% weight loss (projected)  
30 JUN 21

2019-2020	232
2020-2021	127
<b>2021-2022</b>	<b>74</b>
Target	57
Performance	

Number of participants who stop smoking



Number of participants who lose weight



with 74 achieving a 5% weight loss, compared to a target of 57 for the quarter. Due



to Covid-19 the number of people being referred or self-referring and starting our weight management programme is approximately 50% lower than 2019-20 when the service was delivered face-to-face.

We are working with local Clinical Commissioning Groups to engage GP practices to encourage GPs to make more referrals into the service.

### ✔ Worked with partners to join up existing mental health services to promote positive mental wellbeing and improve support for local people

Rating: Good

Expected completion date: 30 Sep 2021

Work with partners is ongoing to develop central sources of information through a countywide website and a mapping tool for mental health support groups. A network of mental health sub-groups, aligned with the health and wellbeing partnerships in each district, connects partners to facilitate communication of local opportunities. Information on campaigns, support and opportunities is regularly cascaded out. In Quarter 1, promotion around Mental Health Awareness Week in May and Men's Health Week in June was circulated, plus a specific focus for mental health sub-groups on the emotional wellbeing of children and young people.

### ✔ Joined up Health Visiting Services and Childrens Centre activities with the NHS to improve service delivery for 0-5s across Derbyshire

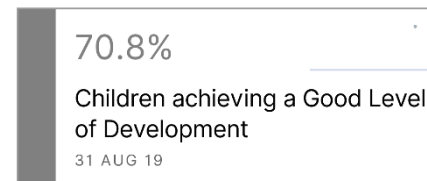
Rating: Good

Expected completion date: 31 Mar 2022

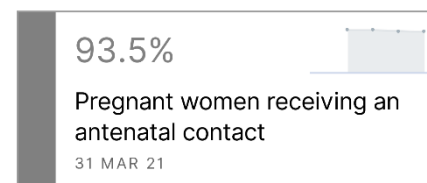
The Strategic Governance Board (SGB) which has oversight of the Section 75 Partnership Agreement between the 0-19 Public Health Nursing Service and Public Health contribution to Children's Centres only met once during the 2020-21 financial year. This was to enable both services as well as Public Health to concentrate resources on responding to the Covid-19 pandemic. The SGB was re-instated fully in March 2021. The main priorities within the SGB are to promote recent changes to vision and hearing screening as well as review the Service Level Agreement in place with Children's Services. Work is also continuing between the 0-19 Public Health Nursing Service and Children's Centres to increase the number of and quality of early help assessments completed.

Early Years Foundation stage assessments to show children's levels of development were cancelled in 2020 due to Covid-19. Assessments are expected to go ahead in August with the target of 71.8% set to be above the national average based on the 2019/20 figure of 70.8%.

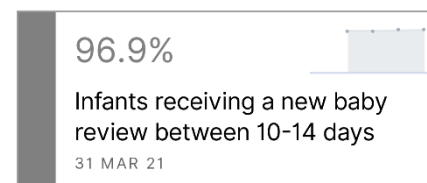
Quarter 1 data for antenatal contact and new baby reviews will be available during Quarter 2. However year end data for 2020-21 show good performance for both with antenatal contacts at 93.5% against the target of 93% and new baby reviews at



2019-2020	70.8%
2020-2021	Cancelled
2021-2022	Due in Q2
Target 21-22	71.8%



2020-2021	93.5%
Target 20-21	93.0%
Performance	✔
Target 21-22	93.0%



2020-2021	96.9%
Target 20-21	94.0%
Performance	✔
Target 21-22	94.0%


69.9% against the target of 94%

 **Developed a needs assessment and strategy to improve arrangements for tackling domestic violence and supporting victims**

Rating: Good

Expected completion date: 31 Mar 2022

The Domestic Abuse Act 2021 requires that the Council complete a needs assessment in relation to accommodation based support for victims of domestic abuse and their families and agree a local strategy by October 2021. This will need to be submitted to the Ministry of Housing, Communities and Local Government. This work is well underway and will be completed within the required timescale. Within Derbyshire, the Council, with partners made the decision to expand the scope of the needs assessment to include all aspects of domestic abuse. As such work will be undertaken with partners to develop a wider domestic abuse strategy by March 2022 and the domestic abuse accommodation strategy will be incorporated into this as it develops.

 **Delivered the 'Pause' programme, to address the needs of more than 50 women who have had multiple children removed into care and to prevent this cycle recurring**

Rating: Good

Expected completion date: 30 Sep 2024

The Pause Project has worked with the current group of women since February 2020 and this will be ongoing up to 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 ill health, substance misuse and children in care. By working systemically and in partnership across a number of organisations and pathways the project has achieved 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%). 27 women are directly engaged with the Pause programme and 2 women have completed the 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 the impact of the pandemic. There have been no further care proceedings; all women are now registered with a GP; 7 women are registered with a dentist and 13 women are 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. Recruitment to the next group has begun, with 89 referrals, including from women leaving care. External evaluation of the programme by the University of Sussex will take place throughout 2021.

## • A prosperous and green Derbyshire

-  **Provided support and advice to local businesses as the UK leaves the European Union, helping them to maximise new opportunities and ensure compliance with relevant legislation**

Rating: Good

Expected completion date: 31 Mar 2022

Bespoke support has been provided directly to Derbyshire businesses, via one-to-one advice, where particular legislative issues have been identified. In addition the service has introduced amended documentation that provides signposting information for clients. This has included targeted mailings to sectors potentially affected by changes to legislation as a result of the European Union Exit, reaching over 300 businesses.






-  **Worked with partners to develop a county wide approach to improve social mobility, targeting underperforming areas across the county**

Rating: Good

Expected completion date: 31 Mar 2022

Work is currently being undertaken to investigate existing models of partnership approaches from across the country to address social mobility along with developing a better understanding of the issues affecting underperforming areas across the county. Social mobility is a key priority for the Vision Derbyshire Achieve Relentless Ambition theme and will form part of the new delivery programme that is being developed for Phase 4 of the approach.

### 1. Key

	Deliverables	Measures
	Strong – performing strongly	Strong – more than 5% better than target (2% better than target if the target is greater than 95%).
	Good – performing well	Good
	Review – will be kept under review to ensure performance is brought back on track	Review – more than 2% worse than target.
	Action – additional action will be/is being taken to bring performance is brought back on track	Action – more than 10% worse than target.
	No commentary has been received	Data not available/Target not set.

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET MEMBER**

**2 September 2021**

**Report of the Director of Public Health**

**Update on Public Health Covid-19 Emergency Fund  
(Health and Communities)**

**1. Divisions Affected**

1.1 County-wide.

**2. Key Decision**

2.1 This is not a Key Decision.

**3. Purpose**

3.1 To provide an update on organisations supported through the Public Health Covid-19 Emergency Fund.

3.2 To provide an update on relaunching the fund to continue to provide support to communities affected by Covid-19.

**4. Information and Analysis**

**Approvals from Covid-19 Emergency Fund**

4.1 The ongoing response to the Covid-19 pandemic has seen many organisations across Derbyshire working to ensure the basic needs of the most vulnerable residents are met, and it has become apparent that a number of community and voluntary sector organisations have insufficient resources to maintain their current level of response. In addition, supporting the clinically extremely vulnerable, social isolation

and requirement for activities to comply with social distancing guidance have compelled many organisations to quickly adapt their service delivery model to operate within the guidance, often requiring additional resources to enable this.

- 4.2 On 24 June 2020, the Cabinet Member for Health and Communities approved the establishment of a Public Health Covid-19 Emergency Fund to support voluntary and community sector organisations in mitigating the impact of Covid-19 on local communities, and to work to improve the health and wellbeing of local populations. Funding of up to a maximum value of £2,000 was available for constituted groups and £250 for non-constituted groups.
- 4.3 The Public Health Covid-19 Emergency Fund from June 2020 to June 2021 was funded from the Public Health Grant. For this reason, all applications had to be linked to the current Public Health work programme, for example to support mental health and emotional wellbeing, increase social connectedness, or to prevent demand on statutory services. This allowed the Public Health Emergency Fund to run concurrently with other corporate grant schemes, whilst retaining a clear focus on improving public health outcomes.
- 4.4 Authority for approval of applications was delegated by the Cabinet Member to the Director of Public Health, with quarterly update reports in respect of organisations funded to Cabinet Member meetings. This is the fifth such quarterly update covering organisations who have received funding from 27 April 2021 to 30 June 2021.
- 4.5 In addition to the 108 organisations that have already been funded, additional applications, detailed below, have also been reviewed and approved for funding. Funding decisions are made by a panel comprising of an Assistant Director in Public Health, a Public Health Lead and a Health Improvement Practitioner, before ratification by the Director of Public Health. The following organisations have been approved for funding:

<b>Organisation</b>	<b>Location</b>	<b>Application details</b>	<b>Funding approved</b>
People Express	South Derbyshire	Virtual art workshops to promote positive mental health	£2,000.00
Friends of New Bolsover	Bolsover	Development of a local community food pantry	£2,000.00
Derbyshire Community Transport	Amber Valley and NE Derbyshire	COVID secure transport to local events and activities	£2,000.00
Limestone	Bolsover	COVID secure community transport	£1,960.00

House		to local activities for socially isolated	
WORTH	Chesterfield	Mental health support sessions for children living in a family impacted by domestic abuse	£2,000.00
15 <sup>th</sup> Long Eaton Sea Scout & Guide Group	Erewash	Support to purchase equipment to allow socially distanced outdoor activities.	£2,000.00
Long Eaton Silver Prize Band	Erewash	Purchase equipment to enable group to undertake rehearsals and event outside.	£1,500.00
The Derbyshire Federation for Mental Health	High Peak and Derbyshire Dales	Mental health support workshops for people who are struggling to manage COVID restrictions/ COVID secure arrangements.	£1,975.10
Jog Duffield	Amber Valley	Jog Derbyshire training for leaders due to increased uptake.	£250.00
Castle Striders	Bolsover	Jog Derbyshire training for leaders due to increased uptake.	£190.00
Hope House Chesterfield Ltd	Chesterfield	Equipment for Walking Group for individuals who are recovering from drug and alcohol addiction	£1,570.00
Jog Riddings	Amber Valley	Equipment to allow Jog Riddings sessions to resume safely	£83.92
Swadlincote Joggers	South Derbyshire	Support for qualified leaders to expand group due to demand following lockdown	£680.00
Ripley Infants PTA	Amber Valley	Outdoor learning hive	£2,000.00
Umbrella Derby and Derbyshire	Amber Valley, Erewash, South Derbyshire and South Dales	Support a mix of virtual and COVID safe outdoor activity for vulnerable children and carers	£1,724.00
Derby Mountain Rescue	County wide	Additional equipment to allow the group to operate in line with COVID guidance	£2,000.00
		<b>TOTAL</b>	<b>£21,933.02</b>

### **Future arrangements for community funding to support ongoing response to the Covid-19 pandemic.**

- 4.6 It is proposed a further £0.100m is allocated to extend and reposition the fund from the Contain Outbreak Management Fund, so Public Health can continue to support local organisations.

- 4.7 Bids over the past year frequently identified challenges relating to loss of income and the need to purchase additional equipment to ensure activities are undertaken safely. Safe operating arrangements are critical to ensuring that case rates remain low and the spread of the disease is disrupted/ minimised. Over the next 12 months community groups across Derbyshire will require ongoing additional support to ensure that they are able manage the continued impact of Covid-19 on their activities. This will be especially important should the case rate increase again into the autumn and winter months.
- 4.8 The extension of the fund will enable the following activity to take place, which is in line with the grant conditions from Government for the Contain Outbreak Management fund:
- Support organisations to reopen safely in line with current guidance.
  - Deliver and coordinate virtual/ digital events and activities where there is a need to do so (Covid-secure).
  - Promote positive mental health and wellbeing and resilience so people have the skills in place to self-isolate and cope with any further periods of lockdown or enhanced restrictions.
  - Strengthen local networks of support and community resilience to ensure local support is available to work alongside statutory services.
  - Support groups that have been disproportionately impacted by Covid-19 and are considered to be at greater risk if there are any subsequent outbreaks (e.g. Black and minority ethnic communities, clinically extremely vulnerable, domestic violence, low income, homeless populations).
- 4.9 Therefore, it is proposed that the small grants scheme continues in 2021/22 and a further £0.100m is allocated to provide small one-off grants of £2,000 for constituted organisations and £250 for non-constituted groups to support activity that meets the outcomes above.
- 4.10 The existing criteria for the fund will be amended to reflect these changes, and will also require that groups and organisations
- be known to the Public Health department through previous partnership working, be known to our Community Response Unit, or be known to the network of District Forums that support the work of the Community Response Unit
  - provide a minimum level of detail, including geographic area covered, contact details for lead individual, and bank details for transfer of funding.
- 4.11 Groups who have previously applied to the Emergency Fund up to 30 June 2021 will be able to apply again recognising that many of the initial projects funded will be coming to an end. Funding would not be provided



to those groups who were looking to extend or further fund activity that has already received £2,000 funding.

- 4.12 The fund will also be renamed to the Covid-19 Community Response Fund to acknowledge the longer lasting impact of the pandemic and the ongoing response required.
- 4.13 The panel considering the grant applications will also make sure decisions are in line with the corporate policy in relation to grants.

## **5. Alternative Options Considered**

- 5.1 Options considered included:
- Ending the grant funding on 30 June 2021 and potentially missing an opportunity to utilise the Contain Outbreak Management Fund available to the authority to further support this activity. If the fund did end local organisations and voluntary groups who are continuing to undertake vital work supporting local communities would have to seek funding from other sources, or if this was not available, not be able to undertake activity.
  - Continuing to fund the grant from the Public Health Reserve, but this was not affordable.

## **6. Implications**

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

## **7. Background Papers**

- 7.1 [Update on Covid-19 Emergency Fund – Cabinet Member for Health and Communities Cabinet Member Committee report](#)
- 7.2 [Establishing a Public Health Emergency Fund to support the response to Covid-19 – Cabinet Member for Health and Communities Cabinet Member Committee Report.](#)
- 7.3 [Update on Covid-19 Emergency Fund – Cabinet Member for Health and Communities Cabinet Member report \(February 2021\)](#)
- 7.4 [Update on Covid-19 Emergency Fund – Cabinet Member for Health and Communities Cabinet Member report \(March 2021\)](#)
- 7.5 [Update on Covid-19 Emergency Fund – Cabinet Member for Health and Communities Cabinet Member Report \(3 June 2021\)](#)

## **8. Appendices**

- 8.1 Appendix 1- Implications.

## 9. Recommendation(s)

- 9.1 The Cabinet Member for Health and Communities is asked to:
- a) Note the allocation of the Public Health Covid-19 Emergency Fund to date.
  - b) Agree to continue to delegate authority to the Director of Public Health to approve awards of no more than £2,000 to individual organisations.
  - c) Agree to receive details of further recipient organisations on a quarterly basis
  - d) Allocate £100,000 to the Covid Community Response Fund from the Contain Outbreak Management Budget to extend the funding arrangements currently in place via the Covid Emergency Fund,
  - e) Note the revisions to the eligibility criteria to align with the Contain framework

## 10. Reasons for Recommendation(s)

- 10.1 The Cabinet Member is required to review the allocations to the Covid-19 Emergency Fund to date.
- 10.2 Continuing to provide delegated authority to the Director of Public Health for grant allocations will ensure that the grants are issued in a timely manner to groups and organisations throughout the pandemic.
- 10.3 Quarterly update reports to the Cabinet Member will provide a timely review of the activity approved by the fund.
- 10.4 Allocating a further £0.100m to the relaunched Covid Community Response Fund will allow the authority to distribute one-off funding from the Government to groups and organisations across Derbyshire to mitigate against the ongoing impact of the pandemic and enable organisations to undertake preventative action to reduce the likelihood of local outbreaks.
- 10.5 Revising the eligibility for the fund will ensure that it operates within the broader grant criteria of the Contain Outbreak Management Fund which will be the funding source for 2021/22.

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

- 11.1 No

**Report Author:** Ellen Langton, Public Health Lead - Policy

**Contact details:** [ellen.langton@derbyshire.gov.uk](mailto:ellen.langton@derbyshire.gov.uk)

**Appendix 1****Implications****Financial**

- 1.1 The overall value of the Emergency Fund is £0.200m and to date £196,271 has been awarded to Derbyshire organisations. Funding has been met from the Public Health Reserve for the grants summarised in this report and where appropriate from COVID-19 Contain Framework funding.
- 1.2 Moving forward, the additional £0.100m for the Covid-19 Community Response Fund will be funded from the Contain Outbreak Management Fund. For 2021-22, based on allocations carried forward from 2020/21 and new allocations received in 2021-22, there is £23.000m available from the Contain Outbreak Management Fund.

**Legal**

- 2.1 The Council's Financial Regulations allow grants of up to £0.100m to organisations to be approved by Cabinet Member. The Council's Constitution allows for Cabinet Members to delegate authority to officers to undertake the powers afforded to them by the Constitution. The Council's standard grant agreement shall be used to set out the terms and conditions for which the grants are made, which provides for clawback of funding in certain circumstances and shall also provide that the Council is not liable for any employment liabilities.

**Human Resources**

- 3.1 The funding will enable local providers to deliver projects and services. Derbyshire County Council accepts no employment or future redundancy liability, with all employment and related matters to be managed by the providers.

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET MEMBER**

**2 September 2021**

**Report of the Director of Public Health**

**Community Testing in Derbyshire  
(Health and Communities)**

**1. Divisions Affected**

1.1 County wide.

**2. Key Decision**

2.1 This is not a Key Decision.

**3. Purpose**

3.1 This report provides the Cabinet Member for Health and Communities with an update on the progress of the Community Testing Programme for Covid-19 which commenced in Derbyshire on 21 December 2021.

3.2 The Cabinet Member is asked to:

a) Note the progress to date of the programme.

b) Note the change in approach due to new Government guidance and next steps as outlined in the report.

**4. Information and Analysis**

4.1 A decision was taken by Corporate Management Team utilising an Urgent Officer Decision on 18 December 2020 to introduce targeted community testing to identify asymptomatic Covid-19 cases in a phased

approach across Derbyshire. Delivering a community testing programme supports the Council's overall goals to reduce the spread of the virus, protect the most vulnerable and drive down the infection rate across the county area of Derbyshire (excluding Derby City). It was agreed within the Officer Decision Record that the Cabinet Member for Health and Communities, alongside any appropriate partnership meetings would be kept updated on the progress and learning from the programme.

- 4.2 The community testing programme was initially required to focus activity on defined geographies and populations where there was a higher case rate for a six-week period. Shortly after the January lockdown announcement, the Government re-focused the community testing programme and asked local authorities to focus on individuals who could not work from home throughout the lockdown period. Then, in line with the national roadmap, asymptomatic testing was to be focused on the whole population and the approach expanded to include options for home-testing as well as at fixed asymptomatic testing sites.
- 4.3 From 21 December to 30 June 115,000 people took part in community testing and 668 were positive tests.
- 4.4 Since 1 July the programme has evolved again, with local authorities being asked by the Department of Health and Social Care to lead an agile targeted testing programme, whereby local priority groups are engaged in asymptomatic testing. Local priority groups are those citizens who are those at greatest risk of infection, serious illness, and transmission. Priority groups are often less likely to take-up the vaccine or to engage with national testing programmes and tend to live in areas of higher and enduring transmission.
- 4.5 The agile targeted testing programme is in place from 1 July 2021 until 30 September 2021, subject to further review of a business case by HM Treasury. The local authority is anticipating that some form of asymptomatic testing programme will be required until March 2022.
- 4.6 The new approach provides more freedoms locally to innovate and provide appropriate resources via asymptomatic testing to maximise the impact of testing at a community level. However, the approach requires the County Council to deliver testing against a rate card cost model, with an upper limit on costs that can be reclaimed back from the Government.

- 4.7 All of the fixed community testing sites, which were not being utilised to optimum capacity closed at the end of June so that resources could transfer to the agile targeted testing model.
- 4.8 To ensure the approach responds to need, yet demonstrates value for money, the Council has increased the number of mobile vans from which to deliver agile testing so different communities across the county from 1 July onwards are targeted. There are now five agile testing units operating across the county. These are split so there are two covering the north of the county, two covering the south of the county and one is operating across venues within the Chesterfield area. The units operate on a fixed schedule visiting the same communities every week for a month, but in the event of a major outbreak or incident one or more of the units may change location at short notice. The vans are open seven days a week.
- 4.9 Between 1 July and 8 August 2,362 tests have been completed via the agile testing units.
- 4.10 As well as offering supervised swabbing, Derbyshire County Council has supported the Community Collect initiative whereby individuals can pick up packs of lateral flow home test kits Community testing has successfully enabled representatives from organisations working with the homeless population and those impacted by domestic violence to access home test kits. The emerging national policy position encourages pop-up testing options and linking with community partners to distribute home test kits to priority groups. Public Health is working alongside partners to further expand this option across the county.
- 4.11 We have been able to undertake testing in more isolated communities and also deployed resources where there were issues of concern or a local outbreak, such as in Gamesley and Glossop in late June.

## **5. Alternative Options Considered**

- 5.1 Public Health have considered a number of different testing models that included a mix of mobile and fixed sites but considered the above approach to demonstrate the most affordable model within the financial requirements outlined by the Department of Health and Social Care.

## **6. Implications**

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

## **7. Background Papers**

- 7.1 Cabinet Decision – Urgent Officer Decision- Implementation of Community Testing in Derbyshire (11 March 2021)
- 7.2 Cabinet Member Health and Communities – Update on Implementation of Community Testing in Derbyshire (25 March 2021)

## **8. Appendices**

- 8.1 Appendix 1- Implications.
- 8.2 Appendix 2 – Summary of Community Testing Performance Data

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

- 9.1 That Cabinet:
  - a) Note the progress to date of the programme
  - b) Note the change in approach due to new Government guidance and next steps as outlined in the report
  - c) Agree to receive a further update report in December 2021.

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

- 10.1 To detail on the implementation of the programme to date and consider implications for Derbyshire.
- 10.2 To outline the next steps for the delivery of the programme in Derbyshire.
- 10.3 To note the date of the next planned update on the programme.

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**Appendix 1****Implications****a) Financial**

Up to 30 June 2021, the community testing programme was supported by funding of £14 per head for each test completed and local authorities could reclaim all reasonable costs incurred from the Department of Health and Social Care.

From 1 July onwards the funding mechanism changed, and the Department of Health and Social Care will not reimburse the authority for all reasonable costs incurred. Instead, the agile testing model is subject to a rate card with a funding cap of £62.13 per hour per activity (e.g. supervised swabbing or community collect) run from an agile testing unit. Further rate card caps are in place for Community Collect and other forms of testing in local communities, which Public Health will consider as and when required.

As a contingency, a proportion of the additional Contain Outbreak Management funding the Council has received, has been earmarked to provide further financial support if community testing produces unexpected financial risk. This was £2.5m for all testing and contact tracing activity and was agreed by Cabinet on 14 January 2021.

**b) Legal**

An Officer Decision Record was approved by Corporate Management Team on 16 December 2020 regarding the roll out and commencement of the programme.

The collaboration agreement from the Department of Health and Social Care sets out the terms and conditions for the delivery of the service, including how the authority will be able to claim back costs incurred against the rate cap. In addition, there is a letter of comfort in place to cover clinical negligence and risk.

Clinical governance and oversight is provided by Derbyshire Health United who provide assurance that testing takes place to the required standards and processes.

**c) Human Resources**

Derbyshire County Council has undertaken an extensive recruitment process to appoint a workforce that is supporting the delivery of community testing. A

mix of staff on temporary contracts and relief posts have been appointed to support Agile Community Testing activity across Derbyshire

**d) Equalities Impact**

An EIA has been completed for the testing programme and will be refreshed to reflect the revised approach.

**e) Corporate objectives and priorities for change**

The Community Testing Programme supports the Council Plan priority on 'effective early help for individuals and communities' by supporting the following deliverable: 'Undertaken local Covid-19 testing and contact tracing activity and provided advice to schools, care homes, businesses and communities to help manage the spread and outbreaks of coronavirus.'



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET MEMBER**

**2 September 2021**

**Report of the Director of Public Health**

**Mental Health and Suicide Prevention  
(Health and Communities)**

**1. Divisions Affected**

1.1 County wide

**2. Key Decision**

2.1 No

**3. Purpose**

3.1 The purpose of this report is for approval to procure and to award a contract for a mental health and suicide prevention outreach project under protocol 5 and to note the role of Derbyshire County Council Public Health in leading the pan-Derbyshire approach to suicide prevention and investment of NHS Wave 3 suicide prevention funding.

3.2 The Cabinet Member for Health and Communities is asked to:  
Approve the procurement of a mental health and suicide prevention outreach project at a value of £0.120m under protocol 5 and note the role of Derbyshire County Council above

#### **4. Information and Analysis**

- 4.1 The effects of self-harm and suicide can be devastating. Many people – friends, family, professionals, colleagues and wider society will feel the impact. There are also significant financial costs associated with a suicide. Suicide rates in Derbyshire remain similar to the national average. However, after three years of declining rates, 2018 saw an increase in rates. Historically, there has always been a significantly higher number of males who die by suicide or injury of undetermined intent. In 2018 in Derbyshire males accounted for 66% of deaths and in Derby City 77% of deaths. The impact of the Covid-19 pandemic has led to an increase in the risk factors for mental ill health and suicide.
- 4.2 In January 2020, Derbyshire County Council Public Health Department, on behalf of Joined Up Care Derbyshire (JUCD), applied for and was successful in gaining Wave 3 Suicide Prevention funding from NHS England of £0.202m per year for three years from 2020-21. The Mental Health System Delivery Board of JUCD agreed for the Derbyshire Self-Harm and Suicide Prevention Partnership Forum (DSSPPF) to have responsibility for overseeing implementation of the projects in respect of the Wave 3 NHS England funding. As hosts of the DSSPPF it was agreed that Derbyshire County Council Public Health (DCC) should manage and lead the commissioning and delivery of the projects.
- 4.3 In 2020/21 Wave 3 Year 1 funding was fully allocated and the respective projects and programmes procured and delivered.
- 4.4 With regard to Wave 3 Year 2 funding, a working group of the DSSPPF developed options for investment. The options were presented to the Mental Health, Learning Disability and Autism System Delivery Board on 8 July 2021 and the proposals were agreed.
- 4.5 One of the agreed proposals was for the procurement of a Mental Health and Suicide Prevention Outreach Project which the Council will lead at a total value of £0.120m. The project will engage and work with different organisations and businesses to increase their awareness, competence and confidence to support mental wellbeing in a sustainable way. This is done through supported development of a simple action plan which may include development of a policy, an awareness campaign or training for staff/volunteers. The impact of Covid-19 has limited the ability to do on the ground outreach work due to many businesses, retailers, clubs and other settings being restricted or closed. As places begin to reopen, key settings such as taxi firms, bookmakers, tattoo parlours, pubs, amateur sports clubs and others could be amongst those targeted. The

opportunity to influence settings that engage people within high risk groups is significant.

- 4.6 This report asks that the Cabinet Member approves the procurement of a provider to deliver this project.

## **5. Consultation**

- 5.1 A working group of the Derbyshire Self-Harm and Suicide Prevention Partnership Forum (DSSPPF) developed the proposal for investment in the Project. The DSSPPF is a multi-agency strategic group which leads on suicide prevention work across Derbyshire and Derby. There are strong strategic links between key partners, and membership of the Forum includes Derbyshire Healthcare NHS Foundation Trust, Derby and Derbyshire Clinical Commissioning Group, Derbyshire Community Health Services NHS Foundation Trust, NHS Child and Adolescent Mental Health Service (CAMHS) providers, Voluntary Sector organisations, Derbyshire County Council and Derby City Council, Samaritans, British Transport Police and Derbyshire Constabulary. The options were also presented to the Mental Health, Learning Disability and Autism System Delivery Board, who agreed the proposals.

## **6. Alternative Options Considered**

- 6.1 Option 1  
Procurement of the mental health and suicide prevention outreach project
- 6.2 Option 2  
Not to procure the mental health and suicide prevention outreach project
- 6.3 Poor mental health impacts negatively on individuals, families, communities and the economy, whilst good mental health is associated with a range of both health and non-health benefits. The Covid-19 pandemic has had a major damaging impact on mental health, increasing the risk factors for both mental ill-health and suicide. The major risk associated with Option 2 is that there will be a missed opportunity to increase capacity to address this via utilising NHS Wave 3 suicide prevention funding.
- 6.4 Option 1 would increase capacity and is also in-line with the Derbyshire place-based approach. The management, leading and delivery of project by Public Health on behalf of Joined Up Care Derbyshire will also further enhance the Council's standing both locally and nationally.

6.5 Related to the above, mental health is not only an essential component of general health but also influences a broad range of social and economic outcomes including education, work, relationships, lifestyle and risky behaviours. In the circumstances Option 1 is preferred.

6.6 The risks associated with approving these recommendations is minimal as a result of the Wave 3 Suicide Prevention funding coming from NHS England.

## **7. Implications**

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

## **8. Background Papers**

8.1 Deaths from suicide and injury of undetermined intent in Derby City and Derbyshire County [Microsoft Word - Suicides in Derby and Derbyshire Report 2019.docx](#)

## **9. Appendices**

9.1 Appendix 1- Implications.

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

10.1 That the Cabinet Member for Health and Communities:

- a) Approve the procurement of a mental health and suicide prevention outreach project at a value of £0.120m under protocol 5.

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

11.1 To deliver an outreach programme to further embed a preventative approach to mental health and suicide prevention and to increase capacity to help address the negative impact on mental health of the Covid-19 pandemic.

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

12.1 No

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## Appendix 1

**Implications****a) Financial**

The £0.120m cost of the mental health and suicide prevention outreach project will be met by Wave 3 Year 2 funding totalling £0.150m from NHS England via the Derby and Derbyshire Clinical Commissioning Group.

**b) Legal**

The procurement of The Mental Health and Suicide Prevention Project will be carried out with the knowledge and support of Procurement, Finance and Legal Services in accordance with procurement protocol 5 and the Council's financial regulations.

**c) Human Resources**

Any staff will be employed by the provider awarded the contract and not by Derbyshire County Council.

**d) Equalities Impact**

Mental health status impacts on a broad range of health and social outcomes. Good mental health is associated with a range of important health and non-health benefits. However, the contrary also applies, with inequalities being associated with poor mental health and vice versa. The risks of mental ill-health are not equally distributed. Investment in and delivery of programmes to support mental health and suicide prevention maximise the inclusivity of groups which are at higher risk of mental ill health and suicide. Priority groups are identified by the DSSPPF. We commission and provide services in a way that increases equity.

**e) Corporate objectives and priorities for change****Derbyshire County Council Priorities**

The project contributes to delivery against each of the following Council priorities

- A focus on empowered and self-sufficient communities
- A focus on prevention and early intervention
- High Performing Council Services

Public Health Outcomes Based Accountability

The project contributes to delivery against each of the following population outcomes

- Population Outcome 1: Healthy Start
- Population Outcome 2: Healthy Lives
- Population Outcome 3: Health Improvement
- Population outcome 4: Resilient communities
- Population outcome 5: Healthy settings
- Population outcome 6: Foundations of health





**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET MEMBER**

**2 September 2021**

**Report of the Director of Public Health**

**EREWASH HEALTH AND WELLBEING PARTNERSHIP GRANT  
ALLOCATIONS  
(Health and Communities)**

**1. Divisions Affected**

- 1.1 Erewash Divisions:  
Breadsall and West Hallam  
Breaston  
Ilkeston East  
Ilkeston South  
Ilkeston West  
Long Eaton  
Petersham  
Sandiacre  
Sawley

**2. Key Decision**

- 2.1 No

**3. Purpose**

- 3.1 The purpose of this report is to seek approval from the Cabinet Member for Health and Communities for grant awards agreed by the Executive Group of the Erewash Health and Wellbeing Partnership

- 3.2 The Cabinet Member for Health and Communities is asked to:
- a) Approve the grant awards agreed through the Erewash Health and Wellbeing Partnership Executive Group, as detailed in this report.

#### **4. Information and Analysis**

- 4.1 The Public Health Localities and Place-based approach delivers a broad range of locally agreed projects and programmes which aim to improve population health and wellbeing outcomes, and to reduce health inequalities. These projects and programmes are agreed through local Health and Wellbeing Partnerships. The Public Health Localities and Place-based work is integral to addressing the wider determinants of health and wellbeing at a local level.
- 4.2 The Health and Wellbeing Partnership in Erewash has developed a shared commitment across a broad range of statutory, community, and, voluntary sectors organisations to work locally to maximise health and wellbeing outcomes for the people of Erewash. The Erewash Health and Wellbeing Partnership aims to deliver an asset-based Community Wellness programme that is community driven and place-based.
- 4.3 The Erewash Health and Wellbeing Partnership is committed to a shift to the Community Wellness Approach which supports and enables leadership from people and communities in the identification and development of community-led solutions within the locality programme by building trust between partners and communities. The Community Wellness Approach compliments the Thriving Communities Programme which also aims to build relationships and trust with communities.
- 4.4 The Erewash Health and Wellbeing Partnership is supported by an Executive Group of key strategic partners who meet regularly to appraise investment decisions. The Executive Group includes representatives from the following partner organisations: Derbyshire County Council Public Health, Erewash Voluntary Action, Erewash Borough Council, Active Derbyshire and the Derbyshire Clinical Commissioning Group Erewash Place Alliance Group. Derbyshire County Council Public Health locality programme team develop agreements and monitoring arrangements for each grant allocation agreed by the Executive Group.
- 4.5 The following grant allocations have been agreed by the Erewash Health and Wellbeing Partnership Executive Group from the 2020-21 budget allocation underspend, rolled forward to 2021-22. These allocations are in line with the Erewash Health and Wellbeing

Partnerships agreed Community Wellness principles and ways of working:

<b>Budget</b>	<b>Lead partner</b>	<b>Purpose</b>	<b>Amount</b>
Locality programme main allocation	Erewash Voluntary Action	Support delivery of the Sawley Community Network action plan	£12,000
Locality programme main allocation	Erewash Borough Council	Support delivery of the Cotmanhay Community Network action plan	£12,000
Locality programme main allocation	Erewash Borough Council	Support delivery of the Petersham Community Network action plan	£12,000
Locality programme main allocation	Erewash Borough Council	Support delivery of the Kirk Hallam Community Network action plan	£12,000
Locality programme main allocation	Erewash Borough Council	Support delivery of the Active Erewash Strategy	£12,500
Contain Funding	Erewash Voluntary Action	Support development of the Sandiacre Community Network	£5,000
Contain Funding	Erewash Borough Council	Further development of the Active Lives Kirk Hallam asset-based community development project	£11,215
Locality Programme Covid recovery	Erewash Voluntary Action	Manage micro grants providing resources for small groups to support the restart of activities	£6,000
<b>Total</b>			<b>£82,715</b>

## 5. Alternative Options Considered

### 5.1 Do nothing

5.2 This option is not considered appropriate as this would hinder progress on the development of the Community Wellness Approach for the Erewash Health and Wellbeing Partnership and would prevent the important local work of the developing community networks in improving health and wellbeing outcomes and reducing health inequalities.

- 5.3 Reject the grant awards agreed through the Erewash Health and Wellbeing Partnership Executive Group, as detailed in this report.
- 5.4 This option is not considered appropriate as this would hinder progress on the development of the Community Wellness Approach for the Erewash Health and Wellbeing Partnership and would prevent the important local work of the developing community networks in improving health and wellbeing outcomes and reducing health inequalities

## **6. Implications**

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

## **7. Background Papers**

- 7.1 CABINET Report of the Director of Public Health Public, Health Localities and Place-based Programme & Investment 2020/21 and 2021/22, 16 March 2020.

<https://democracy.derbyshire.gov.uk/documents/s3059/6h%20Public%20Health%20Localities.pdf>

- 7.2 MINUTES of a meeting of CABINET held on 16 March 2020 at County Hall, Matlock.

<https://democracy.derbyshire.gov.uk/documents/s3211/2020-03-16%20Cab%20Minsv2.pdf>

## **8. Appendices**

- 8.1 Appendix 1- Implications.

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

- 9.1 That the Cabinet Member for Health and Communities:
  - a) Approve the grant awards agreed through the Erewash Health and Wellbeing Partnership Executive Group, as detailed in this report.

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

10.1 The Council's Financial Regulations provide that Cabinet Member approval is required for grant awards to external organisation up to £100,000.

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

11.1 No

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## Appendix 1

**Implications****a) Financial**

The grant awards proposed in this report will be funded as follows: -

- £60,500 will be funded by underspends generated by the recurrent Public Health Locality budget in 2020-21 and carried forward to 2021-22
- £16,215 will be funded by Covid Containment funding held by Public Health
- the remaining £6,000 will be funded by the Locality Covid recovery programme which is a commitment from the Covid Containment funding.

As Derbyshire County Council holds the budget for this work, rather than a locality partner as in other areas, normal financial regulations are followed when funding is allocated to an external partner.

**b) Legal**

The Council's Financial Regulations state that grants up to £100,000 require Cabinet Member authorisation.

Derbyshire County Council Public Health locality programme team will develop agreements and monitoring arrangements for each grant allocation agreed by the Health and Wellbeing Partnership Executive Group.

**c) Human Resources**

There are no staffing implications and any grant funding is time limited and DCC has no liability for any staffing arrangements supported by the grant funding.

**d) Corporate objectives and priorities for change**

The locality programme in Public Health supports the Council Plan priorities in relation to 'resilient, healthy and safe communities' and 'effective early help for individuals and communities'.