



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

25 January 2023

Report of the Director of Public Health

Health and Wellbeing Board Development and ICP Update

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

- a) Note performance reporting arrangements have been refreshed for the Health and Wellbeing Board and a summary of the latest performance is summarised in paragraph 2.3.
- b) Note the proposed approach to developing a revised Joint Local Health and Wellbeing Strategy for Derbyshire throughout 2023 and agree nominees to the working group.
- c) Note the latest update from the Integrated Care Partnership for Derby and Derbyshire.
- d) Agree proposals to utilise the Derbyshire Place Partnership Board as a forum to coordinate work between the Integrated Care Partnership and the Health and Wellbeing Board.
- e) Agree nominees from the Health and Wellbeing Board to attend the Derbyshire Place Partnership Board from February 2022 onwards.
- f) Provide comment and feedback on Health and Wellbeing Board role profiles which summarise the main responsibilities of Board members.
- g) Agree that the Board participates in the development activity as proposed by the Local Government Association.
- h) Agree the format for development sessions for the Health and Wellbeing Board.

2. Information and Analysis

2.1 There have been a number of Health and Wellbeing Board development activities that have taken place throughout the autumn and this report summarises these for the Boards' consideration and discussion. 2023/2024 will be a transition phase for the Board, with sessions planned which will develop the joint working with the ICS and Board members. The updated JSNA will be utilised to identify needs to inform the new Joint Local Health and Wellbeing Strategy and the Integrated Care Strategy will outline system wide priorities. To ensure the Board is well positioned the following actions and activities are proposed.

2.2 **Performance reporting to the Health and Wellbeing Board**

An update on performance indicators for the current priorities can be found at appendix 2. A formal update on performance indicators was last presented to the board in July 2019. Whilst formal performance has not been reported on since July 2019 (due to the response to Covid-19), there have been progress updates on the work taking place for all priorities outlined in the Health and Wellbeing Strategy. Performance indicators are in place for the current strategy priorities, and these will be reported on a quarterly basis until a new strategy is in place.

2.3 **Performance indicators of concern**

The following indicators show that data for Derbyshire is significantly worse than data for England:

- Life expectancy for both males and females are significantly worse in Derbyshire when compared to the figure for England.
- Smoking at time of delivery is significantly worse in Derbyshire than England, however the situation has improved since the previous strategy analysis.
- There has been an increase since the last dataset in the percentage of babies who are breastfed at 6-8 weeks, however, Derbyshire rates remain significantly worse than England.
- There has been an increase in the percentage of adults with excess weight and Derbyshire is significantly worse than England and is the local authority with the highest number of adults with excess weight out of the 16 CIPFA closest neighbours.
- The rate per 100,000 people for alcohol specific admissions for under 18's is significantly worse in Derbyshire than England.
- Chlamydia detection rates and HIV Coverage are significantly worse in Derbyshire than England and the situation has declined since the last data analysis was undertaken.
- Derbyshire has a higher rate of excess mortality in under 75 adults with sever mental illness compared with England.

- The gap in employment for people in contact with secondary mental health services is significantly worse for Derbyshire compared to the England average is also the worst performing out of the 16 CIPFA closest neighbours.
- Derbyshire is significantly worse than England for the employment rate for those with a learning disability and is the second worst out of the 16 CIPFA closest neighbours.

There are several indicators where Derbyshire is in a positive position compared with England, however, improvements can continue to be made.

- Derbyshire is significantly smaller percentage 10–11-year-olds with excess weight, when compared to England, however the data shows that this trend is declining from previous analysis.
- Derbyshire has a lower percentage of physically inactive adults when compared to the figures for England.
- Derbyshire has a lower rate of alcohol specific admissions per 100,000 people than England.
- Derbyshire performs better than England and has a higher % of adults with a learning disability that are in stable and appropriate accommodation. This figure has also improved since the last dataset.
- Derbyshire is the best performing local authority out of the 16 CIPFA closest neighbours and performs better than England for adults in contact with secondary mental health services living in stable and appropriate accommodation.
- Derbyshire has a smaller percentage of 16–17-year-olds not in education, employment or training (NEET) compared to England.
- Derbyshire performs better than England in terms of the rate per 1,000 people of long-term claimants of Job Seekers Allowance.

2.4 **Joint Local Health and Wellbeing Strategy development**

Following the implementation of the Health and Social Care Act 2022 on 1 July 2022, section 116A of the Local Government and Public Involvement in Health Act 2007, renames the 'Joint Health and Wellbeing Strategy' to the 'Joint Local Health and Wellbeing Strategy (JLHWS)'. In preparing a Joint Local Health and Wellbeing Strategy, the Board must have regard to the Integrated Care Strategy, which is currently in development pending finalisation in the Spring. The Joint Local Health and Wellbeing Strategy sets out agreed priorities and joint action for partners to address the health and wellbeing needs of the local population as identified by the Joint Strategic Needs Assessment. Throughout 2023 the Board will be refreshing the

strategy and the Board are asked to nominate representatives to join a working group to develop the JLHWS, which will liaise with the County Place Partnership Board and be a short life working group.

Nominations can be made via director.publichealth@derbyshire.gov.uk and the first meeting will take place in early March. A high-level timetable is included below:

- January 2023 – nominations for representatives for working group
- March 2023 – utilise the latest version of the JSNA to identify needs. Establish working group and identify key priorities
- July 2023 – draft JLHWBS to Health and Wellbeing Board and consultation
- October 2023 – Update on progress of draft strategy
- January 2024 – Board to approve final strategy

2.5 **Integrated Care Partnership update**

The Integrated Care Partnership met for the last time in shadow format before the meeting moves into a public meeting format hosted by Derby City Council on behalf of both local authorities and the NHS. The Partnership considered a framework document which will support the development of the Integrated Care Strategy for Derby and Derbyshire. The strategy document will be further developed and will then allow the Health and Wellbeing Board to consider how it refreshes the Local Health and Wellbeing Strategy.

2.6 It is proposed that the next steps in the development of the Integrated Care Strategy are to:

- Confirm our desired high-level population outcomes.
- Confirm system-wide population health (Turning the Curve) and health inequality indicators as our important 'markers' for improving high-level outcomes, and which address direct risk factors for the main causes of death, illness and inequalities, including mental health.
- Identify one or two population health or service outcome priorities for each of Start Well; Live Well; and Age/Die Well to form a focus for the development of JUCD integrated care.
- Consider how strategic enablers and alignment with other strategies will accelerate improvements against these priorities and deliver our strategic aims for integrated care.

2.7 The Strategy will also incorporate consideration of Core20PLUS5 – a national NHS England approach to support the reduction of health inequalities at both national and system level.

2.8 Following agreement on the proposed system-level priorities, Strategy development will include consideration of how the system organises and delivers actions to achieve these priorities. The following strategic enablers will be critical to success:

- System architecture and governance
- System shared purpose, values, principles, and behaviours
- Enabling functions and services

2.9 It is proposed to use the developing context of the Integrated Care Strategy to identify a set of 'difficult questions' that draw out key challenges for the system, and that are not being fully addressed through existing arrangements.

2.10 Using feedback from the ICP and the further steps described above, it is intended that a first draft of the Strategy will be considered by the ICP Board in February 2023. It is proposed that a final version of the Strategy will be produced for approval of the ICP Board in April 2023. The approved version will be published in line with national guidance, with a copy provided to each partner local authority and the Integrated Care Board.

2.11 Whilst the strategy update was the substantive item, the Partnership also received updates on the development of the Place Operating Model, a report on issues considered at Derby and Derbyshire Health and Wellbeing Boards and a report updating on the work of the Integrated Care Board.

2.12 Joined Up Care Derbyshire (JUCD) works closely with people and communities across Derby and Derbyshire, listening to, understanding and drawing on the diverse thinking of those served. Patient, public and stakeholder involvement is a key part of the development of the Integrated Care Strategy. JUCD has a 'System Insights Group' and an 'Engagement Workstream for the ICS Strategy' which has representation from health, local authorities, Healthwatch and the VCSE Alliance. As the Derbyshire Joint Local Health and Wellbeing Strategy closely aligns with the Integrated Care Strategy, it is anticipated that these workstreams will be utilised for engagement to inform the JLHWS.

2.13 **Aligning the activity of the Health and Wellbeing Board with the Derbyshire Place Partnership.**

As part of the development of the Integrated Care System work has taken place throughout the autumn of 2022 to finalise a place operating model for Derby and Derbyshire. Within the discussions, and

as agreed at the September meeting of the Derbyshire Health and Wellbeing Board, it is proposed that the Derbyshire Place Partnership Board supports the Health and Wellbeing Board by acting as a coordinating meeting for any actions agreed by the Board that need to be completed. The Derbyshire Place Partnership Board will also champion the implementation of the Health and Wellbeing Strategy and seek to coordinate any actions that support health and wellbeing priorities across Derbyshire. The Derbyshire Place Partnership Board will also fulfil a similar function for the Integrated Care Strategy and it is anticipated that by aligning workstreams it will prevent duplication, siloed approaches to addressing issues and maximises the impact of available resource. A separate meeting, the Integrated Place Executive will consider matters that align across Derby and Derbyshire from an Integrated Care System perspective and the Derbyshire Place Partnership Board will formally report into that meeting for ICS related matters.

- 2.14 The Derbyshire Place Partnership Board met for the first time on 15 December 2022 where activity linked to supporting the Integrated Care Partnership and implementation of the Integrated Care Strategy was discussed. It is now proposed in this report that the Health and Wellbeing Board agree representation to sit on the Derbyshire Place Partnership Board and that these members join the group in February 2022. The meeting will then operate in a Part A and Part B format, with Part A considering matters linked to the Integrated Care Strategy and Part B considering matters linked to the Health and Wellbeing Strategy. If there are joint items these will be considered with all members present. Some Health and Wellbeing Board members, such as representatives from the Integrated Care Board, Adult Social Care, Children's, Public Health, Healthwatch and the Voluntary sector are already represented on the Derbyshire Place Partnership Board. Increased representatives from district and borough councils would support the smooth operation of Part B of the meeting and ensure colleagues are engaged with the wider health and wellbeing agenda at a strategic level. It is proposed that senior officers attending the Health and Wellbeing Board to support elected members from district and borough councils attend the partnership Board to provide a strong link across and can support with any operational actions alongside other members of the group. If matters are being discussed in Part A of the meeting that link to district and borough activity (e.g. provision of some housing support services as part of Team Up) district and borough representatives would be welcome to attend that section of the meeting as well.

2.15 Further alignment of activity will take place throughout the Spring with the following Health and Wellbeing Board sub-groups moving in the governance arrangements to formally sit under the Derbyshire Place Partnership:

- 0-19 Partnership Strategic Governance Group
- Derby and Derbyshire Sexual Health Alliance
- Derby and Derbyshire Air Quality Working Group
- Derbyshire Housing and Health Systems Group
- Locality Health and Wellbeing Partnerships
- Better Care Fund Board

This will enable tasks from both the Integrated Care Partnership and the Health and Wellbeing Board to be tasked to these sub-groups and each sub-group can report to one or both Boards as appropriate. It is, for example, recognised that the Derby and Derbyshire Sexual Health Alliance, due to its role in tertiary, secondary and primary prevention, would benefit from reporting to both groups, whereas groups such as the Better Care Fund Board would still only be required to formally report into the Health and Wellbeing Board as per Department of Health and Social Care guidance.

2.16 As the new Joint Local Health and Wellbeing Strategy is developed throughout 2023, it is proposed that priorities are championed by members of the Health and Wellbeing Board and feed into the Place Partnership Board for implementation. Issues will be reported by exception to the Place Partnership Board with a formal annual update to the Health and Wellbeing Board as and when required. The Place Partnership Board will also have oversight of performance indicators linked to the refreshed Health and Wellbeing Strategy priorities.

2.17 **Health and Wellbeing Board Role Profiles**

The Local Government Association (LGA) recommends as good practice, that Health and Wellbeing Boards have role profiles for all members of the Health and Wellbeing Board to ensure all members feel empowered to fully undertake their specific role. Attached at Appendix 3 are the suggested role profiles for the Derbyshire Health and Wellbeing Board. The Board are asked to provide feedback on the role profiles and a final version will be agreed at the March 2023 meeting. Feedback should be sent to director.publichealth@derbyshire.gov.uk by Friday 3 February 2023.

2.18 **Local Government Association Support Offer to Health and Wellbeing Boards.**

The LGA provides upper tier local authorities with a range of support options to support the ongoing development of Health and Wellbeing Boards. Derbyshire has previously taken part in Peer Reviews and

integration workshops to inform the work of the Board and the development of the strategy. Considering Health and Wellbeing Boards now having a slightly realigned role within Integrated Care Systems, the LGA has several new products to support ongoing development of the Board via the Leading Healthier Places Support Offer. The Director of Public Health has met with representatives from the LGA to discuss the recent changes to the Health and Wellbeing Board and considered what actions might further support the work of the Board. The LGA have proposed the following:

1. Undertake activities to further explore the new shared landscape for health and local government colleagues at both system and place level
2. Deliver a bespoke workshop entitled 'When Worlds Collaborate' to explore further opportunities to align the work of local government in the broadest sense, place-based service provision, health, social care and public health
3. Provide critical friend input to strengthen the role of the Board within the ICS. The critical friend would undertake interviews with Board members and wider partners to understand the challenges and aspirations for the Health and Wellbeing Board. The findings would be used to inform further development of the Board.
4. Review the format of the Board and look at good practice models elsewhere to see the art of the possible and establish how the Board could be best utilised as a driver for change.

If taken forward it is proposed the workshop session is jointly delivered alongside Derby Health and Wellbeing Board and also the Integrated Care Partnership and a potential date of June 2023 has been identified. Discussions are taking place with representatives from the Integrated Care Partnership and Derby City Council to progress this workshop and confirm involvement. The critical friend offer would be unique to the Derbyshire Health and Wellbeing Board and take place following the workshop.

2.19 Development sessions for the Health and Wellbeing Board

The Health and Wellbeing Board currently meets in public quarterly and holds ad hoc development sessions as and when required. The terms of reference give provision for holding regular development sessions in private to support specific issues, focused discussion and learning, ongoing review of Board functioning and active development of the Board and its members. Analysis of other health and wellbeing boards show that they effectively utilise development sessions scheduled throughout the year to discuss new and emerging matters that the Board needs to develop, undertake strategy development and priority

setting and to agree positions in relation to key matters. It is proposed Derbyshire move to an approach where there are regular development sessions scheduled throughout the year to support some of the activity outlined in this report. The Board are asked to provide feedback on the preferred format:

- a) Development sessions between public meetings throughout the year held in person.
- b) Development sessions between public meetings through the year held on Teams.
- c) 60 minute development sessions added to the end of a shortened public meeting (90 min) to maximise the use of scheduled face to face meeting time.

3 Implications

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

4 Consultation

- 4.1 This paper outlines a number of items for which feedback from Health and Wellbeing Board members is welcomed at the meeting or alternatively via director.publichealth@derbyshire.gov.uk

5 Background Papers

- 5.1 [Health and Wellbeing Board Terms of Reference and Membership – October 2022](#)

6 Appendices

- 6.1 Appendix 1 – Implications
- 6.2 Appendix 2 – Health and Wellbeing Strategy Performance Indicators
- 6.3 Appendix 3 – Health and Wellbeing Board Role Profiles

7 Recommendation(s)

That the Health and Wellbeing Board:

- i) Note performance reporting arrangements have been refreshed for the Health and Wellbeing Board and a summary of the latest performance is summarised in paragraph 2.3.
- j) Note the proposed approach to developing a revised Joint Local Health and Wellbeing Strategy for Derbyshire throughout 2023 and agree nominees to the working group.

- k) Note the latest update from the Integrated Care Partnership for Derby and Derbyshire.
- l) Agree proposals to utilise the Derbyshire Place Partnership Board as a forum to coordinate work between the Integrated Care Partnership and the Health and Wellbeing Board.
- m) Agree nominees from the Health and Wellbeing Board to attend the Derbyshire Place Partnership Board from February 2022 onwards.
- n) Provide comment and feedback on Health and Wellbeing Board role profiles which summarise the main responsibilities of Board members.
- o) Agree that the Board participates in the development activity as proposed by the Local Government Association.
- p) Agree the format for development sessions for the Health and Wellbeing Board.

8 Reasons for Recommendation(s)

- 8.1 The proposals outlined in the report support the development of the Health and Wellbeing Board and align the work of the Board within the wider Integrated Care System for Derby and Derbyshire.

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Organisation: Derbyshire County Council

HWB Sponsor: Ellie Houlston, Director of Public Health

Implications

Financial

- 1.1 There will be a nominal cost for development workshops. Derbyshire County Council, on behalf of the Board have agreed to fund these costs.

Legal

- 2.1 The implementation of the Health and Social Care Act 2022 on 1 July 2022 renamed the 'Joint Health and Wellbeing Strategy' as the 'Joint Local Health and Wellbeing Strategy (JLHWS)'. In preparing a Joint Local Health and Wellbeing Strategy, the Board must have regard to the Integrated Care Strategy
- 2.2 Health and Wellbeing Boards were established as statutory committees for upper tier local authorities within the Health and Social Care Act (2012). The 2012 Act prescribed core statutory functions and membership of the Board.
- 2.3 The Health and Social Care Act 2022 outlines a number of changes to NHS governance structures, including the requirement for Health and Wellbeing Boards to work alongside Integrated Care Boards and Integrated Care Partnerships.

Human Resources

- 3.1 There are no human resource implications of this report.

Equalities Impact

- 4.1 There are no equalities impacts.

Partnerships

- 5.1 The recommendations contained in this report will strengthen and further develop partnership working.

Health and Wellbeing Strategy priorities

- 6.1 The development tasks and recommendations in this report contribute to all five of the Health and Wellbeing Strategy priorities by ensuring the Board and partners work collaboratively to reduce health inequalities for the population of Derbyshire.

Health and Wellbeing Strategy Performance Reporting

DERBYSHIRE HEALTH AND WELLBEING BOARD

Measuring Success

To understand our progress towards achieving key targets across the 5 priority areas we will track a number of indicators over time using a Health and Wellbeing Strategy Dashboard. A wide range of indicators will be available through the dashboard, and a number of key indicators that we will track are presented below.

Source: Indicators sourced from Office of Health Improvement & Disparities Fingertips (OHID) Public Health Profiles

(for full details on each indicator visit <https://fingertips.phe.org.uk/>)

Derbyshire Compared to England:
Significantly Better
Not Significantly Different
Significantly Worse
Not Applicable

CIPFA Nearest Neighbour:
CIPFA Rank: Derbyshire’s rank among CIPFA neighbours. 1-16 where 1 is the worst
CIPFA Range: the range of values for the CIPFA nearest neighbours

Change from previous strategy:
▲/▼ Significant increase/Decrease getting better
▼/▲ Significant increase/Decrease getting worse
▲/▼ Increase/decrease – not significant
- No change
= Change cannot be calculated

*Indicators coloured shaded grey are no longer available via OHID fingertips

1. Enable people in Derbyshire to live healthy lives

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Healthy Life Expectancy at Birth - Males	61.5	63.1	2	61.4 - 67.4	▼	Years	2018 - 20
Healthy Life Expectancy at Birth - Females	62.6	63.9	4	60.0 - 68.7	▼	Years	2018 - 20
Life Expectancy at Birth - Males	79.2	79.4	4	78.3 - 80.7	-	Years	2018 - 20
Life Expectancy at Birth - Females	82.8	83.1	3	82.0 - 84.6	-	Years	2018 - 20
Smoking Prevalence - 15 year olds - Current smokers	8.0	8.2	10	5.5 - 11.4	-	%	2014/15
Smoking Prevalence - 15 year olds - Regular smokers	5.4	5.5	10	3.2 - 7.9	-	%	2014/15
Smoking Prevalence - Adults	14.1	13.0	5	9.9 - 15.8	▼	%	2021
Smoking at time of delivery	11.8	9.1	5	7.6 - 15.0	▼	%	2021/22
Breastfeeding Prevalence at 6-8 weeks	43.6	49.3	9	41.9 - 57.0	▲	%	2021/22
Eating 5 a day - 15 yrs	50.9	52.4	6	48.5 - 60.3	-	%	2014/15
Eating 5 a day - Adults	56.4	55.4	6	52.9 - 63.7	▼	%	2019/20
Excess weight - 4-5 yrs	22.8	22.3	7	19.5 - 26.2	▼	%	2021/22
Excess weight - 10-11 yrs	36.3	37.8	7	31.3 - 38.3	▲	%	2021/22
Excess weight - Adults	69.2	63.5	1	61.4 - 69.2	▲	%	2020/21
Physically Inactive - 15 yrs, mean sedentary time >7 hours per day	70.9	70.1	5	63.2 - 73.0	-	%	2014/15
Physically Inactive - Adults	21.5	23.4	10	18.5 - 26.5	▲	%	2020/21
Admissions - Alcohol-specific	558.9	586.6	2	355.0 - 729.3	▼	DASR/100,000	2020/21
Admissions - Alcohol-specific, Under 18 years	35.7	29.3	6	18.8 - 61.5	▼	DASR/100,000	2018/19 - 20/21
Admissions - Alcohol-related*				-			
Chlamydia detection rate 15-24 yrs	1173.5	1334.2	9	793.7 - 1494.0	▼	%	2021
HIV coverage	33.8	45.8	10	21.2 - 82.9	▼	%	2021
HIV late diagnosis	47.6	43.4	6	33.3 - 78.6	▼	%	2019 - 21

* Indicators coloured shaded grey are no longer available via OHID fingertips

2. Work to lower levels of air pollution

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Air Pollution: Fine Particulate matter	6.0	6.9	11	4.0 - 7.3	▼	Mean ug/m3	2020
Fraction of Mortality attributable to particulate air pollution	5.1	5.1	8	2.9 - 5.5	-	%	2019
Adults cycling at least 3 times a week*				-			
Adults cycling at least once a month*				-			
Licensed Diesel Vehicles per Total Vehicles*				-			
Licensed ULEV Vehicles at quarter end*				-			

* Indicators coloured shaded grey are no longer available via OHID fingertips

3. Build mental health and wellbeing across the life course

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Suicide Rate	11.5	10.4	8	8.7 - 15.5	▲	DASR/100,000	2019 - 21
Severe Mental Illness (SMI) recorded prevalence*				-			
Excess under 75 mortality rate in adults with SMI	444.8	389.9	5	297.0 - 580.2	▲	Indirect Ratio	2018 - 20
Self-reported wellbeing: high happiness score*				-			
Adult social care users with enough social contact	46.4	45.9	9	40.1 - 51.6	▼	%	2019/20
Adult carers with enough social contact	29.4	32.5	8	23.0 - 45.1	▼	%	2018/19

* Indicators coloured shaded grey are no longer available via OHID fingertips

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

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
People with SMI receiving complete physical health checks*				-			
Fuel poverty	14.0	13.2	8	10.8 - 15.6	-	%	2020
Housing affordability	6.8	9.1	3	5.6 - 10.6	▼	Ratio	2021
Household overcrowding*				-			
Adults with a learning disability living in stable and appropriate accommodation	85.6	78.3	15	45.4 - 86.4	▲	%	2020/21
Adults in contact with secondary mental health services living in stable and appropriate accommodation	81.0	58.0	16	6.0 - 81.0	▲	%	2020/21

* Indicators coloured shaded grey are no longer available via OHID fingertips

5. Strengthen opportunities for quality employment and lifelong learning

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
KS4 pupils achieving 9-5 pass in English and Maths*				-			
KS5 achieving AAB grades or above*				-			
16-17 year olds not in education, employment or training (NEET)	3.3	5.5	16	3.3 - 13.8	▼	%	2020
Qualified to NVQ4 and Above*				-			
Working age population in employment, 16-64 years	76.3	75.4	5	72.3 - 81.1	▼	%	2021/22
Unemployment		4.5	1	-	-	%	2021
Long term claimants of Job seekers allowance	1.6	2.1	6	0.3 - 2.5	▼	Rate/1000	2021
Average weekly earnings	479.1	496.0	12	431.5 - 524.9	▲	Median £	2021
Gender pay gap	19.4	16.6	3	10.7 - 23.2	▼	Ratio	2020
Gap in employment rate for people in contact with secondary mental health services	72.6	66.1	1	54.6 - 72.6	▲	Gap % points	2020/21
Gap in employment rate for people with a long term condition*				-			
Gap in the employment rate for those with a learning disability	74.4	70.0	2	66.4 - 75.8	▲	Gap % points	2020/21
ESA claimants	6.0	5.4	4	3.8 - 6.3	▲	%	2018
Unpaid carers*				-			

* Indicators coloured shaded grey are no longer available via OHID fingertips

Health and Wellbeing Board Role Profiles

Chair of the HWB – Cabinet member for Health & Communities	Cabinet Members – Derbyshire County Council
<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Provides leadership and strategic vision of the board. • Also Board member for ICP and other strategic partnerships. • Question and challenge throughout the meeting as part of chairing function. • Provides political leadership of the health and wellbeing agenda • Work with partner organisations to reduce health inequalities in local communities • Holds organisations and partners to account for delivering against the priorities outlined in the Health and Wellbeing Strategy. • Escalates issues from HWB to regional/ national forums where appropriate • Challenges performance against the outcomes outlined in the HWBS via the HWB dashboard indicators which make links to performance • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Broad knowledge of local community and specialist knowledge of Cabinet portfolio. • Question and challenge throughout the meeting. • May be a Board member for ICP and other strategic partnerships • Provides political leadership of the health and wellbeing agenda • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Chief Executive Officer for Derby & Derbyshire Integrated Care Board	Non-Executive Director for Derby & Derbyshire Integrated Care Board (Vice Chair)
<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Provides specialist knowledge of Integrated Care System. • Provides clinical leadership • Represents board priorities to ICS • Board member of ICP and ICB • Share plans from ICB with the Board • Escalate issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Deputises for chair when necessary. • Board member of ICP and ICB • Provides specialist knowledge of Integrated Care System. • Provides clinical leadership • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Executive Director of Adult Social Care and Health	Executive Director of Children's Services
<ul style="list-style-type: none"> • Statutory member of the board in role as Director of Adult Social Care Services (DASS). Can vote on all matters. • Board member of ICP. • Represents and implements Board priorities in relation to Adult Care • Shares plans and strategies from the ICP • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board as Director of Children's Services (DCS). Can vote on all matters. • Board member of ICP. • Represents and implements Board priorities in relation to Children's Services • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Director of Public Health	Healthwatch Representative
<ul style="list-style-type: none"> • Statutory member of the board in role as Director of Public Health. Can vote on all matters. • Board member for ICP and DPH representative on ICB • Accountable officer for Identifying needs through Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment • Accountable officer for producing Joint Local Health and Wellbeing Strategy and Director of Public Health Annual Report • Public Health, Population Health and prevention champion • Work with partner organisations to reduce health inequalities in local communities • Provides a direct link between health and local government; professional advice • Represents and implements Board priorities in relation to Public Health • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Statutory member of the board. Can vote on all matters. • Provides appropriate representation of the patient, public and carer population in Derbyshire • Works collaboratively with board partners to ensure appropriate engagement and involvement with patients and service users • Escalates issues from HWB to regional/ national forums where appropriate • Works closely with the Derbyshire Healthwatch to ensure appropriate engagement and involvement with patients and service users. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Representative from Voluntary Sector	Police and Crime Commissioner for Derbyshire
<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Voice of the voluntary sector on the board. • Engages and communicates with VCS colleagues in relation to Health and Wellbeing Board priorities and facilitates actions agreed at meetings in relation to the voluntary sector • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of police service in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Representative from Derbyshire Fire and Rescue Service	District and Borough Councillors
<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of fire and rescue service in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Provides political leadership of the health and wellbeing agenda within districts and boroughs • Feeds back and engages with local people to inform planning and contributions to board discussions and decisions • Works with partner organisations to reduce health inequalities in local communities • Links to communities to deliver practical actions that prevent ill health • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

District and Borough Council Officer	Representative from Derbyshire Constabulary
<ul style="list-style-type: none"> • May attend meetings to support District and Borough elected members. These officers are not able to vote on matters. • Attends coordination meetings held as part of County Place Partnership Board • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate. 	<ul style="list-style-type: none"> • Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of Derbyshire Constabulary in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

