

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

**PRESENT**

Councillor C Hart – Cabinet Member

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

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

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

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

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

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

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

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

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

**37/21 PUBLIC HEALTH APPROACH TO ADDRESSING THE DIGITAL DIVIDE** Approval was sought from the Cabinet Member to commence a procurement exercise to secure specialist provider support to develop and initiate implementation of a public health digital inclusion strategy for Derbyshire over a period of 18 months and up to a value of £0.150m.

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

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

In April 2021 the Public Health Investment Panel received and supported an application for investment to initiate the development of a public health approach to address digital exclusion. The proposal put forward a strengths-based collaborative effort to tackle and break down barriers to creating a digitally inclusive Derbyshire; the key elements were detailed within the report. The proposal and costings had been informed and benchmarked by examples of good practice including the successful model adopted by the '100% Digital Leeds' programme, which was used to inform the proposal outlined. Further background information could be found in Appendix 1.

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

1. Direct savings to the investor by encouraging and enabling beneficiaries to use online public services which had a lower delivery cost.
2. Indirect savings and economic benefits relating to the wider effects of digital inclusion on behaviour: these include personal cost savings e.g. better financial products available online, potential gains from earning, impact on employment rates, savings to the NHS (through reduced face to face dependency on Primary Care).

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

**RESOLVED** – that the Cabinet Member approve commencement of a procurement exercise, to secure specialist provider support to develop and initiate implementation of a public health digital inclusion strategy for Derbyshire, over a period of 18 months and up to a value of £0.150m.

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

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

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

On 13 November 2018 approval was granted for the allocation of £20,000 over a three year period to encourage individuals, treatment services and recovery organisations to undertake their own projects, events and activities in their own localities. This had revitalised the efforts of both local and countywide organisations and their service users and had generated a renewed energy and enthusiasm for collaborative working around recovery. Small grants had been offered to ensure that finance was not a barrier to delivering innovative and local recovery events, or engaging with larger organised recovery events.

Due to the uncertainty around the COVID-19 pandemic, plans for Recovery Month activities during 2020 had to be scaled back however, a few organisations were able to do some small scale, outdoor activities such as a recovery walk. From February 2021, organisations were invited to apply for funding to support Recovery Month activities in September 2021 but were advised where possible to plan a main activity and a contingency activity and plan outdoor activities.

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

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

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

Approval was sought from the Cabinet Member to transfer a proportion of the underspend from the Public Health Sexual Health 20/21 Out of Area Budget to Derbyshire Community Health Services NHS Foundation Trust (DCHS) to support innovations in the Sexual Health Promotion Service and to procure and award a research project with the aim of understanding the sexual health and wellbeing needs and barriers to accessing services for those who are disproportionately affected by poor sexual health outcomes.

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

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

The additional elements were:

1. Sexual Health Promotion Outreach Van;
2. Derbyshire Integrated Sexual Health Service (ISHS) Accessibility and Engagement Fund, to support organisations and groups which work with communities most vulnerable to poor sexual health;
3. MSM (sexually active gay, bisexual and other men who have sex with men) who were at higher risk of contracting STIs and HIV;
4. IT developments; and
5. Summer campaign to encourage those aged 16 and over to have fun with their freedom but enjoy safer sex.

The report went on to seek to procure an organisation with a proven track record of research and evaluation to:

1. undertake a piece of collaborative research with DCHS to understand the sexual health and wellbeing needs and barriers to accessing services for those which were disproportionately affected by poor sexual health outcomes; and
2. provide a set of co-developed recommendations for delivering effective and accessible Integrated Sexual Health services.

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

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

**RESOLVED** - that the Cabinet Member (1) approve the transfer of funding to DCHS to the value of £185,000 from the OOA budget for the Sexual Health Promotion Outreach Van; Derbyshire Integrated Sexual Health Service (ISHS) Accessibility and Engagement Fund; commission a specialist for MSM & LGBT community; IT developments; and marketing projects;

(2) approve the procurement of a provider to undertake a piece of collaborative research with DCHS to understand the sexual health and wellbeing needs and barriers to accessing services for those which are disproportionately affected by poor sexual health outcomes with a maximum value of £60,000; and

(3) delegate the authority to award a contract for the research to the Director of Public Health.