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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 30 June 2021

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 8 July 2021** in Members Room, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

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

Helen Barrington
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Agenda
2. Health and Wellbeing Board Agenda (Pages 1 - 2)
3. Declarations of interest and apologies for absence
To receive declarations of interest and apologies for absence (if any)
4. Minutes (Pages 3 - 10)
To confirm the non-exempt minutes of the meeting of the Health and

Wellbeing Board held on 01 April 2021.

5. 'Uniting the Movement' in Derbyshire (Pages 11 - 16)
6. Derbyshire County Council Localities Programme Update (Pages 17 - 20)
7. Health and Wellbeing Strategy Refresh Update (Pages 21 - 26)
8. Section 75 Update Report (Pages 27 - 34)
9. Impact of Covid-19
10. Vaccine Hesitancy Report: Attitudes towards the Covid-19 vaccine (Pages 35 - 44)
11. Health and Wellbeing Round Up (Pages 45 - 48)
12. Any Other Business

DERBYSHIRE HEALTH AND WELLBEING BOARD

10am-12pm, 8 July 2021

Members Room, County Hall, Matlock, DE4 3AG

AGENDA

| Time | Time allocated | Items | Presenter |
|-------------|-----------------------|--|---------------------------|
| 10:00 | 10 minutes | Declarations of interest and Apologies for absence Minutes of the last meeting held on 01.04.2021 | Cllr Hart |
| 10:10 | 20 minutes | 'Uniting the Movement' in Derbyshire (Report) | Stuart Batchelor |
| 10:30 | 20 minutes | Derbyshire County Council Localities Programme Update (Report) | Ellie Houlston/Sara Bains |
| 10:50 | 10 minutes | Health and Wellbeing Strategy Refresh Update (Report) | Dean Wallace |
| 11:00 | 10 minutes | Section 75 Update Report (Report) | Dean Wallace |
| 11:10 | 10 minutes | Impact of Covid-19 (Verbal Update) | Dean Wallace |
| 11:20 | 10 minutes | Vaccine Hesitancy Report: Attitudes towards the Covid-19 vaccine (Report) | Helen Henderson-Spoors |
| 11:30 | 10 minutes | Health and Wellbeing Round Up (Report) | Helen Jones |
| 11:35 | 5 minutes | AOB | Cllr Hart |

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Agenda Item

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held as a Microsoft Teams Live Event on 01 April 2021.

PRESENT

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

| | |
|--------------------|------------------------------|
| A Appleton | Derbyshire County Council |
| H Bowen | Chesterfield Borough Council |
| H Henderson-Spoors | Healthwatch Derbyshire |
| L Hickin | Bolsover District Council |
| H Jones | Derbyshire County Council |
| P Manning | Derbyshire County Council |
| C Prowse | Tameside & Glossop CCG |
| J Parfremment | Derbyshire County Council |
| S Scott | Erewash CVS |
| A Smithson | Chesterfield Royal Hospital |
| V Taylor | Derbyshire STP |
| J Vollar | Derbyshire County Council |
| D Wallace | Derbyshire County Council |
| J Wharmby | Derbyshire County Council |

Also in attendance – N Richmond (Derbyshire County Council), R Farrand (Derbyshire County Council), K Iles (Derbyshire County Council), and Councillor G Wharmby (Derbyshire County Council).

Apologies for absence were submitted on behalf of C Clayton (DD CCGs), T Slater (EMAs)

01/21 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 06 February 2020 be confirmed as a correct record.

02/21 **IMPACT OF COVID-19** A presentation had been given from D Wallace to outline the direct and indirect negative impacts Covid-19 had across Derbyshire and to anticipate the future.

HWB Members had been asked to submit questions, comments and insights on the information shared within the presentation, this information would be used as a survey to analyse how data intelligence was used to influence local decision making and review population health and wellbeing in a broader sense.

The original scope was to discover what the anticipated negative effects of COVID-19 measures would be on accumulating unmet need and build-up of morbidity in relation to:

- Healthcare and wider universal and public health service resource restrictions
- Changes in healthcare seeking and lifestyle behaviours
- Broader material, psychosocial and socioeconomic impacts

Data from national datasets had been updated to provide a more recent overview of inequalities, recovery, vulnerable populations and NHS activity. It had been noted that due to the time lag in some data being made available, reporting during the 2020/21 period covering the COVID-19 pandemic had not always been available. Whilst in some instances data was only available at a national level, a number of datasets provided a more local overview.

Due to the wealth of national publications since March 2020, the original studies and reports included in the first version of the presentation remained and had not been updated. Discussions following the latest presentation were anticipated to direct and focus a review of the latest and most relevant reports and studies to best inform future activity at a local level.

The next steps were to assess data and intelligence available across Derbyshire on both negative and positive impacts of COVID-19, with a view to setting the priorities for the local Derbyshire response to restoration and recovery. Review available data and bodies of work conducted during the pandemic by partners, to allow for information and intelligence gaps to be identified and addressed. This would assist in ensuring a robust approach was taken in the coming months and years in the local response to the pandemic. Extend how Derbyshire worked with academic partners. As well as to ensure robust evaluation of local response and continual engagement with local population.

RESOLVED to note the presentation.

03/20 **REFRESH OF THE DERBYSHIRE HEALTH AND WELLBEING STRATEGY** The Derbyshire 'Our Lives, Our Health' Health and Wellbeing Strategy currently shaped the work and actions of the Health and Wellbeing Board and wider system actions. The strategy was scheduled to be reviewed in 2023. The strategy outlined five priority areas of action for improving health and wellbeing across Derbyshire and focused on action to address the wider determinants of health.

A range of factors had come together which suggested that it was appropriate to undertake a review and refresh of the strategy over the next six

months with a view that an updated document was in place by Autumn 2021. In summary these were:

- a) Impact of COVID-19 on the health and wellbeing of the population, both directly and indirectly, which would result in local priorities having to be reshaped to effectively support recovery and the ongoing impact of COVID-19 in communities across Derbyshire.
- b) The launch of the Derbyshire Integrated Care System, which would result in new structures and governance arrangements being introduced which would influence how the health and wellbeing strategy was implemented countywide, at place and via the effective engagement of local Primary Care Networks.
- c) Changes to the Public Health landscape, which included new and emerging structures associated with the creation of the National Institute of Health Protection and disbandment of Public Health England by September 2021.
- d) The opportunity to work with Derby City Council to align or join up the approach to health and wellbeing across both the city and council reflecting the shared health footprint in place for the integrated care system and learning from partnership working via Local Resilience Forum structures throughout the past 12 months.
- e) Opportunities to incorporate emerging themes in the Health White Paper and other strategic documents that were anticipated from the Government in relation to Public Health and Social Care in the local strategy document.

Qualitative insight from engagement with the population of Derbyshire would be drawn from across the system to inform the refresh.

The Board had been asked to agree that further scoping work would take place to consider the strategic developments highlighted above and engagement would take place with Board members to inform the strategy review.

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

04/20 JOINED UP CARE DERBYSHIRE ICS – UPDATE FOR HWB

A presentation had been given by Vikki Taylor to update the HWB on Joined Up Care Derbyshire.

Joined up Care Derbyshire had reaffirmed their purpose for the citizens of Derby and Derbyshire to have the Best Start in Life, Live Well, Age Well and Die Well.

The priorities were for strategic partnership working with a common purpose and single set of outcomes agreed between JUCD STP and broader system partners. As well as, strategic leadership through good governance and ways of working that empowered clinical, professional and managerial teams to transform services for the benefit of the people of Derbyshire whilst ensuring financial sustainability. Strong and vibrant communities and *Places* benefitting from reduced health inequalities informed by the strategic use of intelligence and innovation. As well as the strategic understanding and use of assets; the greatest asset being, Our People, strengthened by the diverse nature of their heritage, culture and experience including Covid-19 recovery: staff welfare and wellbeing.

The aim had been to improve Derby and Derbyshire citizens life expectancy and healthy life expectancy. With the next steps to enable a different ways of working. The revised operating model agreed had been agreed in December 2020, and the implementation was underway.

It had been agreed to replace the previously agreed Risk and Governance Assurance sub-committee by a transition Assurance subcommittee. The function of Transition Assurance subcommittee would be:

- i. Not to second guess work of groups developing proposals but provide assurance and advice to Board that the system as a whole was coherent.
- ii. Provide oversight of move of functions between statutory organisations and assure Board these influence and were consistent with the way the system would operate.
- iii. Advise Board on challenges and risks of White Paper and legislation.

RESOLVED to note the presentation.

05/20 **HEALTH PROTECTION BOARD UPDATE** DW had provided HWB members with an update on the Health Protection Board and Covid-19 Health Protection Board as required under the HWB terms of reference, and the governance structures.

The Health Protection Board met quarterly and then a specific Covid-19 Health Protection Board had been required to meet weekly. Both Boards covered both the city and county jointly and were both co-owned by DW as Director of Public Health at Derbyshire County and RD as Director of Public Health at Derby City.

The original Health Protection Board had one meeting on 07 July 2020 and picked up problems relating to how providers of health services were delivering these safely in a Covid-19 environment. Air quality and how this agenda would be moved across the Joined up Care Derbyshire Board and HWB Board. They had reviewed the outbreaks not relating to Covid-19 across the

County and City to give assurances against infection prevention control and health protection.

The Covid-19 Health Protection Board had been set up to seek assurance that the Covid-19 response across the City and County was providing appropriate specialist technical scientific advice. To support the local outbreak engagement boards, links to the LRF structures, and oversee the outbreak management plan for Covid-19 across the County and City.

RESOLVED to note the information provided.

06/20 **CARE HOME REPORT: SHARING GOOD PRACTICE AND SUGGESTIONS** H Henderson-Spoors presented the report on behalf of Healthwatch Derbyshire with the purpose to share good practice and suggestions within care homes.

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

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

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

The report would be shared with The Strategic Care Home Group which provided guidance and support for the COVID Care Homes Cell on matters such as infection control, agreeing on local interventions needed and to ensure a good quality, safe and effective care home sector in Derbyshire that meets the needs of the local population. Copies would also be provided to the Directors of Public Health for Derbyshire and Derby City, and to the Association of Directors of Public Health nationally. The report would also be shared with Healthwatch England and used to inform national policy.

The findings of the survey had been outlined within the report.

RESOLVED to note the report.

07/20 **NOTE TERMS OF REFERENCE FOR HEALTH AND WELLBEING BOARD** The HWB members had been provided with a written report containing the terms of reference for the Health and Wellbeing Board.

RESOLVED to note the information contained in this report.

08/20 **DERBYSHIRE BETTER CARE FUND 2020-21 PLAN** On 03 December 2020 the Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England published the Better Care Fund (BCF) planning guidance for 2020-21. The details of allocations of funding for the BCF 2020-21 were made available in February 2020 as per the guidance the planning template was not submitted nationally but agreed locally to ensure the national conditions were met.

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

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

The 2020-21 plan had been agreed locally at the BCF Programme Board as per the guidance. The guidance had excluded any requirement to complete a narrative plan for 2021. The Derbyshire 2020-20 BCF Plan was, in effect, a continuation of the 2019-20 plan. The overarching vision and aims of the plan remained the same as established in 2015-16.

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

RESOLVED to note (1) the summary of the 2020-21 Better Care Fund Planning Requirements; and (2) the 2020-21 Better Care Fund Plan for Derbyshire.

09/20 **HWB ROUND UP** DW had provided HWB members with a written report containing a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

RESOLVED to note the information contained in this round-up report.

10/21 **TERMS OF REFERENCE FOR DERBYSHIRE CHILDREN'S PARTNERSHIP** The HWB members had been provided with a written report containing the terms of reference for Derbyshire Children's Partnership.

RESOLVED to note the information contained in this report.

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FOR PUBLICATION

**DERBYSHIRE COUNTY COUNCIL
HEALTH AND WELLBEING BOARD**

8 July 2021

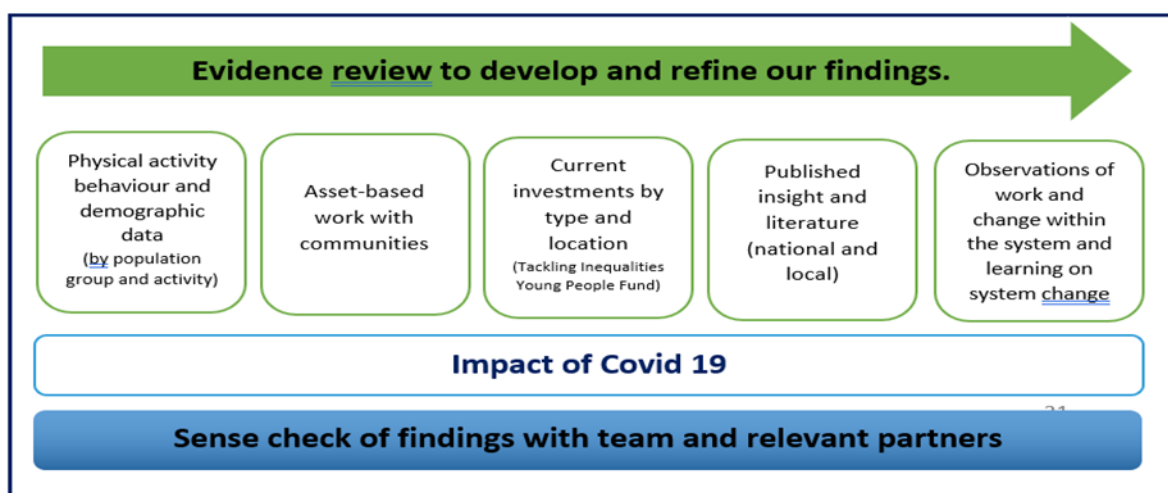
**Report of the Director of Public health
'Uniting the Movement' in Derbyshire**

1. Purpose

- 1.1 To engage the Health and Wellbeing Board in the strategy development process for 'Uniting the Movement' in Derbyshire

2. Information and Analysis

- 2.1 In January, Sport England launched 'Uniting the Movement'. A 10-year vision to transform lives and communities through sport and physical activity, with a mission to tackle deep-rooted inequalities and unlock the advantage of being active for everyone.
- 2.2 While the pandemic has made it more important than ever to keep being active, it has made it more difficult. In Derbyshire 1 in 4 people are inactive, and with the widening inequality driven by COVID-19, that number is growing. Our approach is to get behind Sport England's vision and we need to work out, together, how we all play our part and set out a local plan that will create lasting change.
- 2.3 The start of this process has been to consider all the insight and learning from our previous strategy, *Towards An Active Derbyshire*, together with the impact of covid. We have undertaken an evidence review as set out in the table below: '



- 2.4 The data on physical activity behaviour is an important part of the insight but what we now have is the learning gathered from the asset based work across Derbyshire and the experience and observations from system learning and system change.
- 2.5 This insight was sense checked with trusted partners and then presented in the form of virtual 'Insight Spaces' which were attended by people from across the physical activity network in Derbyshire.
- 2.6 The insight was themed as follows:
- People who are less active
 - How people are active
 - How to embed a systems approach
 - Working with less active communities
- 2.7 The emerging priorities identified within each of these themes is outlined below but is also available in more detail through the 'Sum of the Parts' presentation which is shown through this link https://youtu.be/G8Uk_UPzFpA
- 2.8 EMERGING PRIORITIES

People who are less active:

- To redesign systems to make it easy for adults and children and young people (CYP's) from our lower socio-economic groups, particularly those living in our deprived areas, to build physical activity into their daily lives.
- Address the impact that the pandemic has had on all our children and CYP's physical activity behaviour. And at the same time, there is a

need to redress the unequal impact of the pandemic in our less active communities

- Collectively, there's a need to continue to find ways to deepen our understanding of the lived experience of our less active communities, and bring this into all aspects of our work and decision-making.

Children and young people – To develop physical literacy for all

- The earlier these strong attitudes are developed and maintained, the earlier these skills are learnt and the more likely they will become a habit or become part of their lifestyle. We suggest that children in years 3 & 4 (our least active school year groups) are prioritised both inside and outside of school.

How people are active:

Create more 'walkable' communities

- Adopt a systems-based approach to create connected neighbourhoods that support people's daily needs and walkability, public transport, and active travel. The approach needs to focus on the neighbourhood environment and its' residents, and may need exploring and testing of different models and approaches.

Continue to build a deeper understanding of the impact of the local environment on the physical activity behaviour of our more inactive groups

- Gain a better understanding of perspectives on walking and access to green space in local environments, from people who are less active. While we're starting to hear from some of these communities, we need to expand this to ensure we understand the different cultural perspectives at play, and those experiencing health conditions.

Working with less active communities

Explore and identify potential opportunities for continuing to develop system-based approaches that create change around physical activity

- There's both drive and opportunity for continuing to develop this way of working in different parts of the county. This should be explored with partners alongside these findings and other evidence and should take different approaches to the work into account.

Continue to give residents a voice and work with them to get more people active

- At the heart of changing behaviour of individual people and creating system change is understanding the lived experience of our inactive residents. There's a need to continue to build the culture, practice and processes around this to inform decisions and actions

Create more consistent practices and processes to understand the changes we need to make in the way we work, so more people can be active

- Across partners involved in taking a systems-based approach, there's a need to strengthen the way we capture our observations around the work and the change it creates

2.9 These themes and emerging priorities are the basis of the stakeholder engagement phase that was started in June. This has taken the form of 'Join the Conversation' sessions:

Open Space Engagement Sessions – virtual sessions which are for those involved in the physical activity system

Locality Engagement Sessions – a conversation with broad mix of strategic partners in each local authority area

Networks and 1:1 Meetings – bespoke presentations and conversations for targeted audiences

2.10 These will provide the opportunity to share learning about how people, resources and circumstances can all make a difference and to discuss what might be needed for the future – shaping opportunities and ways of working

2.11 We are encouraging as many people as possible to join the conversation.

2.12 Over the Summer period the contributions gained from the engagement sessions will be collated and analysed and form the basis of the strategic direction that will be taken. This will then form the basis of the new Strategy/Plan and prepare the opportunity for 'how' we then deliver the change that is required to embed physical activity in peoples lives.

2.13 It is hoped that the Health and Wellbeing Board will then consider the draft plan and how the work will be implemented with a view to incorporating it within the broader Health and Wellbeing Strategy.

3. Alternative Options Considered

3.1 The existing physical activity strategy is due to reach its end date this year. There is a requirement to prepare a new plan for the county.

4. Implications

4.1 The stakeholder engagement phase of the new plan process has no implications for current consideration.

5. Consultation

5.1 The new plan/strategy is subject to a wide ranging engagement process which will ensure partners from across the physical activity system have the opportunity to have their voice heard.

6. Recommendation(s)

6.1 The Health and Wellbeing Board is asked to:

- a) Engage in the 'Joining the Movement' conversation and encourage their organisations and partners to add their voice.
- b) Receive a future report on the engagement findings and the draft strategy and how this will be delivered.

7. Reasons for Recommendation(s)

7.1 To engage the Board and its members in the development of a strategic plan for physical activity.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

8 July 2021

Report of the Director of Public Health

Derbyshire County Council Localities Programme Update

1. Purpose

- 1.1 To raise the profile of the Derbyshire County Council Public Health Locality Programme, describe the Health and Wellbeing Partnerships it supports across the county and highlight the opportunities to build on this place based, community led, population health approach.

2. Information and Analysis

- 2.1 The Public Health Locality Programme is made up of eight partnerships across the county that align to the district/borough boundaries and contribute to improving health, wellness and reducing health inequalities at a local level. These partnerships are sub-groups of the Health and Wellbeing Board.
- 2.2 The Locality Programme as a whole has recently undergone a review and one of the recommendations was to strengthen the profile and performance management of the programme by establishing regular reporting arrangements to the Health and Wellbeing board.
- 2.3 The programme facilitates the involvement of local partners through a collaborative approach to identify and address local health issues that impact on public health outcomes related to Housing, Leisure, Health, Children's Services, Physical Activity and Mental Wellbeing. The partnerships work closely with statutory partners, CVS/Infrastructure

organisations, other local VCSE organisations and local communities directly.

2.4 It is important to maintain a consistent approach across the county, whilst being mindful of locally identified needs and priorities, varying partnership arrangements and diverse local infrastructure. This is done by maintaining our common principles:

- A) Strong and well-developed Partnership Working
- B) Promoting and supporting Community Led Action
- C) Working together on priorities through sub-group work
- D) Resourcing and financing locally agreed pieces of work
- E) Monitoring and evaluating outcomes.

3. Links to the Health and Wellbeing Strategy

3.1 The Public Health Locality Programme is an approach that involves working locally with partners, communities and people focusing on health and wellbeing. Its priorities are determined by the local Joint Strategic Needs Assessment alongside needs identified by communities themselves. and It therefore plays a key role in the delivery of the Health and Wellbeing Strategy. The eight Health and Wellbeing Partnerships are sub-groups to the Health and Wellbeing Board and bring together information and understanding of local data with insight from local communities. They span all the communities of Derbyshire.

3.2 The Partnerships also provide the prevention, wider determinants and community resilience element to the Integrated Care System (ICS) Place Alliances, standing alongside them, and in one case (Derbyshire Dales) being fully integrated with them. This will become an increasingly important partnership locally as the ICS develops, given the relative influence of prevention and wider determinants of health on long term outcomes compared to healthcare.

3.3 The activities of the partnerships vary considerably depending on local need. We propose to bring a presentation to the September health and wellbeing board giving examples of good practice from around the county, and hearing from partners involved in delivery at a local level.

3.4 Following this presentation we would welcome the opportunity to discuss the content of this programme with the board, its future potential to support delivery of health outcomes at local level, and its role within the Integrated Care System at Place level.

4. Implications

- 4.1 The Health and Wellbeing Board to receive regular reports on the performance of the Localities Programmes and Partnerships going forward.

5. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the content of this report
- b) Agree to receive an initial presentation in September setting out the work of the 8 Health and Wellbeing Partnerships in more detail as a starting point for more regular reporting to the Board
- c) Agree to a discussion about the future potential of the programme as part of the Integrated Care System (ICS) at the September Board.

6. Reasons for Recommendation(s)

- 6.1 To raise awareness of the Localities Programme

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

8 July 2021

Report of Director of Public Health

HEALTH AND WELLBEING STRATEGY REFRESH UPDATE

1. Purpose

- 1.1 To provide a brief update on the Derbyshire Health and Wellbeing Strategy and proposals to revise and refresh this document to outline the impact of and recovery from COVID-19 and other system changes over the past 12 months and agree the indicative timeline above in relation to the refreshing of the Health and Wellbeing Strategy,

2. Information and Analysis

- 2.1 The Derbyshire 'Our Lives, Our Health' Health and Wellbeing Strategy currently shapes the work and actions of the Health and Wellbeing Board and wider system actions. The strategy was scheduled to be reviewed in 2023.
- 2.2 The strategy outlines five priority areas of action for improving health and wellbeing across Derbyshire and focuses on action to address the wider determinants of health. The priorities are:
1. Enable people in Derbyshire to live healthy lives.
 2. Work to lower levels of air pollution.
 3. Build mental health and wellbeing across the life course.

4. Support our vulnerable populations to live in well-planned and healthy homes.
 5. Strengthen opportunities for quality employment and lifelong learning
- 2.3 At the April Board meeting it was agreed that a light touch review of the strategy took place to reflect the following:
- a) Impact of COVID-19 on the health and wellbeing of the population, both directly and indirectly, which will result in local priorities having to be reshaped to effectively support recovery and the ongoing impact of COVID-19 in communities across Derbyshire.
 - b) The launch of the Derbyshire Integrated Care System, which will result in new structures and governance arrangements being introduced which will influence how the health and wellbeing strategy is implemented countywide, at place and via the effective engagement of local Primary Care Networks.
 - c) Changes to the Public Health landscape, which includes new and emerging structures associated with the creation of the National Institute of Health Protection and disbandment of Public Health England by September 2021.
 - d) The opportunity to work with Derby City Council to align or join up the approach to health and wellbeing across both the city and council reflecting the shared health footprint in place for the integrated care system and learning from partnership working via Local Resilience Forum structures throughout the past 12 months.
 - e) Opportunities to incorporate emerging themes in the Health White Paper and other strategic documents that are anticipated from the Government in relation to Public Health and Social Care in the local strategy document.
 - f) An outcomes-based accountability approach will continue to underpin the Health and Wellbeing Strategy. Adopting this approach will enable partners to understand the impact that the strategy may be having, enable the Board to track high-level indicators for each priority over time and provide assurance that key health and wellbeing challenges in Derbyshire are being addressed.
- 2.4 It is proposed that the work takes place against the following high-level timeline:
- July/ August – development of outcomes-based accountability approaches within DCC Public Health and the ICS.

- July - September – review of latest data linked to the emerging review of the Joint Strategic Needs Assessment.
- July – September – further engagement with colleagues in Derby City to align the activity of Derby and Derbyshire Health and Wellbeing Board's across the ICS footprint.
- Late August/ early September – online engagement with stakeholders and Derbyshire residents regarding the priorities and areas of focus within the Health and Wellbeing Strategy.
- September HWB meeting – Board agrees the refreshed high-level priorities for the HWBS informed by the latest data, engagement with stakeholders and engagement with residents.
- Autumn – Strategy finalised considering ongoing changing policy context in relation to emerging ICS structures and other national developments, such as development of the UK Health Security Agency, the Office for Health Promotion and wider reforms associated with the White Paper.
- January 2022 – refreshed strategy formally adopted by HWB at Board meeting.

3. Alternative Options Considered

- 3.1 This is an update paper following a decision at the meeting in April 2021 to refresh the strategy. A variety of options around the timeline have been considered and the proposed approach considers a need to refresh the strategy alongside other strategic developments.

4. Implications

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

5. Consultation

- 5.1 The refresh of the strategy proposes engagement with local residents in Derbyshire in early autumn as part of the timeline.

6. Background Papers

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

7. Appendices

7.1 Appendix 1 – Implications.

8. Recommendation

That the Health and Wellbeing Board:

- a) Note the update on the Derbyshire Health and Wellbeing Strategy and proposals to revise and refresh this document to outline the impact of and recovery from COVID-19 and other system changes over the past 12 months
- b) Agree the indicative timeline above in relation to refreshing the Health and Wellbeing Strategy,

9. Reasons for Recommendation

9.1 To raise awareness across the Health and Wellbeing Board regarding the Health and Wellbeing strategy and the proposed timelines for refreshing this.

Report Author: Ellen Langton

Contact details: ellen.langton@derbyshire.gov.uk

Implications

Financial

- 1.1 There are no anticipated financial implications and the refresh of the strategy will be completed within existing Public Health budgets.

Legal

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

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

8 July 2021

Report of the Director of Public Health

SECTION 75 UPDATE REPORT

1. Purpose

- 1.1 To provide the Health and Wellbeing Board with:
- 1.2 An update in relation to the Strategic Governance's Boards oversight of the Section 75 Partnership Agreement since the Covid-19 pandemic. This report will also provide an overview of services delivered as part of the Section 75 including the 0-19 Public Health Nursing Service as well as the Early Help delivery in Children's Centre's.
- 1.3 An overview in relation to the changes to vision and hearing screening, and the impact the COVID-19 pandemic has had on the ability to promote these changes. The report also seeks the support of the Health and Wellbeing Board in relation to communicating the changes for school entry vision and hearing screening across the county.

2. Information and Analysis

Strategic Governance Board Update

- 2.1 The Strategic Governance Board was established as part of the governance arrangements for the Section 75 Partnership Agreement between Derbyshire County Council Public Health, Children's Services and Derbyshire Community Health Services (DCHS). This group is

responsible for leading the effective planning, delivery and monitoring of the partnership approach and the identified priorities and programmes to be delivered within the Section 75 agreement. The Strategic Partnership Board has been in place since 2018 and is chaired by the Director of Public Health and contains representation from Public Health, Children's Services, Derby and Derbyshire Clinical Commissioning Group (CCG) and Derbyshire Community Health Services (DCHS).

- 2.2 The Strategic Governance Board sits under the Health and Wellbeing Board and the terms of reference stipulate that the group would meet every six to eight weeks to provide oversight on the Section 75 agreement. However, the Covid-19 pandemic and the pressures within the organisations represented within the Strategic Governance Board resulted in resources being prioritised towards the Covid-19 response and recovery. As a result, the Strategic Governance Board did not meet between April 2020 and March 2021.
- 2.3 The Public Health Commissioning Team have continued to have regular contact with the services delivered as part of the Section 75 Partnership Agreement to provide assurance in relation to service delivery.
- 2.4 The Strategic Governance Group was re-established in March 2021 with the first meeting held on 25 March 2021. A subsequent meeting was held on 18 June 2021 and there is now a full commitment for the Strategic Governance Board to meet regularly moving forward. The main issue discussed within the Strategic Governance Board since its recommencement in March 2021 is in relation to vision and hearing screening.
- 2.5 The model for vision and hearing screening at school entry in Derbyshire changed when the Section 75 Partnership Agreement commenced on 1 October 2019. Previously the 0-19 Public Health Nursing Service were responsible for the vision and hearing screening of all Reception aged children. The final year whereby vision and hearing screening was undertaken in schools was the 2019-20 academic year.
- 2.6 Following this the plan was to move from a screening model to a signposting model, encouraging parent/carers to access High Street Opticians to obtain a free NHS eye test. This is a model that has been adopted by a significant number of other local authority areas.
- 2.7 The benefits of adopting this new signposting model include:

- A reduction in the number of false positive tests; This was an issue within the previous vision screening model, because significant numbers of children were being referred into Secondary Care that on further examination did not have an issue with vision.
- A reduction in waiting time for appointments into Secondary Care; due to the high number of referrals into Secondary Care as a result of the vision screening at school entry (many of which were not required), created large waiting lists with some children having to wait up to 52 weeks from the point of referral to having an initial appointment in Secondary Care.
- Enable High Street Opticians to detect vision problems that may not be picked up as part of the vision screening in schools; According to a 2013 external review by the National Screening Committee, school entry screening is primarily undertaken to detect amblyopia. However, an examination at the High Street Opticians would enable the detection of other conditions that could affect children including: childhood Cataracts, Strabismus, Myopia, Hyperopia, Astigmatism, Colour Vision Deficiency (Colour Blindness). Many children may not show signs and symptoms of some of these conditions.

- 2.8 The decision to stop the delivery of hearing screening was taken following a detailed review of the evidence on the effectiveness and impact of the screening programme. This evidence review took in to account the changes in recent years due to the introduction of the national new-born and early years hearing screening programme. The changes were also informed by engagement and consultation as detailed in paragraph 2.10.
- 2.9 Following the implementation of universal new-born hearing screening, school entry hearing screening across Derbyshire would now only be expected to identify between 1 to 4 children per year with a permanent hearing impairment and would find a higher proportion of false positive results, leading to increased and unnecessary demand on NHS services and unnecessary worry for parents. An appraisal from the National Institute of Clinical Excellence (2016) around the accuracy and cost-effectiveness of school entry hearing screening programmes has concluded that school entry screening is unlikely to detect further cases with hearing impairment and is unlikely to represent good value for money. Hearing is also assessed earlier in a child's development by health visitors as part of the Healthy Child Programme development reviews at both one and two years old.
- 2.10 A public engagement exercise was undertaken during 2019 on the proposals to end vision and hearing screening prior to the approval of the decision to end vision and hearing screening in schools. Many other

Local Authorities have adopted a similar approach to that being delivered in Derbyshire.

- 2.11 The final year vision and hearing was due to take place in schools was the 2019-20 academic year. The plan was to undertake a publicity campaign during the spring/summer of 2020 in order to:
- Promote the new signposting model for eye examinations to encourage the parent/carers of young people to take their children for a free NHS eye test at any High Street Optician at school entry and to have regular check-ups thereafter
 - Inform the public and key stakeholders as to the changes to hearing screening in Derbyshire and advise parent/carers to take children to the G.P if they have any concerns regarding their child's hearing
- 2.12 There were also plans to commence a procurement during 2020 to fund an external organisation with the relevant expertise to undertake a social marketing campaign on the changes to vision and hearing screening in Derbyshire, as well as understand the messages that some of the most targeted groups of people in Derbyshire would be receptive to in relation to encouraging parent/carers to take children and young people to the High Street Opticians on a regular basis, or to the G.P if they have any concerns in relation their child's hearing.
- 2.13 However, the Covid-19 Pandemic and the impacts this has had on capacity within High Street Opticians has meant that Public Health in partnership with key stakeholders have not been able to undertake this publicity campaign to promote the new model for vision and hearing screening. This reduced capacity within High Street Opticians coupled with the prioritisation of shifting Public Health resources to the Covid-19 response, meant that the procurement to undertake the social marketing campaign was unable to take place during the 2020-21 financial year.
- 2.14 As a result, there is a low awareness in Derbyshire in regard to the changes in vision and hearing screening. Over the past 12 months there have been missed opportunities to make the parent/carers of children and young people in Derbyshire aware of the changes to vision and hearing screening, and the importance of taking children for regular check-ups at the High Street Opticians or to visit the G.P if they have concerns about their child's hearing.
- 2.15 Vision screening was added to the Public Health risk register in February 2021. In March 2021 the Strategic Governance Board approved the approach of Public Health exploring the feasibility of implementing a temporary one year vision screening catch up

programme, to be delivered by community optometrists in schools to the current Reception year cohort during the 2021-22 academic year when they are in Year 1. However, further discussions between members of the Local Optical Committee as well as with Head of Orthoptics at Royal Derby Hospital and Chesterfield Royal Hospital, have come to the conclusion that this is not a viable option with the infrastructure currently in place, and the timelines required in order to implement such an approach. Therefore, Public Health will prioritise the procurement for a social marketing campaign over the upcoming weeks.

- 2.16 This Social Marketing campaign will take a system wide approach to the promotion of vision and hearing screening by:
- Consulting with targeted groups to understand the messages and channels of communication certain groups will be more receptive to
 - Mapping High Street optician availability across Derbyshire to inform the Strategic Governance Board of areas where they may be additional barriers to accessibility to High Street opticians and enable the Board to plan accordingly
 - Identifying key stakeholders such as social care staff, schools and other health professionals working with families of young children and young people themselves, and the messages they can communicate with parent/carers as well as young people to promote high uptake of children and young people obtaining a free NHS eye test

This report seeks the support from the Health and Wellbeing Board partners to developing and delivering a social marketing campaign, which aims to encourage a high uptake of parent/carers taking their children for regular eye tests at the High Street opticians in Derbyshire, as well as promote the key messages around hearing.

2.1 0-9 Public Health Nursing Service Update

Following the Covid-19 outbreak the National guidance 'Covid-19 Prioritisation within Community Health Services', which was published on 1st April 2020, recommended that for 0-5 (Health Visiting) services should stop all service delivery except:

- Antenatal contact
- New Birth Visit
- Visits for those identified as vulnerable or have a clinical need
- Safeguarding work

The guidance around the 5-19 (School Nursing) service at the time was to stop all service delivery except:

- Phone and text service
- Safeguarding work
- Specialist School Nursing

As a result, the 0-19 Public Health Nursing Service stopped all elements of service delivery except for those workstreams prioritised within the national guidance. A safeguarding workstream was set up consisting of a face-to-face and non-face-to-face delivery team to ensure sufficient capacity could be placed towards the safeguarding workstream. Since June 2020 normal service delivery has been phased back in line with national guidance. However, a significant level of resources has had to be put into completing a catch-up exercise for families who missed Healthy Child Programme contacts as well as other work that was not prioritised in line with the national guidance. The service has also had to absorb rising levels of needs in areas such as safeguarding, domestic violence and mental health since the Covid-19 outbreak.

2.2 Early Help Delivery within Children's Centre's

Part of the Section 75 Partnership Agreement involves Public Health investment into the early help offer within Children's Centre's. This included:

- The delivery of parent education group programmes
- The delivery of home learning programmes
- UNICEF Baby friendly accreditation
- Children's Centre Health Champions

The Covid-19 pandemic has had a significant impact on the delivery of Early Help services within Children's Centres. Service delivery has been maintained during the pandemic, but this has had to be delivered virtually. The Service Level Agreement (SLA) in place for the delivery of Early Help into Children's Centre's stipulates that The Strategic Governance Board should review the SLA after 18 months and on an annual basis thereafter. At the last meeting on 18 June 2021 the Strategic Governance Board gave approval for a working group to review the SLA in place with Children's Services for the delivery of Early Help into Children's Centre's as part of the section 75 Partnership Agreement, in order to ensure that the service is fit for purpose moving forward in light of the Covid-19 pandemic.

3. Implications

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

4. Consultation

4.1 Both online and face-to-face public consultation was undertaken during 2019 on the proposed changes to vision and hearing screening. Between April and May 2019 an online survey was completed by 228 people. Face-to-face consultation was also carried out within Children's Centre's with parent/carers of young children between May and July 2019. The face-to-face consultation interviewed 217 people in total with all respondents having at least one child under the age of 7.

5. Background Papers

Cabinet Report 10 October 2019 - Achieving Public Health 0-19 Outcomes – Section 75 Agreement between Derbyshire County Council and Derbyshire Community Health Services NHS Foundation Trust

Cabinet Report 28 February 2019 Public Health Nursing and Achieving Population Health and Wellbeing Outcomes in 0-19 Year Olds across Derbyshire through the Development of a Section 75 Agreement

Cabinet Report 26 July 2018 A New Approach to Public Health Nursing and Achieving Population Health and Wellbeing Outcomes in 0-19 Year Olds across Derbyshire

6. Recommendation(s)

That the Health and Wellbeing Board:

- a. Notes the update in relation to the Strategic Governance's Boards oversight of the Section 75 Partnership Agreement since the start of the Covid-19 pandemic, including the overview of services delivered as part of the Section 75 including the 0-19 Public Health Nursing Service and the Early Help delivery in Children's Centre's.
- b. Notes the changes to vision and hearing screening, and the impact the COVID-19 pandemic has had on the ability to promote these changes.
- c. Supports the communication of the changes to vision and hearing screening for school age children across the county.

7. Reasons for Recommendation(s)

There is a low awareness in Derbyshire of the changes in vision and hearing screening. Over the past 12 months there have been missed opportunities to make the parent/carers of children and young people in Derbyshire aware of

the changes to vision and hearing screening, and the importance of taking children for regular check-ups at the High Street Opticians or to visit the G.P if they have concerns about their child's hearing.7.2

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

8 July 2021

Report of Healthwatch Derbyshire

Vaccine hesitancy report: Attitudes towards the Covid-19 vaccine

1. Purpose

1.1 To provide the Health and Wellbeing Board with an update on a topical report recently completed by Healthwatch Derbyshire.

2. Information and Analysis

2.1 Whilst the majority of people have embraced the vaccine, others have been hesitant to get vaccinated. Healthwatch Derbyshire has carried out a piece of work to gain an understanding of why some people were not taking up the offer of the Covid-19 vaccine or were saying that they would not do so. The report summarises the findings from an online survey which ran from 18 March 2021 to 25 April 2021. A total of 517 responses were received. Please note, the report is not currently a public-facing document so please do not share on any public-facing platforms but can be shared internally. The main themes for the following two questions were:

Q1: For what reason would you be unlikely to have a vaccine if it was offered to you?

- Worries around effects on own health
- Worries about vaccine safety
- Needle phobia

- Allergies & reactions to previous medications
- Mental health
- Pregnancy.

Q2: Is there anything that would make you change your mind about having the vaccine?

- More research published with testing and results evidenced over a longer period of time
- Clearer information for people to make their decisions that address their concerns
- Choice of vaccine and venue
- Learning disabilities and mental health conditions taken into account and patients offered alternative venues or time slots to suit.

The report also presents a number of frequently asked questions which were developed from the concerns and solutions raised by those who took part in the survey and were hesitant about having the vaccine.

3. Recommendation(s)

That the Health and Wellbeing Board:

- 3.1 Note the report themes, and where appropriate to share the report within their own organisations either for wider learning, or to support their own work around vaccine hesitancy.

4. Reasons for Recommendation(s)

- 9.1 The report presented is for information purposes.

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Vaccine Hesitancy Report

Attitudes towards the Covid-19 vaccine

June 2021

Contents

| | | |
|-----|--|---|
| 1 | Executive summary | 3 |
| 2 | What people told us | 3 |
| 2.1 | Worries around effects on own health | 3 |
| 2.2 | Worries about vaccine safety | 4 |
| 2.3 | Other common themes..... | 5 |
| 3 | Recommendations | 6 |
| 4 | Frequently asked questions..... | 6 |
| 5 | Methodology | 7 |
| 6 | Thank you | 7 |
| 7 | Disclaimer | 7 |
| 8 | About us | 8 |

1 Executive summary

In December 2020, the NHS began the biggest immunisation campaign in history as it started the Covid-19 vaccine rollout across the Country. In Derbyshire, this is being managed by the Derby and Derbyshire Clinical Commissioning Group (CCG).

Whilst the majority of people have embraced the vaccine, others have been hesitant to get vaccinated. The aim of this project was to gain an understanding of why some people were not taking up the offer of the Covid-19 vaccine, or were saying that they would not do so.

This report, produced by Healthwatch Derbyshire (HWD) and the feedback obtained will be shared with Joined up Care Derbyshire (JUCCD) and Public Health bodies in Derbyshire allowing them to provide specific and directed messaging about the vaccine which will directly address those reported concerns.

2 What people told us

517 people took the survey, 388 had already had the vaccine or were happy to receive it. 129 people had not had the vaccine or had concerns around taking it.

The respondents who indicated that they did not want the vaccine or who were hesitant about having the vaccine (129) were asked:

For what reason would you be unlikely to have a vaccine if it was offered to you?

These respondents were provided with a list of reasons from which they could select one or more which would make it unlikely they would have the vaccine.

After examining the data provided we were able to identify two main areas of concern, worries around the effects on person's own health (2.1) and worries about the safety of the vaccine (2.2):

2.1 Worries around effects on own health

- 65 people indicated they were worried about the long term effects on their health
- 53 people indicated they were worried about the side effects of the vaccine
- 31 people indicated they were worried about the effects on their long term condition.

Those who indicated the reason for their vaccine hesitancy were asked to elaborate on their answer and below as a sample of those responses.

Sample of comments:

"I don't know the long-term affects or what might happen later in my life (if I was elderly/older I wouldn't worry so much)."

"Don't feel like I know enough about the vaccination, it all came out very quickly. I'm scared of what's in the vaccination as I have seen what is in it and also concerns for any future problems it may cause that nobody will know yet."

"I have my doubts about taking the vaccine because I'm worried it will cause problems with my *long-term condition, and I had Covid last year and am still suffering effects from it so I don't want to risk the vaccine making the effects worse than they already are."

"Clotting worries ... high risk of clotting due to other health conditions. Also suffer from a *long-term condition and other sufferers are reporting significant worsening of symptoms after receiving the AstraZeneca vaccine."

"I have a *long-term health condition and there is no information on how safe the vaccine is for me."

“I have a *long-term health condition; I'm hearing of so many people either getting serious side effects after vaccine or even delayed side effects ... The immune response of a person with my *long-term condition doesn't always respond the same way a healthy person does. That is what is putting me off.”

“I have a *long-term health condition which is not currently treated and the clotting issue is too great for me with antiphospholipid syndrome and not being on blood thinners.”

“Basically I'm scared of medication because of side effects so I don't take anything and the thought of having it makes me scared.”

**(The phrase long-term condition has been used to replace specific conditions which may identify respondents).*

2.2 Worries about vaccine safety

- 34 people indicated they wanted to wait to see how the vaccine worked
- 47 people did not think the vaccine was safe
- 26 people felt that Covid-19 was not a personal risk.

Those who indicated the reason for their vaccine hesitancy were asked to elaborate on their answer and below as a sample of those responses.

Sample of comments:

“I do not believe the testing procedures have been robust enough to identify any medium to long-term side effects.”

“I don't feel like I know enough about the vaccination, it all came out very quickly. I'm scared of what's in the vaccination.”

“I feel the trials were too rushed despite being told that they have been checked and found safe.”

“I do not feel it has been tested enough to know any longer term complications it may cause.”

“I just want to wait a while, and not be pressured into having this jab. I've told them I don't want the jab yet, maybe in the future.”

“Very rushed vaccine and not convinced it's going to make any difference.”

“I never see anyone else to catch the virus or to pass it on to anyone else so I cannot see how the jab would be of help to me in my circumstances.”

“Weighing up the potential risks I feel the vaccine is higher risk than getting Covid.”

“As someone who is super fit with absolutely no underlying health conditions and of a healthy weight, I do not perceive Covid to be any risk to me. I am not concerned about Long Covid. Therefore, I would literally just be taking this vaccine for 'the greater good' to protect those not able to have it. Something I will be very happy to do in a few years' time once far more is known about its wider implications for some people.”

“I'd rather wait a few months to see if the population who have had the jab, have any long term side effects.”

2.3 Other common themes

Also worth noting are the following comments from people who said they would not want the vaccine. There is a potential, with further information and data, to enable people to take-up on the offer. Information from Public Health, the CCG and local councils could help to reassure individuals on the safety and effectiveness of the vaccine.

Needle phobia

“Severe phobia of injections and no extra support provided for this.”

“I’m not only very nervous around needles, I’ve read bad things about the Covid jab, I’m really unsure about having it really.”

“I am writing in on behalf of my son. He has a needle phobia. He has been offered the vaccine aged 20 he has no objection to the vaccine. Just the needle”

“Severe needle phobia. Would have the vaccine via nasal spray without hesitation.”

Allergies & reactions to previous medications

“I do not know what is in the vaccine and I have allergies and will not risk anaphylactic shock. There was a statement saying if you have allergies or anaphylactic shock in the past do not have it. I’m not prepared to risk it.”

“My glands swell sometimes for no reason. Once my tongue swelled from a cold remedy. I have read a side effect can be gland swelling.”

“I am highly allergic to vaccines and spent several weeks in hospital when I had the last one. Been advised by medics not to risk anymore.”

“I have already suffered from varicose stasis, bleeds, oedema, rashes caused by medication. After suffering from many years I stopped all medication and my health has improved. My body is sensitive to modern synthetic concoctions - vaccines included.”

Mental health

“I’ve had mental health issues, and now suffer with social anxiety, so the thought of going to the vaccination centre completely puts me off, as I’ve seen people I know mention online how busy it is down there, and that seems to be the only place I can go to get it.”

“I haven’t left my home since March 2020. I can’t imagine leaving my home again apart from a medical emergency. My general anxiety disorder is currently so severe I would panic knowing I had had the vaccine and that I would have to cope with any side-effects by myself as I am always alone now.”

“I’m 50/50 on whether to have it or not, as I said in answer to the previous question. My social anxiety etc. and the fact I have been told I have to go to a vaccination centre are the main reason I’m leaning towards not bothering.”

Pregnancy

Seven people were worried about the effects on their pregnancy and/or future fertility.

“I worry about long term affects as there is no proof to say it could affect fertility and other illnesses.”

“May have another baby in the future. I don’t think the full effects can possibly be understood at this point and under those conditions in addition it’s a high risk of errors.”

“I am concerned about whether it will affect my fertility which I already have concerns about and I am about to start trying for a baby.”

3 Recommendations

Respondents who raised concerns and who were hesitant about having the vaccine were asked:

Is there anything that would make you change your mind about having the vaccine?

Many gave suggestions as to what may encourage them to be more likely to take up the offer of the vaccine.

The following points highlight that there is action for change that may support people to take up the offer of the vaccine.

- More research published with testing and results shown/evidenced over a longer period of time
- Clearer information for people to make their decisions that address their concerns, with consideration given to health literacy and the frequently asked questions highlighted below
- Choice of vaccine
- Choice of venue to receive the vaccine, some prefer hospital settings in case of emergency or complications with existing condition
- Learning disabilities and mental health conditions taken into account and patients offered alternative venues or time slots to suit.

4 Frequently asked questions

Healthwatch Derbyshire has developed the following frequently asked questions developed from the concerns and solutions raised by those who took part in the survey and were hesitant about having the vaccine:

I have a good immune system - why should I get the vaccine?

I don't think I'm at risk of Covid-19 - why should I get the vaccine?

I have had a previous allergic reaction to a vaccine - can I still have the Covid-19 vaccine?

I have allergies and I'm worried about taking the vaccine - who can I speak to?

I'm pregnant or planning to be pregnant - can I still take the Covid-19 vaccine?

I want to choose which vaccine to have - is this possible?

I have a needle phobia - what support is available for me?

I suffer from a mental health condition and can't go to a big centre - can I request my vaccine somewhere quieter?

I declined the vaccine but have changed my mind - how can I book myself for a vaccine?

Where can I find the latest up to date and accurate information on the research and trials on the vaccine?

5 Methodology

This report summarises the findings from our online survey using Survey Monkey. The consultation period for this report ran from 18th March 2021 to 25th April 2021.

The survey was promoted through:

- local media channels, including the Derby Evening Telegraph
- a range of social media platforms including Facebook and Next Door
- HWD's website
- through HWD bulletins and newsletters
- our partner organisations who shared it with their contacts
- HWD volunteers.

We also encouraged members of the public to contact us by telephone or complete a paper survey if they were unable to access the survey digitally.

Once all the data was compiled we performed qualitative analysis on the data to break down the data into various sub-themes for discussion and examining the data for common questions and implications for recommendations.

Of those who had vaccine hesitancy we asked further questions, probing into the reasons asking them to elaborate their reasons where appropriate.

6 Thank you

HWD would like to thank all participants who gave their time to talk to us about the Covid-19 vaccine. We also extend our thanks to the many groups and services who supported and cooperated with this engagement activity.

7 Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all individuals who are eligible for the vaccine but never the less offer useful insight.

It is important to note that the engagement was carried out within a specific time-frame and therefore only provides a snapshot of patient experience collected then. They are the genuine thoughts, feelings and issues participants, carers and healthcare professionals have conveyed to HWD. The data should be used in conjunction with, and to complement, other sources of data that are available.

8 About us

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

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

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



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

8 July 2021

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

HEALTH AND WELLBEING ROUND UP REPORT

1. Purpose

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

2. Information and Analysis

2.1 Director of Public Health Annual Report video

Each year Derbyshire County Council's Director of Public health produces an annual report that looks at the health and wellbeing of the county. This year's report, in the form of a [short video](#), is a snapshot of the wide range of work being carried out to support and protect residents during the Covid-19 pandemic.

2.2 Inclusive economy – Building Back Better

The Local Government Association has recently [delivered a webinar](#) outlining how building inclusive communities should be a key feature of recovery from the global pandemic. An inclusive economy is one that functions effectively for everyone is better for health and wellbeing and a population with better health and wellbeing is better for an effective and fair economy.

2.3 What is the role of the NHS in tackling health inequalities?

The Kings Fund has recently shared a [podcast interview](#) with Dr Bola Owolabi, Director of Health Inequalities at NHS England and NHS Improvement, about the NHS's spheres of influence, the power of gathering around a common cause, and whether the experience of the pandemic will lead to a step change in tackling health inequalities.

2.4 Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021

This [report](#) calls for further regulations, increased funding levied from the tobacco industry on a polluter pays principle and investment in the communities where smoking has the biggest impact.

2.5 School closures and parents' mental health

Researchers from the universities of Essex, Surrey and Birmingham, funded by the Nuffield Foundation, have produced a [report](#) which considers the dynamics of parents' mental health during the pandemic. The study is the first of its kind to look specifically at the impact of having children at home as a result of school closures, separating it from other factors affecting parents' mental health during the pandemic.

2.6 The role of volunteering in community-centred public health system – case studies with NCVO

Public Health England's (PHE's) healthy communities team has partnered with the National Council for Voluntary Organisations (NCVO) to develop a number of [case studies](#) that reflect the role of volunteering in community-centred public health systems. This work is part of PHE's work on whole-system approaches to community-centred public health, as well as NCVO's workplan as a member of the VCSE Health and Wellbeing Alliance.

2.7 IMPACT (Improving Adult Care Together)

[IMPACT is a new centre](#) that aims to support best use of evidence in adult social care. It will work in England, Northern Ireland, Scotland and Wales and aims to improve outcomes for people who use services and carers. Led by the University of Birmingham, the programme is currently seeking the views of anyone involved with or connected to adult social care to help develop and test its ideas.

2.8 Digital Exclusion and the work of Citizens Advice in Chesterfield.

This [report](#) acknowledges digitalisation brings both huge benefits for many but also great disadvantage for some and looks at the experiences of local people based on evidence brought to the attention of Chesterfield Citizens Advice workers. The report sets out measures to ensure that services are 'fair by design'.

3. Notification of Pharmacy Applications

Under the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the NHS Commissioning Board must notify the HWB of all relevant applications to provide pharmaceutical services, including the relocation of existing pharmacies.

4. Background papers

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

5. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the information contained in this round-up report

6. Reasons for Recommendation(s)

6.1 To provide the Health and Wellbeing Board with a summary of the latest policy information to enable the development of the work plan for the board.

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