

Adult Care and Public Health

Service Plan 2016-2017

Joy Hollister
Strategic Director Adult Care

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Section 1

1. Introduction

Although Derbyshire County Council continues to face budget cuts due to reductions in Government grants, inflation and greater demands including those on Adult Care, we continue to be committed to the principles of personalisation and effective and efficient delivery of services, whilst protecting the most vulnerable.

The Adult Care net budget for 2016/17 is £195,094.487. Adult Care's contribution to the cuts during 2016/17 will be £24,135,419. The cuts will affect all services provided by the Adult Care Directorate.

2. Background and Policy drivers

Adult Care provides social work, personal care, safeguarding and support services to adults who are vulnerable or at risk due to age, disability, illness or poverty. It also provides support to family carers. The service works within the legal framework of the Care Act 2014 and provides personalised services to promote the independence, dignity and control of local people. Social care staff work in close partnership with other colleagues in health, district and borough councils and the voluntary sector.

In 2016/17 a new organisational arrangement will be put in place when Public Health and Adult Care become one Department. This presents greater opportunities to jointly focus on prevention and demand management.

There are a number of significant legal changes, policies and guidance documents which will impact on Adult Care during 2016 – 2017 and beyond. These include, but are not limited to the following:

2.1 The Care Act 2014

Adult Care is on track with embedding the necessary changes resulting from the Care Act. However, the increasing budget pressure on the council does mean that meeting the Care Act outcomes is challenging.

Information and Advice

Adult Care will continue a programme of work to strengthen information and advice.

Effective and resilient joint working across adults' and children's services to support transition

Adult Care will continue to work positively with health and children's services to ensure the requirements of the children and Families Act and Building the Right Support are met. We aim to achieve the outcome of a more positive transition experience for young people and their families.

Market oversight and provider failure/ supporting a high quality local social care system

Adult Care will continue to develop mechanisms to effectively shape our care market. This work will include improving how we identify and mitigate risks in our care market. Working closely with other stakeholders and providers we will further develop our procedures to manage provider concerns and to lessen the impact or likelihood of provider failure. We have published two Market Position Statements for people with learning disabilities, and for older people. A Market Position Statement for people with mental ill health will be published this year.

Safeguarding

Adult Care will continue to play a full role in the Safeguarding Adults partnership. We will achieve the silver level of Making Safeguarding Personal this year. For details see - [Safeguarding adults: Our priorities - Safer Derbyshire](#)

Carers

During 2016/17 we will introduce new arrangements for carer's assessments and carers Personal budgets, and finalise the Carers strategy.

Information, Advice and Advocacy

We will ensure that we have an equitable advocacy service across client groups and across the county.

2.2 The Better Care Fund

The Better Care Fund (BCF) is a single pooled budget of existing expenditure, to support health and social care services to work more closely together in local areas. The Better Care Fund allocation for 2016-17 for Derbyshire is £52,486,000.

There are now eight national conditions for the BCF in 2016/17 which must be met:

- 1) Plans to be jointly agreed.
- 2) Maintain provision of social care services (not spending).
- 3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.
- 4) Better data sharing between health and social care, based on the NHS number.
- 5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
- 6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans.
- 7) Agreement to invest in NHS commissioned out-of-hospital services.
- 8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan.

There are also five national outcome measures and one local measure that will be monitored via NHS England; these are part of the suite of returns that already have to be made by Adult Social Care and the NHS (see page 33).

In addition, we will be continuing with the local metric to measure the rate of dementia diagnosis in Derbyshire.

Derbyshire's revised BCF plan 2016/17 will be submitted to the national Better Care Support Team on 11 April 2016. This will be a refresh of the 2015/16 plan which received full approval from government on 22 December 2015. The 2015/16 plan is available on the County Council website:

Hyperlink to Part 1:

[http://www.derbyshire.gov.uk/images/Better%20Care%20Fund%20Derbyshire%20Plan%20\(Part%20One\)_tcm44-257096.pdf](http://www.derbyshire.gov.uk/images/Better%20Care%20Fund%20Derbyshire%20Plan%20(Part%20One)_tcm44-257096.pdf)

Hyperlink to Part 2:

http://www.derbyshire.gov.uk/images/Better%20Care%20Fund%20Health%20and%20Wellbeing%20Board%20Financial%20Plan_tcm44-256911.pdf

2.3 Integration

The Adult Care approach towards integrated care is shaped by the NHS structures within which it is being developed. There are 5 Clinical Commissioning Groups (CCGs); more than 100 GP practices; 12 Acute hospitals (only one of which is in Derbyshire) and 2 Community Health services NHS Foundation Trusts.

The focus is on organisational development that facilitates skilled, confident and respected Adult Care professionals (at all levels and across all functions). Staff operate in constantly adapting collaborations – the team around the person/community.

We have focused on strengthening operational relationships at all levels and supporting frontline staff to engage and take forward improved collaboration to deliver safe, sustainable integrated care that delivers optimal efficiency. Our development work with Acute hospitals includes co-location of registered Social Workers with Derbyshire Community Health colleagues and the integrated discharge teams both North and South of the county with a focus on discharge pathways. These arrangements are available over a 7 day period. There is excellent joint work supporting admission avoidance and transfer to assess across the county. In order to enhance assessment closer to home there has been a redistribution of Adult Care professionals from hospitals located teams to community resources. This adjustment to staff deployment will continue as the System Plans develop and are implemented.

We are committed to the development of an accredited assessor framework and shared assessment document to support transfers of care across the county and are developing these models collaboratively.

A major enabler for integration will be to achieve access to Derbyshire County Council IT drives and systems via Wi-Fi in all health settings. This has been achieved in multiple sites so far and alternative arrangements made by the Council to support access whilst awaiting more formal arrangements.

2.4 Transforming Care for people with learning disabilities

In October 2015, NHS England, Local Government Association and Association of Directors of Adult Social Services published *'Building the Right Support'* and *'Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition - Service model for commissioners of health and social care services'*, this was followed by further planning guidance in December 2015.

These documents place a clear expectation on both the NHS and Local Authorities to accelerate the delivery of a new model of care, locally and in partnership with a range of stakeholders, by March 2019.

Across the country newly formed Transforming Care Partnership Boards are tasked with improving the outcomes for people, across all ages, with a learning disability and/or autism through the delivery of a robust and sustainable plan.

In order to deliver this change, a Transforming Care Partnership has been established across Derby City and Derbyshire County. The partnership brings together 4 Clinical Commissioning Groups, 2 Local Authorities (Adult and Children's services), NHS Specialised Commissioners, Service Providers, Health Education England, the police and the Police and Crime Commissioners office.

The Transforming Care Plan submitted to NHS England on 8th February 2016 builds on existing transformational work in the city and north of the county and is aligned to the following priorities:

- Local Transformation Plans for Children and Young People's Health and Wellbeing.
- Local action plans under the Mental Health Crisis Concordat.
- The 'local offer' for personal health budgets, and Integrated Personal Commissioning (combining health and social care)
- Work to implement the Autism Act 2009 and recently refreshed statutory guidance.
- The roll out of education, health and care plans.
- Local service transformation programmes led by the Clinical Commissioning Groups (such as 'Joined Up care' and '21C').
- Wider system planning such as the Sustainability and Transformation Plan.

3. Operational Context

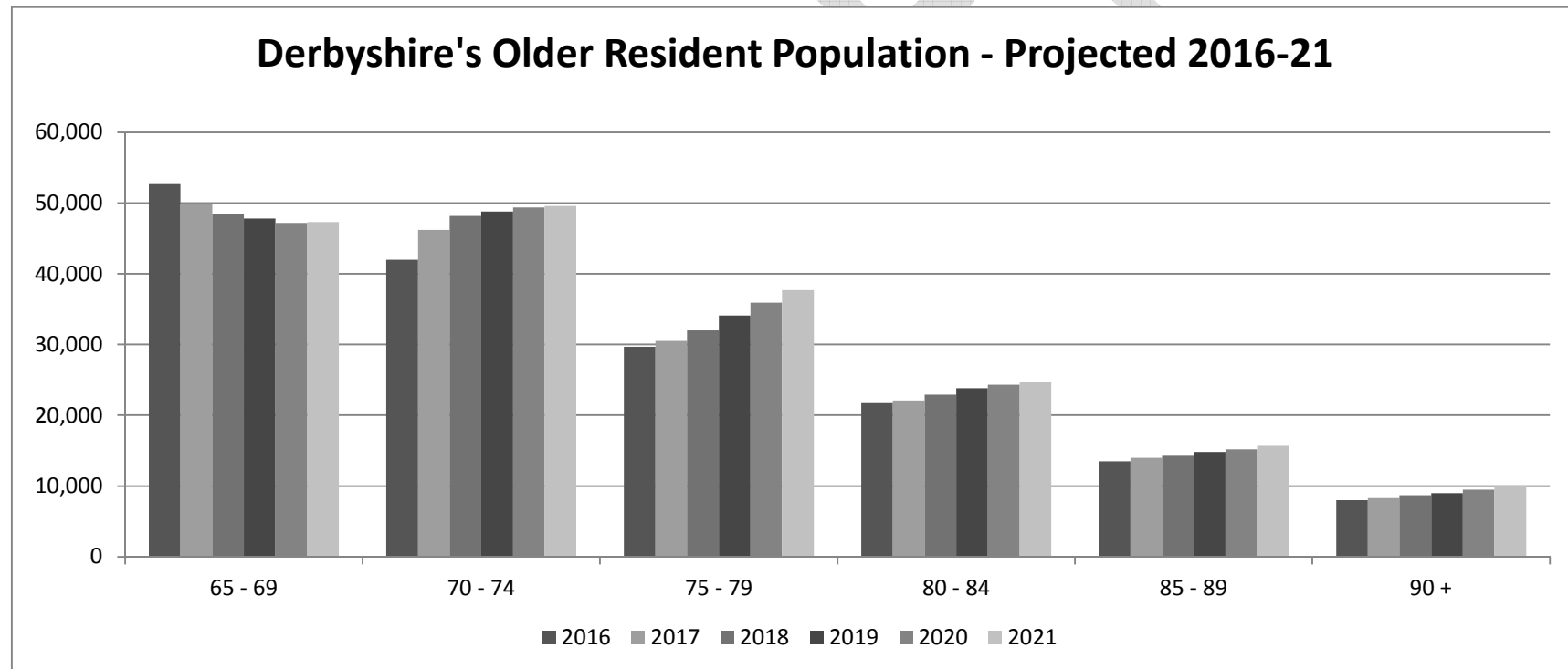
National and Local Population Trends

Nationally, the number and proportion of older people in the UK population has grown by 47% since mid-1974 to make up nearly 19% of the total, while the number aged 75 and over has increased by 89% and now makes up 8% of the population. So people are living longer but with a higher likelihood of having several simultaneous health problems which severely limit their daily lives. In Derbyshire, in 2016, the County has an estimated resident population of 787,600 (Office for National Statistics, Subnational population projections). This figure rises at an average rate of 0.5% every year, meaning that there will be almost 24,000 more people living in the County by 2021. Just like the national picture, the number of older people in Derbyshire is forecast to increase significantly; this trend is expected to continue over the next 6 years. Derbyshire's age profile is actually older than the national average and the East Midlands average too.

Table 1 Derbyshire's Older Population

Age Group	2016	2017	2018	2019	2020	2021	% Change 2016-2021
65-69	52,700	49,900	48,500	47,800	47,200	47,300	-10%
70-74	42,000	46,200	48,200	48,800	49,400	49,600	18%
75-79	29,700	30,500	32,000	34,100	35,900	37,700	27%
80-84	21,700	22,100	22,900	23,800	24,300	24,700	14%
85-89	13,500	14,000	14,300	14,800	15,200	15,700	16%
90+	8,000	8,300	8,700	9,000	9,500	10,000	25%
Total 65 and over	167,600	171,000	174,600	178,300	181,500	185,000	10%

- Currently 21.3% of the people normally resident in Derbyshire are aged over 65 years, and 2.7% of these are aged over 85. This compares to 18.9% and 2.5% for the East Midlands and 17.8% and 2.4% nationally.
- Nationally it is projected that there will be a 10% increase in the overall population of older aged people, with the individual age groups affected as follows: 65-69 (-8%), 70-74 (+24%), 75-79 (+13%), 80-84 (+12%), 85-89 (+15%), 90+ (+23%).

Figure 2

In total it is estimated that there will be an additional 7,000 older people living in Derbyshire by 2018, an increase of 6.4%, and a further 10,400 by 2021. The only expected decrease amongst the older population by 2018 is in the 65-69 age group (-8%). The biggest increase across the whole 6 year period is expected in the 75-79 (27%) age group which equates to an additional 8,000 people. There will be 7,600 more people in the 70-74 age group, 3,000 in the 80-84 age group, and 2,200 in the 85-89 age group and 2,000 in the very oldest age group.

The growth in the number of older people will mean increases in the following kinds of conditions:

- Dementia: 2,240 more people will have dementia by 2021, increasing from 10,938 to just below 13,200.
- Continence: 3,890 more people will have continence problems, making almost 30,400 people in 2021.
- Falls: 666 more older people admitted to hospital as a result of a fall by 2021.
- Severe Depression: There will be just under 5,020 older people with severe depression by 2021, an increase of 590 people.
- Stroke: By 2021, there will be 4,321 older people with a health condition caused by a stroke, an increase of 470 people.
- Mobility: 5,120 additional people will be unable to manage at least one mobility activity on their own in 2021.
- Self-Care: 8,755 additional people will be unable to manage at least one self-care activity on their own

40% of older people in Derbyshire have a need for social care; this equates to about 67,000 people. National eligibility thresholds mean that of those, only about 23,100 (34%) will actually be eligible to receive a support package. There are in addition about 14,000 younger adults (i.e. 18-64) from the mental health, physical disability, or learning disabled client groups who will be eligible for service. In total then, there will be about 37,100 people in the Derbyshire population in 2016/17 who are eligible for public social care support.

Older people comprise about 70% of Adult Care's client base. The remainder is made up of younger adults (i.e. 18 to 64 years) with either a physical impairment, a learning disability or a diagnosed mental health issue. Increasingly, people who receive a service from Adult Care have a number of health impairments that affect them daily. The changes in the

number of people in these younger age groups are difficult to predict. However, because of the severity and complexity of their needs, their care package costs can be very high.

Older People with a Learning Disability

Table 2 shows the age profile of older people with a moderate or severe learning disability. Although numerically low, the Adult Care department is now supporting clients with significant needs well into their late 60s and early 70s.

Table 2 Derbyshire's Older Population with Learning Disability

Age Group	2016	2017	2018	2019	2020	2021	% Change 2016-2021
65-74	335	367	398	430	407	412	23%
75-84	116	120	152	138	139	132	14%
85 and over	69	100	65	97	80	85	23%
Total Aged 65 and over with Learning Disability	520	587	615	664	626	629	21%

- There are increasing numbers of clients with a learning disability living into old age.
- Over the next 5 years or so, there will be an increasing number of older aged clients with a learning disability with significant support needs.
- There are over 4,600 adults aged 18-64 with autism. The requirements set out in the new Autism Strategy mean we can expect to be required to address the needs of at least 43 people with autism during 2016-17 and beyond.

Deprivation as a determinant of the need for Care and Support

There is a high correlation between deprivation and the need for social care support.

The Indices of Multiple Deprivation (IMD 2015) tells us objectively how Derbyshire compares with other areas; as deprivation is a relative measure, it is customary to describe an area by saying whether it falls within the most deprived 10 or 20% in England. *Health Deprivation and Disability* is one of Derbyshire's most significant deprivation domains with 87 of its 491 areas falling within the most 20% nationally. There is an area of *Health Deprivation and Disability* in each one of Derbyshire's Districts, but notably almost half fall within Chesterfield. Significantly, in Derbyshire, the *Health Deprivation and Disability* domain has deteriorated in average rankings with 32 more areas in the most deprived 20% nationally in 2015 compared with 2010. In short, there are areas in Derbyshire where the number of people affected by poor health and disability is getting worse.

Unpaid Carers

Derbyshire has a high percentage of people providing unpaid care for someone with a disability or illness; it has higher rates than England and the East Midlands. In particular, the districts of North East Derbyshire, Bolsover and Derbyshire Dales all fall within the top 10 districts in England for unpaid care provision. More than a fifth of Derbyshire's 93,000 unpaid carers spend more than 50 hours a week caring for someone. Wards with high levels of unpaid carers correspond to areas that contain large numbers of all pensioner households such as Coal Aston, Brampton & Walton, and Calver. Areas with low levels of unpaid carers tend to have high numbers of economically active residents and households with dependent children.

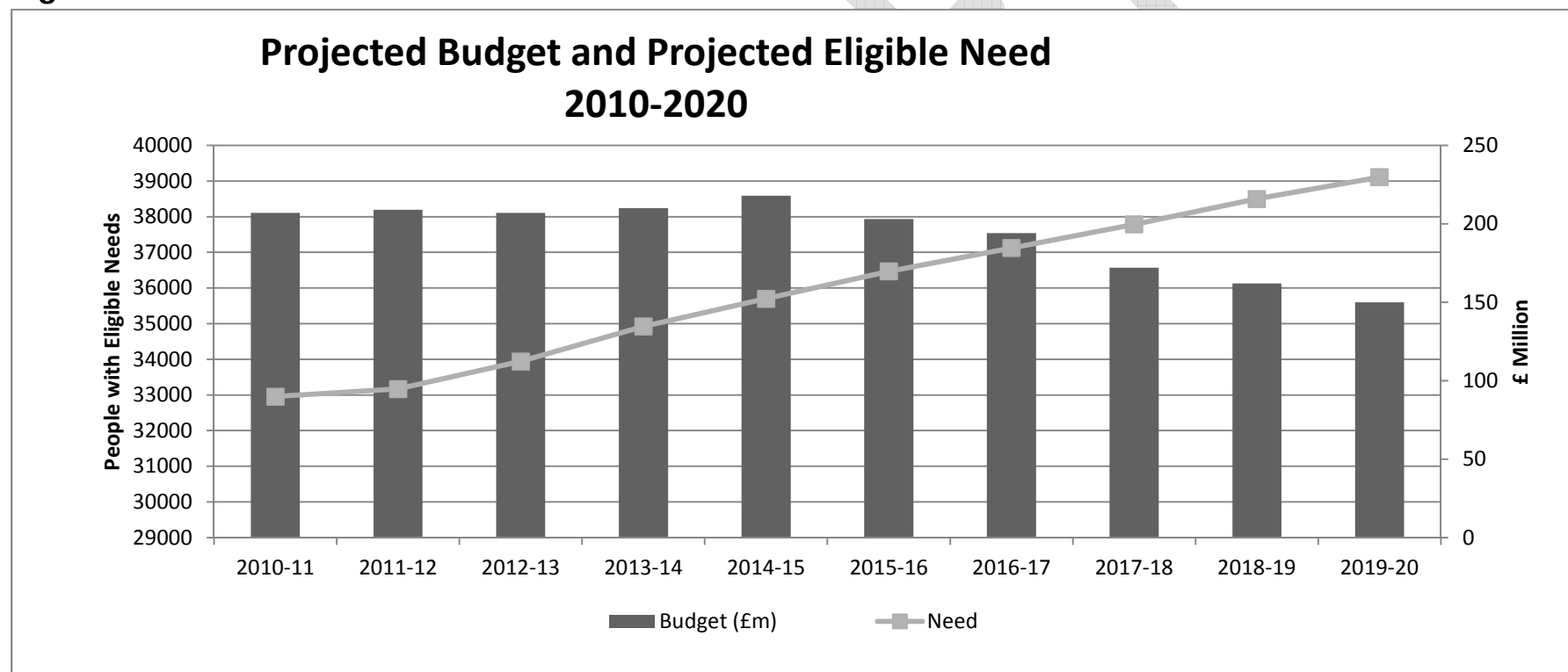
A person is a provider of unpaid care if they look after or provide help or support to family members, friends, neighbours or others because of long-term physical or mental ill health disability, or problems relating to old age.

This does not involve any activities as part of paid employment. The carer can either live with the cared for person or separately.

The Impact of Austerity

Expenditure by local authorities on adult social care in England in 2013-14 was £17.2 billion. Although spending in cash terms has risen in recent years (e.g. in 2003/04, expenditure was £12 billion), it has been falling in real terms. Adult Care has had to make very considerable savings in the last three 3 years and the need to find further savings will continue for the foreseeable future. Figure 5 illustrates the level of projected need for Adult Care services (depicted by the red line) alongside the projected amount of money for adult social services (green bars).

Figure 5



- We can see that need has been rising steadily year-on-year, since 2010-11. Then there were about 33,000 people who would be eligible for public support, according to the 2014 Care Act eligibility criteria. The number of people with eligible need has grown to about 37,100 in 2016/17.
- Net expenditure was consistently at around £208-£210 million between 2010-11 and 2013-14. It rose to £218 million in 2014-15 before falling to £203 million in the current year. It is projected to fall to £194 million in 2016-17.
- It will fall further to £150 million by 2019-20.
- Yet eligible need will continue to rise; it will be 18% higher in 2019-20 (39,000 people) than it was in 2010-11 (33,000). At the same time, the projected budget will be 28% less than it was in 2010-11.

Joint Strategic Needs Assessment (JSNA)

Since 1 April 2008, local authorities and health partners have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). JSNAs establish the current and future health and wellbeing needs of a population, setting a path to improved outcomes and reductions in health inequalities. It is a partnership duty which involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

The JSNA identifies health and wellbeing needs and makes recommendations for those that should be treated as areas for priority attention.

3.1 Equality and Diversity:

Adult Care will continue to implement the requirements of the Equality Act 2010 in relation to employment and the delivery of services. This will include work to deliver the Council's equality objectives, consultation on proposed changes to services and consideration of the impact of any such changes on different groups.

3.2 Sector-wide Workforce Development

Adult Care has developed a Learning and Development programme which is available to the entire social care workforce across Derbyshire to access including employees in the Private, Independent and Voluntary sector organisations.

Workforce strategies are developed following consultation with and feedback from the whole of the social care sector and interested parties, inclusive of the Private, Independent and Voluntary sector organisations.

The following provides an overview of workforce development objectives for 2016/17:

- Support Derbyshire County Council's (DCC) aim to be a market leader in providing high quality services.
- Support workforce development in relation to integration of health and care services.
- Human Resources implications or measures resulting from the Comprehensive Spending Review and cuts to departmental budgets.
- Workforce redesign arising from the Accommodation and Support Strategy, redesign of day opportunities for people with learning disabilities and older people and other service redevelopments.
- Maintain workforce planning and development for the whole of the social care sector in Derbyshire, with a focus on quality of care and dementia.
- Improve the management of attendance to reduce levels of absence in Adult Care and encourage a culture of high attendance.
- Support additional apprenticeships in Adult Care
- Implement the Health and Safety Development Plan.

Key Workforce Issues

There are some key workforce issues affecting the local market which will continue throughout the plan period.

These include the introduction of the national living wage; the availability of home care workers, especially in rural areas, and the availability of trained nurses. The latter has a direct impact on the quality and sustainability of care homes with nursing.

Another key area for workforce development is in relation to the integration of health and care services.

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Section 4

Delivering the Service Plan

The following section sets out how Adult Care will contribute to the Council's priorities, as set out in the Council Plan, focusing on improving the quality of life for the residents of Derbyshire. These are being achieved through championing the needs and aspirations of all adults and promoting wellbeing across the council, local NHS partners and other statutory organisations, the voluntary and community sector and independent sector.

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Team/ Unit Delivery Plans, and individual My Plans.

In the table below, the column "We will have succeeded if by 2017..." below shows the outcomes Adult Care aims to deliver by 2017 to achieve the Council Plan priorities. Section 5 on page sets out "How Success will be Measured".

A Derbyshire that works:

Council Plan Priorities:	Adult Care: We will have succeeded if by 2017...
<i>A skilled and confident workforce</i>	
Continue to support people with disabilities and those with long term health conditions into employment through supported internships, apprenticeships and other means.	<ul style="list-style-type: none"> • We have supported an additional 150 adults and younger adults with disabilities, including people with learning disabilities, people with mental ill health, and people identified by Primary Health (Chesterfield only), to achieve their agreed employment outcomes (a 26% increase).
Work with partners to ensure the future Adult Care workforce in the private and voluntary sector as well as our own Direct Care is sufficient in skills, quality, capability and capacity to meet the future needs of an ageing population and others with complex social care needs.	<ul style="list-style-type: none"> • An agreed workforce plan is in place, including an implementation timetable.
Further improve the number of care leavers in pre-employment and employment arrangements with the County Council	<ul style="list-style-type: none"> • We have increased the number of placements offered by Adult Care from 2 to 4.

A Healthy Derbyshire

Council Plan Priorities:	Adult Care: We will have succeeded if by 2017...
Healthier communities with reduced health inequalities	
Develop new integrated models of whole person care across Derbyshire.	<ul style="list-style-type: none"> • We have developed models of safe and sustainable integrated working with the local NHS and other key stakeholders.
Work with the NHS and other partners to support strong and resilient communities and further develop Local Area Coordination, a model for prevention and community action, in other areas of Derbyshire	<ul style="list-style-type: none"> • We have continued to work with partners to implement Local Area Coordination in Bolsover area. • With South Derbyshire Clinical Commissioning Group, we have developed an Action Plan for the development of Local Area Coordination across southern Derbyshire. • With the Erewash Multi speciality Community Provider Vanguard we have implemented Time Swap (time banking) and piloted Local Area Coordination across Erewash.
Support vulnerable people by providing sustainable advocacy services for those who need help to have their voice heard and to represent themselves.	<ul style="list-style-type: none"> • Vulnerable people are able to have their voice heard and are able to represent themselves because there is a formalised and sustainable community advocacy offer in place. • People with a substantial difficulty are able to be fully involved in our assessment, support planning and review processes.
Continue to work with our partners to deliver the joint strategic plan for adult mental health to ensure	<ul style="list-style-type: none"> • We have delivered our shared commitments set out in the Strategic Direction of Travel for Adult Mental Health Action Plan for 2016/17. • We have jointly provided the specialist Mental Health Triage service with DHcFT

people get the right care at the right time and in the right place	<p>to ensure the most appropriate out of hours response for people experiencing a mental health crisis and to reduce pressure in the system</p> <ul style="list-style-type: none"> • We have commissioned / re-provided Voluntary and community sector community mental health social inclusion services, to ensure equitable access to a range of support for people with mental ill health to improve their wellbeing and help them to self-manage their condition.
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A Safer Derbyshire

Council Plan Priorities:	Adult Care: We will have succeeded if by 2017...
Resilient and safe communities	
Continue to increase the number of safe places for people with learning disabilities and the number of Safe Place Cards.	<ul style="list-style-type: none"> • We have increased from 105 to 126 the number of safe places in Derbyshire for people with Learning Disabilities.
Work with children and adult safeguarding partners to protect vulnerable people.	<ul style="list-style-type: none"> • 90% of people tell us that they feel safe and that we have achieved this by listening to what they want to achieve. • We have worked with partners to reduce the number of inappropriate Section 136 detentions in police custody.

Council Plan Priorities:	Adult Care: We will have succeeded if by 2017...
People supported in hard times	
Maximise our specialist mental health welfare benefits and housing information and advice through the new social inclusion and day opportunities provision for people with mental health needs.	<ul style="list-style-type: none"> • People with mental health problems, their families and carers, across the County, feel better informed as measured by the stakeholder groups working with people with mental ill health. • People with mental ill health have better access to employment and volunteering opportunities.
Maintain effective local welfare support to Derbyshire people who are suffering exceptional financial hardship.	<ul style="list-style-type: none"> • Delivered the Derbyshire Discretionary Fund (DDF), providing emergency financial support, cash and grants, to Derbyshire residents struggling with poverty.
Maximise household income working with partners across the public, charitable and voluntary community sectors.	<ul style="list-style-type: none"> • We have increased the potential income of 4000 pensioner households through a targeted Welfare Rights campaign.

A Derbyshire that Cares

Council Plan Priorities:	Adult Care: We will have succeeded if by 2017...
Thriving children, young people and families	
Further improve support for young people moving into adulthood through transition planning, working across health, education, Adult Care and Children's services.	<ul style="list-style-type: none"> • We have delivered better outcomes for young adults in transition to adulthood, including those with mental ill health, through improved partnership working arrangements with Children's services. • We have promoted social inclusion and stimulated opportunity through joint work with Children's services to develop and then implement guidance on Mental Capacity assessments, Best Interests assessments and Deprivation of Liberty Safeguards for young people.
Provide strong and effective professional leadership for all Derbyshire's Social Workers to ensure we continue to enhance models of practice and deliver the highest standards of care and support for children, families, adults and local communities.	<ul style="list-style-type: none"> • Principal Social Worker will have established links with regional and national Principal Social Worker networks and disseminated best practice. • We have developed a programme of work for the Community of Practice that all Senior Practitioners will contribute to.

Council Plan Priorities:	Adult Care: We will have succeeded if by 2017...
Independent and supported older people	
Further reduce avoidable admissions/re-admissions, delayed hospital discharges and reduce admissions to long-term residential care or nursing home care.	<ul style="list-style-type: none"> • We have maintained weekend deployment of Social Workers working at Chesterfield Royal Hospital and Royal Derby Hospital and extended this to respond to other acute hospitals serving Derbyshire. This has ensured we are able to provide appropriate social care support to prevent avoidable hospital admissions and care and support for patients who can be discharged Saturday and Sunday. • We have continued to fund services through the Better Care Fund to further reduce avoidable admissions/re-admissions, and delayed hospital discharges.
Work with local NHS commissioners and providers to further develop integrated health and care support, accessible when needed 7 days a week.	<ul style="list-style-type: none"> • An increased number of people have support arrangements put in place at weekends • We have increased the number of people supported in the community who previously would have been admitted to hospital for investigation/treatment that can be provided in community settings.
Co-produce a Carer's strategy to ensure carers receive integrated, high quality care and support.	<ul style="list-style-type: none"> • A new strategy has been agreed which sets clear outcomes and demonstrates the involvement of carers at all stages of the development of the strategy.

Provide support to a range of providers of health and social care services to ensure improved quality, accessibility and performance.	<ul style="list-style-type: none"> • Poorly performing providers have made service improvements • Provider failures due to poor performance have reduced in number • We have improved the experience of people using services in partnership with Healthwatch.
Further develop the Dementia Support Service in partnership with Derby City Council to deliver improved outcomes for people with dementia and their families.	<ul style="list-style-type: none"> • We have worked in partnership with the Derbyshire Clinical Commissioning Groups and Derby City Council to review and align our Dementia Support Services. • If this service is co-produced with service users and carers and is monitored against the outcomes that matter most to them.
Open the new Community Care Centre in Darley Dale.	<ul style="list-style-type: none"> • The new Community Care Centre, Meadow View in Darley Dale has opened offering specialist facilities for older people and their carers.
Progress the Brown Edge Road Buxton Extra Care development.	<ul style="list-style-type: none"> • A new Extra Care Housing and Specialist Residential Care facility has been built in Buxton offering housing options and care and support for older people and their carers.
Progress the community care centre development in Belper.	<ul style="list-style-type: none"> • Plans will have been finalised to develop an integrated scheme in Belper including Extra Care Housing, Specialist Residential Care and a Library, for older people, young people and their families.
Continue to refurbish council Homes for Older People, investing over £4m.	<ul style="list-style-type: none"> • Continued to make progress on agreed priorities for refurbishment across homes for Older People with work planned or commenced at all the homes which require refurbishment.

Re-design our day opportunities 'offer' for older people	<ul style="list-style-type: none"> • If we have started to re-design Direct Care older people's day services so that they offer improved high quality person centred care and support from suitable well equipped building environments. • If we have integrated health and social care services where this is possible.
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Council Plan Priorities:	Adult Care: We will have succeeded if by 2017...
Adults with physical and learning disabilities leading independent and fulfilling lives	
Establish the new Information, Advice and Rehabilitation services for people who have sight impairments.	<ul style="list-style-type: none"> • A new service is in place and is performing well against agreed outcome measures.
Introduce Carer's Personal Budgets; work with health and other partners to increase carer awareness among mainstream health and social care providers and improve information available for carers.	<ul style="list-style-type: none"> • Changes are agreed to Carer's personal budgets and information which demonstrate carer involvement. • Carers personal budget allocations are clearly linked to identified needs. • Carers Reference Group feedback about information for carers demonstrates progress against previously identified areas for improvement. • All new DCC contracts include a clause requiring providers to be proactive in identifying and responding to carers.

<p>Increase the number of Derbyshire Dignity Award holders to 300.</p>	<ul style="list-style-type: none"> • An additional 50 providers are meeting Dignity standards as demonstrated by successfully gaining the Dignity Award • We have ensured that good practice is being embedded by providers by following up provider applications with a visit
<p>Continue to promote independent living and further reduce the need for residential and nursing care through high standards of Social Work practice.</p>	<ul style="list-style-type: none"> • Principal Social Worker will have established the leadership of an effective community of practice for Senior Practitioners to deliver practice developments to all. • We will have established internal and external validation of post qualification (Assessed and Supported Year in Employment) and Progression portfolios • Participation with Teaching Partnerships and established links with Higher Education Institutions • Completed the annual social care health check survey
<p>Develop a wider range of housing options including more Shared Lives arrangements offering accommodation and support within approved family homes.</p>	<ul style="list-style-type: none"> • People have more options for a home life through increased availability of Shared Lives placements. We will have assessed and approved an additional 20 new carers.
<p>Work in partnership with NHS and Derby City commissioners to implement the National plan for people with learning disabilities so that more people can live in the community, with the right support, close to home.</p>	<ul style="list-style-type: none"> • More people with learning disabilities and/or autism who display behaviour that challenges have moved from in-patient beds to community support arrangements. • People receive community based crisis support as an alternative to hospital. • People with learning disabilities and/or autism who display behaviour that challenges have co-ordinated care and support from skilled health and social care teams.

<p>Continue to expand the Community Connector Service to work in partnership with more organisations within the community to provide more opportunities for people to increase their independence.</p>	<ul style="list-style-type: none">• Increased the number of connectors across the County in order to be able to support more individuals to develop links and networks in their communities to increase independence.
<p>Re-design our day opportunities 'offer' for people with learning disabilities.</p>	<ul style="list-style-type: none">• If we have started to re-design Direct Care Learning Disability day services so that they offer people with complex care and support needs high quality person centred care.• If we have integrated health and social care day services where this is possible.• People will be able to purchase support which best meets their individual aspirations and outcomes.

Section 5

How Success will be Measured

This section sets out “How Success will be Measured”; and the indicators are mainly those set out in the Department of Health document “Adult Social Care Outcomes Framework – Handbook of Definitions”; and as required, Adult Care-related measures from the NHS and Public Health Outcomes Frameworks.

Adult Social Care Outcomes Framework (ASCOF) definitions are being reviewed and new definitions are due to be released soon.

The Better Care Fund measures are also included below.

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Team/ Unit Delivery Plans, and individual My Plans.

ASCOF Thematic Outcomes	MEASURES	Baseline 2015/16	Target 2016/17	Availability	Comment
NATIONAL OUTCOMES					
Personalisation	<ul style="list-style-type: none"> Social care-related quality of life (ASCOF 1A) 	TBC	TBC	June 2016	Between 2011 and 2015 average percentile equated to 18.83, the full dataset will not be available until early June 2016
	<ul style="list-style-type: none"> The proportion of people using adult social care services who have control over their daily life (ASCOF 1B) 	TBC	TBC	June 2016	Between 2011 and 2015 average percentile equated to 75.6, the full dataset will not be available until early June 2016
	<ul style="list-style-type: none"> Proportion of people using social care and family carers who receive self-directed support (ASCOF 1C) [NATIONAL TARGET] 	84	84		National target was originally set at 100% and then reduced to 70% however this may change with the new definitions
	<ul style="list-style-type: none"> Proportion of people using social care and family carers who receive direct payments (ASCOF 1C Part 2) 	23	25		From a low of 7% in 2011 the percentile has been on an upwards trajectory to the last data point in September of 23%.
	<ul style="list-style-type: none"> Carer-reported quality of life (ASCOF 1D) (Biennial survey) 	TBC	TBC	Aug-17	Biennial survey data will not be available until July/ August 2017
	<ul style="list-style-type: none"> Proportion of adults with learning disabilities, known to the council with eligible needs, in paid employment (ASCOF 1E) 	1.6	3.2		2015/16 target was 6% which was unachievable; present performance is 1.6%, therefore a lower target of 3.2% will set out our ambition.
	<ul style="list-style-type: none"> Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1F) 	9.83	12		2015/16 target was 16% which was unachievable; present performance stands at 9.83%. The new Mental Health enablement services is expected to improve the measure, so a target of 12 sets out our ambition
	<ul style="list-style-type: none"> Proportion of people who use services who reported that they had as much social contact as they would like (ASCOF 1I Part 1) 	TBC	55	Aug-17	2014/15 Derbyshire achieved 42% which equates to the baseline year. The full dataset for 2015/16 will not be available until early June 2016.

	MEASURES	Baseline 2015/16	Target 2016/17	Availability	Comment
Prevention	<ul style="list-style-type: none"> Permanent admissions to residential care homes, per 100,000 population (ASCOF 2A Part 1 – Younger Adults) 	TBC	TBC	Jun-16	For 15/16 we have a target of 22. In 14/15 figure of 25.2, so 20 would represent a reduction which is positive. Therefore a target of 20 represents a year on year decrease i.e. 14/15=25.5 15/16 target=22 16/17 target=20
	<ul style="list-style-type: none"> Proportion of older people (65 and over) offered reablement/rehabilitation services following discharge from hospital (ASCOF 2B Part 2) 	1.5	TBC	Jun-16	
	<ul style="list-style-type: none"> Welfare Rights Measure 1 relating to benefit take up 	TBC	TBC	Jul-16	Latest figure of 1.6% for the first three quarters of 2015/16. Data for the final year will be available in June 2016 from the NHS concerning the discharge rate
	<ul style="list-style-type: none"> Welfare Rights Measure 2 relating to welfare benefits advice offered 	18,200	24,000		
Quality	<ul style="list-style-type: none"> Overall satisfaction of people with adult social care services: <ul style="list-style-type: none"> ➤ Service Users (ASCOF 3A) 	TBC	TBC	Jun-16	Between 2011 and 2015 average percentile equated to 69, the full dataset will not be available until early June 2016
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ➤ Carers (ASCOF 3B) Biennial survey 	TBC	TBC	Jun-16	Between 2012 and 2015 average percentile equated to 45, the full dataset will not be available until early June 2016
	<ul style="list-style-type: none"> The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C) 	TBC	TBC	Jun-16	Between 2012 and 2015 average percentile equated to 68, the full dataset will not be available until early June 2016
	<ul style="list-style-type: none"> The proportion of social care users and carers who find it easy to find information and advice about services (ASCOF 3D1) 	TBC	TBC	Jun-16	2014/15 Derbyshire achieved 72.8%, the full dataset will not be available until early June 2016

	<ul style="list-style-type: none"> Increase the number of Dignity Challenge Awards achieved 	350			Target not met this year due to a large number of provider services merging their Dignity Award applications e.g. wards in a hospital. Therefore, there have been a number of new applications, counter balanced by rationalisation of applications.
	MEASURES	Baseline 2015/16	Target 2016/17	Availability	Comment
Safeguarding	<ul style="list-style-type: none"> Achieve Silver standard for Making Safeguarding personal 				Within 2016/17
Better Care Fund	<ul style="list-style-type: none"> Permanent admissions to residential care homes, per 100,000 population (ASCOF 2A and Better Care Fund measure) Part 2 - Older Adults 	739.3	TBC		Better Care Fund Targets to be confirmed
	<ul style="list-style-type: none"> Proportion of older people (65 and over) who are still living at home 91 days after discharge from hospital into rehabilitation, intermediate care or rehabilitation (ASCOF 2B and Better Care Fund measure) 	82.39	TBC		
	<ul style="list-style-type: none"> Patient/ Service User Experience GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondents answering "Yes, definitely" or "Yes, to some extent") 	64.9	TBC		
	<ul style="list-style-type: none"> Delayed transfers of care from hospital; all days delayed (Better Care Fund measure) 	598.89	TBC		
	<ul style="list-style-type: none"> Total non-elective admissions into hospital (general & acute), all-age, per 100,000 population 	2,825.5	TBC		
	<ul style="list-style-type: none"> Number of people diagnosed and prevalence of dementia [NHS local indicator for use in the Better Care Fund] 	69.9	TBC		

LOCAL OUTCOMES	MEASURES	Baseline 2015/16	Target 2016/17	Availability	Comment
Budget Cuts	<ul style="list-style-type: none"> Deliver agreed budget cut targets 	£24,216,376	£18,245,000		
Market/ Workforce Development	<ul style="list-style-type: none"> Able to provide care and support with skill, compassion and dignity in care by ensuring all Adult Care front-line care staff achieve Common Induction Standards We have provided new apprenticeships for young people (cumulative total) Adult Care sickness absence 	<p>100</p> <p>52</p> <p>13.19</p>	<p>100</p> <p>62</p> <p>10</p>		

Appendix 1: Adult Care - Approved Budget 2016-17

ADULT CARE APPROVED BUDGET 2016/17												
Area	Employee Related	Premises Related	Transport Related	Supplies & Services	Agency	Transfer Payments	Unallocated Budgets	Controllable Recharges	Gross Budget	Income	Grants	Net Budget
	£	£	£	£	£	£	£	£	£	£	£	£
Purchased Services	0	0	1,870,422	0	156,140,532	0	0	57,363,035	215,373,989	(51,706,781)	0	163,667,208
Assistive Technology & Equipment	28,953	0	1,600	10,830,490	778,843	0	66,799	(7,617,000)	4,089,685	(3,259,842)	0	829,843
Social Care Activity	17,253,253	3,270	515,009	147,009	54,458	37,335	0	360,918	18,371,252	(90,213)	0	18,281,039
Information & Early Intervention	2,030,075	22,788	76,768	1,493,861	3,508,389	64,163	359,500	1,160,639	8,716,183	(377,945)	0	8,338,238
Commissioning & Service Delivery	3,176,894	2,832	42,000	203,762	34,000	0	0	1,909,000	5,368,488	(2,653)	0	5,365,835
Housing Related Support	40,170	104	1,500	142,102	10,611,255	0	0	0	10,795,131	0	0	10,795,131
Derbyshire Discretionary Fund	0	0	0	0	0	1,445,234	0	0	1,445,234	0	0	1,445,234
Direct Care	51,210,619	1,711,605	1,729,180	3,615,743	40,362	2,809	0	(57,988,363)	321,955	(321,955)	0	0
External Funding / Better Care Fund	0	0	0	0	26,057,000	0	27,815,000	5,760,000	59,632,000	(71,195,054)	(5,220,000)	(16,783,054)
Unallocated Budgets	1,272,229	0	0	0	1,800,000	0	(9,554,429)	0	(6,482,200)	0	0	(6,482,200)
Business Support												
Finance	3,121,386	0	25,680	2,800	0	0	0	29,400	3,179,266	(129,647)	0	3,049,619
Human Resources	2,332,544	46,818	58,000	31,847	0	0	0	0	2,469,209	(195,262)	0	2,273,947
Performance & Efficiency	585,886	1,000	9,500	571,575	0	0	0	165,000	1,332,961		0	1,332,961
Administration	2,701,833	159,423	15,500	247,930	0	0	0		3,124,686	(144,000)	0	2,980,686
TOTAL BUDGET	83,753,842	1,947,840	4,345,159	17,287,119	199,024,839	1,549,541	18,686,870	1,142,629	327,737,839	(127,423,352)	(5,220,000)	195,094,487

Public Health

Maureen Whittaker, Interim Director of Public Health

POLICY CONTEXT

The public health team aims to improve the quantity and quality of life of the people of Derbyshire, as well as addressing inequalities in health outcomes affecting different local areas and communities within the county. The overarching vision is to work towards Derbyshire being the county with the healthiest life expectancy and lowest level of health inequalities in the country.

The current national community health profile for Derbyshire shows that health of the population overall is similar to that of the country as a whole. However, serious and persistent health inequalities exist in Derbyshire today. Life expectancy at birth for both men (79.4 years) and women (83.2 years) is similar to the national average (79.4 years, 83.1 years). However, the gap in life expectancy between the most deprived areas in Derbyshire and the least deprived areas is 7.9 years for men and 5.8 years for women, and recently this gap has grown.

In Derbyshire, healthy life expectancy, which is the average number of years a person would expect to live in good health, is 62.8 years for men and 62.3 years for women, both of which are lower than the national average. While people are living longer overall, many people are living with long-term limiting illness, and healthy life expectancy is lower in the most disadvantaged areas. Long term conditions accounts for more than two-thirds of the total spend on health and social care, and the pressure on the health and care system is expected to rise as the population ages.

Reducing the incidence of disease and disability through measures that reduce lifestyle risks and their underlying causes requires organised and systematic preventive approaches and is a key priority for the whole health and social care system. These preventive efforts should focus on enabling more people to maintain a healthy and independent life for longer. The majority of the gap in life expectancy between disadvantaged and more affluent areas is due to premature deaths from cardiovascular disease, cancer and respiratory disease. While death rates from these causes have fallen over the last decade, rates are still higher in the most disadvantaged communities in Derbyshire.

The circumstances of pre-conception and the early years of a child's life are fundamental to developing positive health and wellbeing throughout their whole life. Both positive and negative effects that impact on an individual's health and wellbeing accumulate throughout the life course. Approximately 8000 children are born in Derbyshire each year, and the rate of teenage pregnancy has decreased by more than half over the last 15 years. In Derbyshire 16.3% of mothers are smoking at the time they give birth, significantly higher than the national average of 10%. In addition, the proportion of women breastfeeding their baby is lower than the national average. Other important factors affecting the health and wellbeing of children in Derbyshire are child poverty – more than 20,000 children in Derbyshire live in low income households – and living in a stressful environment (such as where domestic violence is present) affects the brain development of babies and young children with lifelong adverse emotional health outcomes.

Poor mental health affects 1 in 6 adults at any one time, equating to over 100,000 adults in Derbyshire. Being mentally healthy is not just the absence of a mental illness. Having good mental health leads to numerous positive health outcomes, such as lower levels of mental and physical illness, reduced mortality and reduced health risk behaviours. It also allows us to have healthy relationships, to cope with life's ups and downs and to fulfil our potential.

Lifestyle factors such as alcohol, smoking, sexual health behaviours, physical activity and diet are all important contributors to the likelihood of ill-health in later life. Nearly a quarter of the adult population of Derbyshire are obese, and over two-thirds are above their healthy weight, and the rates of overweight and obesity are both higher than the national average. Nearly half the adult population do not do enough physical activity. Smoking prevalence is slightly lower than the national average at 17.5% of the adult population, but this varies between districts from 10% in Derbyshire Dales to 23% in Bolsover district. Harm due to alcohol is higher in Derbyshire than the national average, with significantly higher rates of hospital stays related to alcohol. While drug use (opiates and crack cocaine) is lower than the national average, the burden it places on the individuals, families and communities affected is significant, and efforts to increase the numbers recovering from dependency is a key priority locally, in addition to effective prevention and harm reduction measures.

Factors affecting health and wellbeing go beyond lifestyle choice and the ‘wider determinants’, factors such as housing, employment, education, income, the environment and transport make a significant contribution to health outcomes and inequalities. Reducing the potential adverse impacts of these factors, and enhancing the beneficial effect of good employment, healthy homes, educational attainment, a decent income and access to green space requires an integrated system-wide approach. This needs to support individuals, families and communities to live resilient, purposeful and independent healthy lives, reducing the need for costly interventions across the life-course. Supporting these system-wide approaches to prevent ill-health and reduce inequalities will be a major focus of the team’s work in the coming year. Further information on health and well-being in Derbyshire is available on the [Derbyshire Observatory](#) website.

OPERATIONAL CONTEXT

Over the coming year the Public Health team will work across a wide range of strategic partnerships and health policy areas to provide the rationale and evidence base to implement a range of cost effective interventions to improve healthy life expectancy and increase disability free years of life for people of all ages.

The council’s public health function is funded with a ring-fenced grant of £42.67 million in 2016-17. The public health team have completed a prioritisation process examining spend across all public health programmes, and identified ways of achieving further efficiencies in 2016-17. This will enable recommendations to Council about using the public health grant to further develop and support innovative approaches which will have the greatest impact on the health and wellbeing of local people.

Public health will play a lead role in delivering action on the council plan priorities for healthy communities and reducing health inequalities. The prevention of ill-health and enabling people to maintain a healthy and independent life for longer is a key priority across the whole health and social care system, and for the communities we serve. Public Health will play a lead role working with partners to ensure prevention is considered across all pathways and strategic plans. The public health team will lead the development of a local prevention framework to ensure a systematic approach to identification of key areas for prevention efforts in collaboration with communities and partners.

The Clinical Commissioning Groups (CCGs) across Derbyshire are developing a sustainability and transformation plan to ensure local delivery of the NHS five year plan priorities. Public health will play a key role over the coming year by providing support to the CCGs and their key strategic partners, including provider services and the local authority social care services. The Public Health team support will be in line with the identified system priorities, including supporting planning for place-based delivery of integrated health and care services and commissioning for outcomes.

The Public Health team will build on the progress made over the past year to address the wider determinants of health, including prevention of food poverty, tackling fuel poverty among those with long term conditions and supporting people with long-term ill-health problems back into employment, as well as maintaining existing anti-poverty measures. The team will support a review of the anti-poverty support to local families during the next year. It will also provide leadership for joint working on planning and health by implementing measures to deliver the identified strategic priorities for maximising the health gain through planning processes, and strengthening action on housing and health using the findings of the ongoing health and housing needs assessment to inform priorities for action.

SERVICE ACTIVITY AND PERFORMANCE MEASURES

Public Health will:

Work across social and geographical communities to reduce health inequalities and support and promote healthy lifestyles:-

- Continue to build the Workplace Health programme, engaging with more organisations and employees over the next year.
- Demonstrate the impact of local public health initiatives in localities and ensure alignment with other locality-based interventions and programmes
- Support and increase the visibility of substance misuse recovery opportunities across the county
- Deliver the Healthy Child Programme to all families in Derbyshire and develop a Healthy School Community model to build health into all aspects of life at school and in the community.

- Support people at risk of food poverty through initiatives such as Super Kitchens and the Fareshare food hub.
- Contribute to a council-wide review of anti-poverty interventions to ensure maximum return on investment
- Extend delivery of the Healthy Home project to more people in fuel poverty with associated health problems
- Support people unable to work due to health problems through training, education, volunteering and securing jobs.
- Support the integration of the Wellbeing Service with key partner agencies including Probation offices, Criminal Justice system, GP Surgeries and Children's Centres.

Protect the health of the Derbyshire population:-

- Continue to develop assurance around delivery, quality standards and inequalities within health protection through the Derbyshire Health Protection Board.
- Work with strategic partners to review arrangements for the timely response to public health incidents
- Continue to support the Local Resilience Forum and jointly co-ordinate the Local Health Resilience Partnership with NHS England, PHE and local NHS organisations.
- Work collaboratively with Adult and Children Services to reduce the risk and burden on flu amongst frontline staff
- Work collaboratively across the Council, Districts and Boroughs and other key stakeholders to ensure programmes to minimise health protection risks (e.g. from air pollution) for Derbyshire residents
- Reduce the risk of harm to individuals and communities from substance misuse through initiatives such as the procurement of a county-wide needle and syringe programme, roll out of the Naloxone programme, targeted work with injecting steroid users, and improved access to Hepatitis C support.

Work with provider organisations to further develop Public health-commissioned services, focusing on improved patient outcomes and reduced health inequalities.

- Increase the number of adults aged 40-74 taking up the offer of a Health Check, targeting specific geographical areas and younger men in the age criteria.

- Support pregnant smokers to quit by providing Babyclear training for midwives, providing CO monitoring equipment and ensuring effective electronic referral systems are in place
- Continue to deliver innovative approaches to support healthy eating including further developing the portion control campaign.
- Raise awareness of the Live Life Better Derbyshire service and increase the number of people accessing stop smoking services and successfully quitting smoking.
- Review all Public Health commissioned physical activity programmes to ensure value for money and improve access for key groups, such as those at risk of falling.
- Increase the number of people accessing local sexual health services, particularly focussing on supporting those from vulnerable groups and raising awareness through 'Your Sexual Health Matters'
- Enhance children's health and emotional wellbeing by ensuring all families receive support and guidance through the Healthy Child Programme, with a focus on strengthening support for early attachment/parenting and reducing risky behaviours.
- Re-procure adult substance misuse services to support a shift in investment from treatment to prevention, harm reduction and recovery, and from drugs to alcohol.

Provide Public Health advice to local Clinical Commissioning Groups

- Ensure effective and timely Public Health input to whole system transformational change across the county including the development of integrated health and social care by modelling the changes needed to reduce dependency on services including detailed analysis of existing service provision.
- Provide support for reducing clinical variation with a key focus on primary care quality
- Support a programme of work on the CCGs' role in prevention based on the NHS 5 year vision.
- Produce a State Of Cancer report for a range of major groups of cancers, covering prevention, early identification, treatment and recovery services.
- Support CCGs to develop improved End of Life Care in Derbyshire.

Develop the Public Health skills of the wider workforce

- Deliver a programme of Public Health Network training events to share good practice and enhance public health awareness
- Support the training and development of public health specialists and practitioners, including supporting local implementation of the regional Public Health Practitioner Registration Scheme.
- Work with Adult Care to enhance approaches to working with and for local people and communities.
- Enhance the skills of the wider public health workforce through delivery of programmes such as MECC.

Leading and supporting multi-agency partnership working to improve health outcomes

- Produce a Director of Public Health Annual Report focusing on Healthy Places
- Continue to play a lead role in developing and advising the Health and Wellbeing Board to support effective delivery of improved health outcomes, through the Health and Wellbeing Strategy implementation.
- Deliver an updated State of Derbyshire as part of the Joint Strategic Needs Assessment (JSNA) in order to inform the Health and Wellbeing Board.
- Facilitate the assessment of health impacts of major policy and programme changes as part of the Council's procedures for carrying out Equality Impact Assessments (EIA)
- Develop a Prevention Framework and use it to agree priorities for action to prevent ill-health and tackle inequalities with multi-agency partners and communities
- Conduct a programme of Health Equity Audits to improve fair access and outcomes to services in order to reduce inequalities.
- Produce action plans for all district and borough council affiliate members of the UK Healthy Cities / Healthy Communities Network.

- Support local planning authorities to achieve a healthy built and natural environment by promoting health and wellbeing through “place-shaping”, for example better housing and urban design, and access to well-designed public spaces and facilities.
- Implement the updated strategic plan for substance misuse services across Derbyshire
- Update and review the action plan for the Tobacco Control Alliance and undertake the Clear Assessment on tobacco control.
- Support work to establish dementia action alliances in localities across Derbyshire, especially Amber Valley, Erewash and South Derbyshire.
- Develop an all-age mental ill-health prevention framework
- Continue to coordinate the Suicide Prevention Partnership Forum and deliver on related actions
- Working alongside community and voluntary sector organisations, further develop the social prescribing scheme to support individuals to improve their mental health and wellbeing.

PERFORMANCE INDICATORS

Measures of Performance	
Description	Target/outturn
Percentage of people that received a NHS health check of those offered	60%
Percentage of eligible council workers receiving the flu vaccinations	30%
The number of families receiving the Universal Healthy Child Programme	98%
Number of people managing to stop smoking, four weeks after starting the community stop smoking programme	1000
Number of people completing a 12 week weight management programme	1250
Proportion of total number of people accessing sexual health services who are Derbyshire residents. Baseline set in Year 1 and target to increase year on year from 16/17 onwards	Baseline assessment
Under 18 conceptions	Continual downward trend
Percentage of Derbyshire drug and alcohol treatment clients waiting three weeks or less for first treatment intervention.	95%
Number of families helped by CAB through GP practices and Children's Centres	9,921 (assuming no cut to CAB services)
The percentage of attendees on Suicide Prevention and Mental Health Awareness	75%

training who have been followed up at 6 months and report that attending the training has had a positive impact on their work	
All localities will have an up to date and locally agreed health and well-being plan which is monitored and report annually.	100% of localities
District and Boroughs across Derbyshire will achieve affiliate membership of the UK Healthy Cities Network by April 2017.	100% of all districts and boroughs

Appendix 2: Public Health Approved Budget 2016-17 Ring-fenced PH grant for 2016-17 £42.67m

AREA	Employee Related £	Premises Related £	Transport Related £	Supplies & Services £	Agency £	Transfer Payments £	Unallocated budgets £	Controllable Recharges £	Gross Budget £	Income £	Grants £	Net Budget £
LEADERSHIP	988,414	200	12,000	177,843			1,094,033	512,992	2,785,482		(42,670,000)	(39,884,518)
CHILDRENS PH	361,213		5,000	15,428,619				70,550	15,865,382			15,865,382
INFORMATICS	327,764		1,000	95,145					423,909			423,909
SEXUAL HEALTH	126,113		5,750	6,605,196					6,737,059			6,737,059
WIDER DETERMINANTS	281,635		10,000	1,640,489				25,000	1,957,124			1,957,124
SUBSTANCE MISUSE	274,716		5,000	7,865,559					8,145,275	(43,519)	(1,108,535)	6,993,221
LOCALITIES	537,470		5,675	1,282,939				25,000	1,851,084			1,851,084
LIFESTYLE	537,573		10,800	5,830,166				20,000	6,398,539			6,398,539
TOTALS	3,434,898	200	55,225	38,925,956			1,094,033	653,542	44,163,854	(43,519)	(43,778,535)	341,800

The 2016/17 Public Health ring-Fenced Grant allocation was only recently announced on 11 February by the Department of Health. Public Health are currently reviewing the impact on budgets therefore the above figures are a best estimate at the current time.

Appendix 3

Routine and Consumables

In delivering its services, the Department will incur expenditure on routine and consumable items for the activities identified in the Service Plan. Where the purchase is beyond those identified in the Plan advice will be sought from the Director of Finance or reference will be made to additional guidance in the Financial Regulations.

DRAFT