



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

REPORT TO CABINET MEMBER FOR HEALTH AND COMMUNITIES

13 February 2023

Report of the Director - Public Health

Infant and Toddler Nutrition Consultation on proposed changes to service delivery model

1. Divisions Affected

1.1 County-wide.

2. Key Decision

2.1 This is not a Key Decision.

Purpose

2.2 The Cabinet Member for Health and Communities is asked to:

- Note the findings from the public consultation exercise and Equalities Impact Assessment on the proposed changes to the Infant and Toddler Nutrition Service
- Approve the implementation of the proposed changes to the Infant and Toddler Nutrition Service delivery model as part of the process to transfer this service and the Oral Health Promotion Service into the 0-19 years Section 75 Partnership Agreement with Derbyshire Community Health Services NHS Foundation Trust with effect from 1 April 2023.

3. Information and Analysis

- 3.1 Both the Infant and Toddler Nutrition Service and Oral Health Promotion Service are commissioned by Public Health and delivered by Derbyshire Community Health Services NHS Foundation Trust (DCHS). The current contracts for both services were awarded following competitive tendering processes and both contracts are due to expire on 31 March 2023.
- 3.2 On 18 November 2021 Cabinet approved the decision to undertake a joint public consultation with DCHS on proposals to transfer both the Infant and Toddler Nutrition Service, as well as the Oral Health Promotion Service into the existing Section 75 Partnership Agreement between the Council and DCHS for the delivery of the 0-19 Public Health Nursing Service (health visiting and school nursing). Cabinet also approved that, subject to the outcome of this consultation, both services could be transferred into the Section 75 Partnership Agreement. Cabinet also agreed to delegate future authority to the Director of Public Health and Cabinet Member for Health and Communities, to take any further decisions required to complete the transfer of both services into the Section 75 Partnership Agreement.
- 3.3 Following this joint consultation exercise during February and March 2022 Cabinet approved the decision on 16 June 2022 to proceed with proposals to transfer both the Infant and Toddler Nutrition Service and Oral Health Promotion Service into the existing Section 75 Partnership Agreement.
- 3.4 A Section 75 Partnership Agreement is a legal agreement and formal partnership between a Local Authority and an NHS body under Section 75 of the National Health Service Act 2006 (updated under the Health and Social Care Act 2012). Traditional methods of public sector procurement are subject to a legal framework that encourages free and open competition, whereas a Section 75 Partnership Agreement enables the commissioning authority to delegate responsibilities to NHS organisations for the delivery of health and social care services.
- 3.5 The current Section 75 Partnership Agreement for the delivery of the 0-19 Public Health Nursing Service commenced on 1 October 2019 and Cabinet approved the final sign off of the Section 75 Partnership Agreement on 10 October 2019. The successful implementation of the Section 75 Partnership Agreement is the reason behind transferring two additional Public Health commissioned services into the existing agreement.
- 3.6 Following the Cabinet approval on 16 June 2022 to proceed with proposals to transfer both services into the existing Section 75

Partnership Agreement, the Council and DCHS (including staff that deliver both services) have undertaken a review of the current service delivery models. Staff engagement sessions took place in July and August 2022 to enable staff from both services to input into how these services will be delivered moving forward as part of the partnership approach to delivering services under the Section 75 Partnership Agreement.

3.7 The engagement sessions aimed to gain the perspective of those delivering the services to help understand:

- What currently works well
- What does not currently work well
- What could be done differently

3.8 **Infant and Toddler Nutrition Service**

The feedback obtained from these engagement sessions was used by DCHS to propose two significant changes to the Infant and Toddler Nutrition Service once the service moves into the Section 75 Partnership Agreement on 1 April 2023.

3.9 Offering a more flexible approach to breastfeeding support: The current service offers a strict schedule of contact points with the Healthy Family Peer Support Workers (HFPSWs). All expectant mothers are invited to an antenatal group to gain information and advice on breastfeeding. An additional four contact points are offered to all breastfeeding mums at the following timepoints following the birth of the baby:

- 24-48 hours – via the telephone
- 2-4 days – face to-face
- 7-9 days – face to face
- 16 days – via SMS text message

3.10 Following the engagement event with staff DCHS propose to continue inviting all pregnant women to an antenatal contact, to retain the 24-48 hour contact (via the telephone) and the 2-4 day contact (face-to-face) for all breastfeeding women. However, the plan thereafter is to offer additional breastfeeding support between 4 and 14 days based on individual need as opposed to offering contact points for all breastfeeding women. The service can then focus capacity on where it is most needed. The approach will help reduce breastfeeding inequalities in Derbyshire as the most recent review of the breastfeeding data undertaken by the Public Health Knowledge and Intelligence Team (KIT) shows that during 2020-21 in Derbyshire, younger mums, in particular those under the age of 20, had significantly lower breastfeeding rates compared to older mums. The analysis also showed a link between breastfeeding prevalence and deprivation, with those

from the areas of highest deprivation having significantly lower breastfeeding rates compared to those from areas of lowest deprivation. Moving forward DCHS propose to use the intelligence available around breastfeeding prevalence to inform service capacity and help target the service to those most in need, thus helping to reduce breastfeeding inequalities in Derbyshire. It is also hoped that delivering additional breastfeeding support based on need will also help increase overall breastfeeding prevalence in Derbyshire, which is currently significantly below both the national and regional averages.

- 3.11 Stop delivering weaning groups: To enable the service to put more capacity towards offering a flexible approach to breastfeeding support that is based on need, DCHS are proposing to stop delivering weaning groups that parent/carers are currently invited to around the time the baby reaches six months of age. The feedback from DCHS staff on the effectiveness of these groups was mixed. However, there was an overriding feeling that the service should either deliver fewer weaning contacts or stop delivering weaning altogether.
- 3.12 Weaning is a topic covered as part of the universal 6-8 week review with the Health Visitor. There will still be a mechanism available locally to promote the safe introduction of solid foods to all parent/carers before their baby reaches the age of 6 months. DCHS are also proposing to develop a series of videos on the safe introduction of solid foods. The videos will contain the information distributed as part of the weaning groups as well as other videos relating to key topics around infant and toddler nutrition. DCHS will develop other promotional materials for those who cannot access digital materials online. The service will continue to signpost families towards information relating to the safe introduction of solid foods, whilst at the same time enable more capacity to be placed towards supporting those who require additional support whilst breastfeeding.
- 3.13 A second engagement event with staff from the Infant and Toddler Nutrition Service was held in October 2022 to share the proposed changes to the service delivery model. Staff from the service were in support of the proposed changes and a public consultation exercise was undertaken in November 2022 to gain feedback from the public on these proposed changes. An Equalities Impact Assessment (EIA) has also been undertaken, attached as Appendix 3. The EIA seeks to ensure that any potential adverse impacts of these proposed changes are identified, and mitigating actions are put in place so that service changes do not have a negative impact on Derbyshire residents, in particular those who share protected characteristics.

3.14 Oral Health Promotion Service

The review of the service delivery model for the Oral Health Promotion Service focused on how DCHS can widen the scope of the service to support the £50,000 per annum increase in the contract value from April 2021 for the remainder of the contract term. The change in contract value was approved via a Business Case under protocol 9 of the Council's Financial Regulations. The increase in budget was provided to help widen the scope of the Oral Health Promotion Service as the resources available focus on improving oral health outcomes for children and young people, particularly those of pre-school age. The intention was to provide additional capacity to offer more support to school aged children and adult population groups at increased risks of experiencing poorer oral health outcomes. For example, people living in care homes, homeless populations, people who experience substance misuse.

3.15 The Covid-19 pandemic and the fact that the current contract was coming to an end meant that DCHS struggled to utilise the increased budget to widen the scope of the current service delivery model during the remainder of the contract term. As a result, DCHS have temporarily used the contract uplift to deliver more of what is in the current service delivery model.

4. Consultation

4.1 Regulation 4 of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) provides that before entering into partnership arrangements the two parties must undertake a joint public consultation with such persons as appear to them to be affected by the arrangements. Following Cabinet approval on 18 November 2021 Public Health and DCHS have undertaken a joint consultation on the proposals to transfer the Infant and Toddler Nutrition and Oral Health Promotion Services into the current Section 75 Partnership Agreement.

4.2 The consultation ran for 42 days between 24 January and 6 March 2022 and was widely advertised across both the Council's and DCHS's networks. There was clear support to transfer both services into the existing Section 75 Partnership Agreement with the majority of respondents supporting the proposals to transfer both services into the section 75 Partnership Agreement. As a result, Cabinet approved the decision on 16 June 2022 to proceed with proposals to transfer both services into the Section 75 Partnership Agreement.

- 4.3 A second public consultation exercise was undertaken in November 2022 to seek views on the proposed changes to the Infant and Toddler Nutrition Service. This is referred to as the 'Derbyshire Healthy Families Service' during the consultation as this is the name clients that use the service would normally refer to it as. This consultation ran for 35 days between 25 October and 29 November 2022. Again, this consultation was widely advertised across both the Council's and DCHS's networks. An online questionnaire was available on the 'Have Your Say' page on the Council's website and paper copies of the questionnaire were also made available on request. A poster was developed by the Council's Communications department to help promote the survey online and in key venues across Derbyshire.
- 4.4 The consultation was well publicised throughout the various networks of professional groups that would be of interest and that would come into contact with families of young children that are likely to be affected by the changes. As part of the communication plan:
- Officers from the Council attended 14 out of 15 breastfeeding support groups delivered across the County by the Breastfeeding Network (BfN). There was one group that an officer was due to attend but this session was cancelled on the day. When attending the support groups, attendees were invited to complete the survey during the session using an electronic tablet device provided. In total 75 parent/carers were present across the 14 BfN sessions attended and of these 28 (37.3%) completed the survey using the Council's tablets at the sessions. In addition to this 10 BfN volunteers completed the survey during the sessions and many of the parent/carers took away information to either complete in their own time, and/or pass the information to friends and family members who they think would be interested in completing the survey. The BfN also promoted the online survey via their social media channels so that those who did not attend the groups on the sessions officers from the Council were present would still receive information about the consultation.
 - The Public Health Locality Programme supported the dissemination of the online survey to widen the reach to local community groups, such as stay and play groups as well as other voluntary and community groups working with families with young children. Officers were also advised on 'stay and play' groups that had good attendance. Six groups were approached, of which five allowed an officer to attend. A similar approach was used to BfN groups in that the officer would explain the consultation to the group and enable participants to complete the survey on the tablet provided if they wished. In total there were 101 families present across the five groups. All families were provided with

information about the consultation and 29 individuals (29%) completed the survey during the sessions. An additional 9 people requested information on how to access the survey in their own time.

- The online survey was promoted via various networks including the: Infant Feeding Steering Group that involves systemwide partners working closely with young families. Information was also distributed via the Council's links with Children's Services, schools, and nurseries.
- A copy of the poster advertising the consultation was forwarded to all DCC libraries to promote the online consultation
- HFPSWs and Health Visitors were encouraged to promote the survey with clients they were working with to try and encourage a high uptake of people completing the survey.

- 4.5 In total 182 people completed the survey. 57% of respondents reported using the service in the past five years, and 49% said a close friend or relative had used the service during the same time period. The feedback in relation to the proposed changes was mixed. The majority of respondents (88%) either 'agreed' or 'strongly agreed' to continue offering support in the antenatal period. There was also overwhelming support to continue offering all breastfeeding women a face-to-face visit at 2-4 days. 95% of respondents either 'agreed' or 'strongly agreed' to keep the 2-4 day contact as a universal contact for all breastfeeding women.
- 4.6 Where the feedback becomes mixed is on the elements of the service delivery model that DCHS are proposing to change. In terms of offering a flexible approach to breastfeeding support between 4 and 14 days based on need, 50% of respondents either 'strongly agreed' or 'agreed' with this approach. 9% 'neither agreed nor disagreed' and 41% either 'strongly disagreed' or 'disagreed' with this proposed change to the service delivery model.
- 4.7 Those comments which supported the proposal to offer support based on need tended to stress that they would support the changes if it meant all clients received adequate levels of support to meet their needs. There were also numerous comments stating that appropriate processes would need to be in place to ensure no one slipped through the net. There was also a clear theme suggesting that it would need to be made clear how clients who are not identified as needing additional support at 4 days can access the service if their circumstances change.
- 4.8 There were numerous comments expressing concerns to implementing a more flexible approach to breastfeeding support that is based on

need. The main themes included the belief that all clients should be offered some contact points between 4-14 days. This was because there were numerous comments stating clients requiring additional support may not proactively contact the service for further help and support with breastfeeding. Another common theme was it being too difficult to determine who needs additional support at day 4 as circumstances can change quickly in relation to breastfeeding.

- 4.9 Despite these concerns, Public Health supports DCHS to proceed with proposals to offer breastfeeding support between 4 and 14 days based on need. This will ensure the most effective use of current resources so that capacity is placed more towards those clients that need additional support to help increase overall prevalence and reduce inequalities in breastfeeding. However, DCHS will review the comments made in relation to this response and in particular the concerns raised to ensure effective processes are in place to identify those that may require additional support between 4 and 14 days. DCHS will also ensure clients are encouraged and are easily able to contact the service if their circumstances change during this time.
- 4.10 There was also a mixed response in relation to the question asking what people felt about the service stopping weaning groups. Only 19% of respondents 'strongly agreed' or 'agreed' with this proposal. 20% of respondents said they 'neither agreed nor disagreed' and 59% of respondents either 'strongly disagreed' or 'disagreed' with this proposal.
- 4.11 There was a general theme within the responses that respondents felt weaning was a very important subject area as this is something that causes worry and anxiety with families. There were also concerns around information distributed at the 6-8 week review with the Health Visitor as this was felt too early to retain information on safe weaning. There were a few comments that supported the proposed changes with some responses pointing to the vast amount of information already available around weaning. However, the amount of information available in relation to weaning was also felt as a concern for some respondents as they felt there is too much conflicting information available. There were numerous comments in relation to the lack of provision around weaning over recent years due to Covid-19, but that this support would have been appreciated if it was available.
- 4.12 In response to this feedback Public Health supports DCHS's proposal to stop delivering weaning groups, as this will ensure resources within the service can be placed toward offering clients sufficient support around breastfeeding in the early days following the birth of the baby. However, in response to the concerns highlighted on the proposals to stop

delivering weaning groups, both Public Health and DCHS will closely monitor the use and effectiveness of the promotional videos and other materials developed around the safe introduction of solid foods. Public Health will also explore potential options to offer weaning information, advice, and support via existing services as this is a topic that many who completed the online survey felt was extremely important.

- 4.13 The final two questions about service delivery asked how much people agreed or disagreed with proposals to maintain a weekend offer and provide an online chat function to offer support when it is needed for clients. The responses to both questions supported the proposals to retain both the weekend offer and online chat functions. A copy of the consultation summary report on the proposed changes to the infant and Toddler Nutrition Service is included in Appendix 2.

5. Alternative Options Considered

- 5.1 Alternative option 1. Lift and shift current service specification into the Section 75 Partnership Agreement. One option available is to retain the current service delivery model of the Infant and Toddler Nutrition Service once this service transfers into the Section 75 Partnership Agreement on 1 April 2023. The service is maintaining the same annual budget once this transfers into the Section 75 Partnership Agreement which does present challenges to the service due to inflationary costs that have accumulated over recent years. Therefore, the two changes proposed to the current service delivery model have been developed following an engagement event with staff and have been modelled to help ensure the service both continues to develop and reduce breastfeeding inequalities, whilst at the same time effectively manages the current challenges with the resources available. It is for these reasons that maintaining the current service delivery model is not the preferred option.
- 5.2 Alternative option 2. Proceed with proposals to offer a more flexible approach to breastfeeding support based on need, however, maintain the delivery of weaning groups within the new service delivery model. The feedback from the consultation did not support the proposed changes to stop delivering weaning groups. Therefore, one option is to continue to proceed with the proposal to offer a more flexible approach to breastfeeding support based on need, but not proceed with the second proposal to stop delivering weaning groups. However, if the Infant and Toddler Nutrition Service was to continue delivering weaning groups, then this would impact on the service's ability to offer adequate levels of support to all those clients identified as needing additional support as part of a flexible approach to breastfeeding support. In turn,

this may impact the service's ability to reduce inequalities in breastfeeding. It is for this reason why this is not the preferred option, but subject to approval to continue with these proposals, Public Health will explore potential options to offer weaning information, advice, and support via existing services, as this is a topic that many who completed the online survey felt was extremely important.

6. Implications

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

7. Background Papers

- 7.1 Cabinet report 16 November 2017 – 'Provision of Infant and Toddler Nutrition Peer Support Service'
- 7.2 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'
- 7.3 [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'](#)
- 7.4 [Cabinet report 19 November 2020 – 'Additional Investment for Public Health Nursing'](#)
- 7.5 Breastfeeding in Derbyshire at Birth, 10 days and 6-8 weeks (Q1-Q4 2020/21) [Breastfeeding Infographic - 20-21 \(updated\) v2.pdf \(derbyshire.gov.uk\)](#)
- 7.6 [Cabinet report 18 November 2021 – 'The transfer of the Infant Toddler and Nutrition Service and Oral Health Promotion service into the existing Section 75 Partnership Agreement'](#)
- 7.7 [Cabinet report 16 June 2022 – 'Transferring Infant and Toddler Nutrition and oral Health Promotion contracts into Section 75 Partnership Agreement'](#)

8. Appendices

- 8.1 Appendix 1 – Implications

8.2 Appendix 2 – Consultation summary report on proposed changes to the Derbyshire Healthy Families Service

8.3 Appendix 3 – Equality Impact Assessment on proposed changes to the Infant and Toddler Nutrition Service

9. Recommendation(s)

That the Cabinet Member for Health and Communities:

- a) Notes the findings from the public consultation exercise and Equalities Impact Assessment on the proposed changes to the Infant and Toddler Nutrition Service
- b) Approves the implementation of the proposed changes to the Infant and Toddler Nutrition Service delivery model as part of the process to transfer this service and the Oral Health Promotion Service into the 0-19 years Section 75 Partnership Agreement with Derbyshire Community Health Service NHS Foundation Trust with effect from 1 April 2023.

10. Reasons for Recommendation(s)

10.1 On 18 November 2021 Cabinet approved the decision to delegate authority to the Director of Public Health and Cabinet Member for Health and Communities, to take any further decisions required to complete the transfer of both services into the current Section 75 Partnership Agreement. It is for this reason why this report asks the Cabinet Member for Health and Communities to consider the findings of the public consultation exercise and EIA completed on the proposed changes to the Infant and Toddler Nutrition Service, and seeks Cabinet Member approval to proceed with the proposed changes as part of the transfer of the Infant and Toddler Nutrition Service into the Section 75 Partnership Agreement.

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

11.1 No

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Implications

Financial

- 1.1 The annual budget of the Infant and Toddler Nutrition service is £0.424m and for the Oral Health Promotion service is £0.137m. This equates to £0.561m per annum. Transferring both services into the existing Section 75 Partnership Agreement will increase the annual budget of the Section 75 Partnership Agreement from £12.500m currently to £13.061m. This budget will continue to be met out of the Public Health Grant and will not require any further investment out of the Public Health Grant. All three services that will be delivered as part of this Section 75 Partnership Agreement will retain their annual budgets.

Legal

- 2.1 Section 75 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) enables Local Authorities and NHS bodies (including Integrated Care Boards formally known as clinical commissioning groups and foundation trusts) to enter into arrangements in relation to the exercise of each other's health-related functions where such arrangements will provide a more streamlined service if they are likely to lead to an improvement in the way those functions are exercised. The arrangements may mean that one body carries out the functions of both in providing the service; that the two bodies share functions (usually with a pooled budget); or that one body commissions services on behalf of both. In this instance, DCHS and the Council work in partnership under the Section 75 Partnership Agreement to deliver a better service to users but maintain separate budgets.
- 2.2 As set out in paragraph 4.1 within this report and the previous Cabinet reports on 18 November 2021 and 16 June 2022, the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) require that a joint public consultation is carried out before any partnership arrangements are entered into. Consultation is also required for circumstances where an existing agreement is to be amended by the addition of services. The Council have completed this requirement with the consultation undertaken on these proposals in February / March 2022, and the outcome of this consultation has provided the justification for Cabinet approval on 16 June 2022 to proceed with transferring both services into the Section 75 Partnership Agreement on 1 April 2023.

- 2.3 The Director of Legal Services will advise on the further legal process required in order to undertake a variation of the current Section 75 Partnership Agreement between the Council and DCHS to transfer the Infant and Toddler Nutrition and Oral Health Promotion Services into the agreement. This will include clearly defined shared performance measures, outcomes, aims and objectives, setting out the services to be delivered and the budget for both Infant and Toddler Nutrition and Oral Health Promotion. Both services will also become part of the existing governance arrangements including accountability, financial reporting, management of risks, exit strategy that was established as part of the current Section 75 Partnership Agreement.

Human Resources

- 3.1 The current services in scope for the partnership arrangement employ a range of clinical and non-clinical staff from DCHS. Employee consultation and briefings will take place as part of the management of change process and will begin subject to this Cabinet Member approval and will be led by DCHS's Human Resources (HR) Department.
- 3.2 The delivery of the Infant and Toddler Nutrition Service does contain sub-contractual arrangements between DCHS and the Breastfeeding Network (BfN). These sub-contractual arrangements and the HR complications that may arise will be taken into consideration at all stages as part of the transfer of both services into the existing Section 75 Partnership Agreement.

Information Technology

- 4.1 N/A

Equalities Impact

- 5.1 An Equalities Impact Assessment (EIA) has been undertaken on the proposed changes to the Infant and Toddler Nutrition Service to ensure these changes do not have an adverse impact on Derbyshire residents and in particular those who share protected characteristics. It is envisaged that the proposed changes to the way breastfeeding support is delivered will have very minimal or no adverse impact on individuals who share protected characteristics. As support will be offered on a needs basis, those who require more support with breastfeeding in the early stages will be prioritised as part of these proposed changes. This revised approach in turn will hopefully contribute towards the reduction

of breastfeeding inequalities in Derbyshire. It was identified that those clients who live in rural areas could be adversely impacted by the changes if insufficient resources are placed towards supporting breastfeeding in these areas. However, travel time in rural communities and levels of need have been factored in as part of the modelling of the proposed new service delivery model and level of resources required in each locality. The modelling will ensure that rural communities are not adversely impacted by these changes. The Council and DCHS will work closely together to monitor the impact the changes have on both breastfeeding rates in Derbyshire and the experiences of clients who receive breastfeeding support from the service once these have been implemented. This approach will offer assurance that clients from any of the protected groups are not adversely impacted by the changes to the way in which Derbyshire residents are offered support around breastfeeding.

5.2 The EIA did identify some potential risks in relation to the proposals to stop delivering weaning groups in relation to the potential impact changes may have on other community and voluntary groups if families seek information, advice and support on the introduction of solid foods via other informal groups if weaning groups are no longer available. The EIA also noted that those who do not have access to digital technologies may be adversely impacted as they may not be able to gain access to the promotional videos on weaning and other topics relating to infant and toddler nutrition. In response to this, where there is a known barrier to accessing information, DCHS will provide information in different formats that will take into account disabilities and those whose first language is not English. This approach will ensure all Derbyshire residents will be able to gain accessible information and advice in relation to the safe introduction of solid foods. The Council and DCHS will closely monitor both the usage of these promotional materials and the effectiveness of these to support families with the safe introduction of solid foods. Public Health will also explore potential options available to offer weaning information, advice, and support via existing services as this is a topic that many who completed the online survey felt was extremely important.

5.3 A full copy of the EIA is included as Appendix 3.

Corporate objectives and priorities for change

6.1 All Public Health commissioned services set out to meet the outcomes outlined within the Adult Social Care and Health Service Plan 2021-2025 which are to ensure Derbyshire has:

- Resilient, thriving and green communities which share responsibility for improving their lives and supporting each other
- Happy, safe and healthy people, with solid networks of support, who feel in control of their personal circumstances and aspirations
- A strong, diverse and clean economy which makes the most of Derbyshire's rich assets and provides meaningful opportunities for local people to achieve their full potential
- Great places to live, work and visit with high performing schools, diverse cultural opportunities, transport connections and keep things moving and a healthy and sustainable environment for all
- High quality public services that work together and alongside communities to deliver services that meet people's needs