

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**20 September 2016**

**Report of the Director of Public Health**

**PUBLIC HEALTH PREVENTION FUND INVESTMENT  
(Health and Communities)**

**1. Purpose of the report:**

To seek approval for a programme of investment in prevention interventions in 2016-17 and 2017-18, to support the priorities within the Derbyshire Health and Wellbeing Strategy.

To approve the commissioning arrangements for each intervention, as detailed in the report.

**2. Information and analysis:**

In March 2016, Cabinet approved a package of measures to prioritise investment of the public health grant in 2016-17 and 2017-18, in order to achieve financial balance in line with the cuts to the public health budget. In addition, approval was given for plans for non-recurrent investment in prevention interventions, using efficiencies achieved through the prioritisation process, and underspends on contracted activity carried forward under the terms of the public health grant conditions.

An estimated £2.2m is available for investment in prevention over the next two years. A further £752,137 has been identified from the Public Health budget to support community and voluntary sector (CVS) organisations at risk of reduced funding to maintain activity over a 15 month period starting in January 2017. The CVS services that are most closely aligned to key public health outcomes (namely; mental wellbeing, reducing social isolation and supporting older adults to maintain independent lives) have been identified as being appropriate for Public Health investment in accordance with Department of Health rules on the use of the Public Health ring fence grant.

The overall aim is to align the available resources to support the priorities and ambitions within the Derbyshire Health and Wellbeing Strategy, improving health and reducing inequalities through prevention interventions. The key priority areas for investment approved by

Cabinet were ageing well to support independence and quality of life, promoting mental and emotional wellbeing in both adults and children, and tackling the wider determinants of health with a specific focus on housing, food poverty and healthy eating, and employment and workplace health.

The feedback received through the consultation process on the community and voluntary sector review, including the potential impacts on the prevention infrastructure within local communities, was a key consideration that informed the allocation of the prevention funding.

### **Process for the Public Health Prevention Fund allocations**

The process previously used to prioritise investment in public health commissioned services, and to assess Public Health Resource Fund interventions was used to assess proposals for the Public Health Prevention Fund. The prioritisation tool was revised to include additional assessment of impact in terms of prevention and measures to ensure effective evaluation of impact.

Proposals were developed by nominated leads within the senior public health team in collaboration with appropriate partners and with oversight from relevant strategic groups. The proposals for each priority area were assessed by a panel including partners from other directorates across the council, key partners from Clinical Commissioning Groups and, on the wider determinants panel, from a District Council. The panels moderated each submission based on a range of criteria including outcomes, number of residents benefiting, evidence of effectiveness, efficiency, impact on reducing inequalities, prevention focus, evaluation and deliverability.

### **Results of the Prevention Fund Panel process**

The outcomes of the panel assessment are detailed in Appendix 1. This includes the proposals that the panels assessed as scoring above 100 points, the agreed threshold for recommending approval from Cabinet. A summary of the allocations across the four strategic priority areas is shown below, which is broadly in line with the indicative allocations approved by Cabinet in March 2016.

<b>Allocation 2016-17 to 2017-18</b>	
<b>Ageing well</b>	£672,177 allocated via the prevention fund panel  £752,137 allocated to

	community and voluntary sector organisations to maintain work delivering public health outcomes	
<b>Adult mental health</b>	£306,500	
<b>Wider determinants of health</b>	Employment	£259,000
	Housing	£291,173
	Food	£271,000
<b>Children's emotional health and wellbeing</b>	£400,000	
<b>Total</b>	<b>£2,951,987</b>  <i>£2,199,850 to the core prevention fund activities</i> <i>£752,137 to CVS to support prevention activities (see Adult Care cabinet paper on CVS grants)</i>	

A review will take place in six months and should it be necessary to propose any changes to the prevention funding commitments, Cabinet approval will be sought.

The interventions will be monitored and evaluated to enable quarterly updates on delivery and progress, providing assurance of a continued focus on the public health outcomes and impact on prevention. It is proposed that Cabinet should receive yearly reviews on progress.

### **Sustainability of interventions**

The prevention funding is non-recurrent, and a key consideration is the sustainability of the interventions recommended for approval. A number of the interventions require time-limited funding to pump-prime initiatives that require no ongoing funding. These include Mental Health training, Five Ways to Wellbeing, Food for Life, Forest Schools, Dementia Friendly Communities, Healthy Workplaces and Compassionate Communities. The impact of these interventions will continue to deliver benefits beyond the funding period through skilling up the workforce and empowering communities to embed changes to support wellbeing.

The funding will also extend or further develop provision of existing prevention interventions such as the Parent/ Infant Mental Health project, Falls Pathway, Healthy Home project, Family CAB services, I Step Up, Raising Aspirations, Heart of Derbyshire plus, Employment and Health project, and Online Mental Health Support.

In addition it will provide an additional 15 months funding for a range of CVS interventions that deliver effectively against the Ageing Well priority to support people to remain independent and in their own homes. The additional funding for all these interventions is time limited as specified in the appendix, and this provides the time for providers to identify potential alternative funding sources/more sustainable models for future delivery. It is envisaged that Public Health and Adult Care Officers will work with CVS organisations to take a strategic look at how the sector can attract greater inward investment within Derbyshire, thus reducing its reliance on individual funding sources.

Rigorous evaluation of the outputs and outcomes from the prevention interventions will enable an assessment of the value to the health and social care community of different approaches. For example, evaluation of the Falls Pathway intervention will provide local evidence on the impact of upstream investment in preventing falls in those assessed as at risk. This could potentially result in the shifting the balance of mainstream NHS funding within the whole Falls Pathway using the flexibilities of the Sustainability and Transformation Plan and Better Care Fund.

The new Food Bank Plus model is an innovative approach that supplements the provision of emergency food parcels with other types of 'upstream' support addressing the underlying issues that result in the need for emergency food. The evaluation will assess the additional impact of preventive support in helping people out of food poverty. In terms of sustainability Derbyshire has been invited by Sustain and Church Action on Poverty to be one of their local partners in a six month development project to put together a 4-5 year programme proposal to the Big Lottery that would support the development of local people-led solutions to food poverty across the UK.

### **3. Financial considerations:**

The proposals for investment of the Public Health Prevention Fund outlined in Appendix 1 total £2,199,850 over a maximum period of the next two years. £752,137 to CVS organisations (see associated Adult Care cabinet paper) over a maximum 15 month period starting January 2017.

The mechanism for commissioning each of the proposals is outlined in Appendix 1 in line with financial and procurement regulations.

**4. Social Value considerations:**

The process used to assess submissions to the panel included assessment of Social Return on Investment of each proposal as part of the efficiency / value for money criterion within the prioritisation tool. Appendix 1 briefly summarises the specific social value implications of each of the proposed interventions.

**5. Legal considerations:**

The conditions of the ring-fenced public health grant require the grant to be used to deliver public health outcomes, in line with the Public Health Outcomes Framework. Compliance with the criteria for the public health ring-fenced grant was supported by the process used to assess investment of the Public Health Prevention Fund.

The commissioning of each individual prevention intervention, as detailed in Appendix 1, will comply with the Council's Financial Regulations and the Public Contracts Regulations 2015, where appropriate.

**6. Other considerations:**

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

**7. Background papers:**

15 March 2016 Cabinet paper Prioritisation of Public Health Grant Investment

15 July 2014 Cabinet paper Public Health Resource Fund

26 July 2016 Cabinet Member paper Derbyshire Food for Life Programme

**8. Key Decision:**

No

**9. Call-in:**

Is it required that call-in be waived for any decision on this report? No

**10. Officer's Recommendation:**

That Cabinet approves the programme of investment in prevention interventions in 2016-17 and 2017-18, to support the priorities within the Derbyshire Health and Wellbeing Strategy.

That Cabinet approves the proposed commissioning arrangements for each intervention, as detailed in the appendix to the report.

**Dean Wallace**  
**Director of Public Health**

## Appendix 1: Recommended areas for Prevention Funding investment

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
<b>CEHWB3: Parent-Infant Mental Health</b>  £160,000 total for two years	<b>Purpose</b> - To improve the life chances of infants and their parents with perinatal mental health issues through promoting secure attachment. <b>Target Group:</b> families affected by mild to moderate mental health issues in the perinatal period/ or those at risk of developing perinatal depression. <b>Outcomes:</b> 215 beneficiaries per year, reduced anxiety and depression, higher Maternal Social Support Index and improved attachment	Joint funding arrangement via Memorandum of Understanding (MOU) – headline agreement with Hardwick CCG.	Thriving children, young people and families through: <ul style="list-style-type: none"> <li>- Preventing adverse effect of poor attachment on infants' long term health.</li> <li>- Building local voluntary sector capacity</li> <li>- Improving self-esteem and employability for the volunteers</li> </ul>	220.0
<b>H1: Healthy Home project</b>  £208,350 to March 2018	<b>Purpose:</b> To reduce winter deaths and exacerbations of long-term conditions (LTCs) <b>Target group:</b> Individuals with LTCs living on a low income and at risk of fuel poverty. <b>Outcomes:</b> 498 vulnerable individuals/300 households per year having improved energy efficiency, lower fuel costs, health and benefits advice.	Virement of funding to other Council department (Corporate Property – current provider of Healthy Home assessments) Cabinet approval as above OJEU	Saves health and social care costs down the line and generates three times the revenue in capital grants from external agencies.	205.0

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
<b>CEHWB1: Food for Life</b>  2017-18 £70,000*  * Cabinet member approval secured in July 2016 for £70k for FFL in 2016-17 school year	<b>Purpose:</b> to build stronger, resilient young people, families and settings around healthy, tasty and sustainable food. <b>Target Group:</b> 20 schools per year in areas of deprivation. <b>Outcomes:</b> Change within the whole school setting, through policies, practices, standards and investing in sustainable skills and practices	Financial regulation: Authorisation of Grants to Voluntary Organisations. Cabinet Member approval as below OJEU	Supports development of healthier communities.  Helps children, young people and families thrive	195.0
<b>MH1: Mental Health Campaign</b>  £30,000 16/17-17/18	<b>Purpose:</b> to reduce impact of stigma on people with mental ill health <b>Target group:</b> the intervention will reduce the impact on the 9 out of 10 people who experience mental ill health that face discrimination affecting their work, relationships, completion of normal day-to-day activities, personal health and prevention in seeking help and support <b>Outcomes:</b> challenging stigma and discrimination through raising awareness and promoting understanding of mental health issues.	Protocol 6 quotations via Source Derbyshire Strategic Director approval	Social value is intrinsic to the intervention: - delivery of localised services / strengthening spending the local economy, - improving connections and relationships with hard-to-reach groups, - supporting voluntary and community sector, - building a skilled and confident workforce, - supporting self-help	190.0



Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
<b>CEHWP2: Forest School</b>  £50,000 over the next two school years	<b>Purpose:</b> To improve children's health and wellbeing and reduce inequalities through access to an ongoing programme of positive experiences and participation in tasks and activities in a woodland environment. <b>Target group:</b> schools and groups in areas of deprivation or with poor outcomes for school readiness or educational attainment. <b>Outcomes:</b> 16 Forest School Leaders trained/ 320 participants with increased physical activity levels, engagement with learning, resilience, self-esteem, motivation confidence, and reduced anxiety, Improved school attendance for some young people	Virement of funding to other Council department (ETC) to deliver the service	Contributes to achieving A Healthier Derbyshire by supporting the development of healthier communities with reduced health inequalities  Helps towards A Safer Derbyshire by building resilient and safe communities	180.0
<b>MH2: Mental Health Training</b> £111,500 total – 16/17-17/18 MH awareness: £40k Suicide awareness: £26.5k MHFA: £15k GP staff: £30K	<b>Purpose:</b> provision of additional Mental Health awareness, Mental Health First Aid (MHFA) and Suicide Awareness training courses to supplement current provision <b>Target group:</b> employees, community members, and GP practice staff teams	- MH Awareness Training: Protocol 6: quotations via Source Derbyshire Strategic Director approval - Suicide training: Protocol 6: quotations via	Social value is intrinsic to the intervention including: - delivery of localised services / strengthening spending the local economy, - improving	180.0

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
	<p><b>Outcomes:</b> changing attitudes and promoting greater understanding of mental ill health, equipping workforces and communities with skills and information to better support individuals affected by mental ill health through delivery of an additional 30 Mental Health Awareness, 20 Mental Health First Aid and 24 Suicide Awareness courses (with a combined attendance of approximately 1,250 – 1,500 participants) and provision of Suicide Awareness training to 25 GP practice staff teams</p>	<p>Source Derbyshire Strategic Director approval  - Mental Health First Aid Training: Virement to another Council department (Adult Education Service, Children's Services) to deliver the service  - GP Practice Staff Training: To be funded via a grant agreement subject to cabinet member approval.</p>	<p>connections and relationships with hard-to-reach groups,  - supporting voluntary and community sector,  - building a skilled and confident workforce,  - supporting self-help and - creating of healthier communities with reduced health inequalities.</p>	
<p><b>WD1: Family CAB service</b></p> <p>£125,000 to March 2018</p>	<p><b>Purpose:</b> To resolve families' social and financial problems to prevent ill health  <b>Target group:</b> Families living with disadvantage such as poverty, poor/insecure housing, unemployment, domestic abuse.  <b>Outcomes:</b> Over 1,000 families in need receiving advice and help. £1m extra income secured and</p>	<p>Variation to contract in terms of where the service is delivered, and reduction in overall contract value.</p>	<p>Social return on investment from implementing the programme = £103 for every £1 invested (source: Bolsover District Council 2016).</p>	<p>180.0</p>

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
	£0.8m debt managed.			
<b>H2: Housing Related Support – Handyvan</b>  £299,000 2016-17	<b>Purpose:</b> To prevent falls in the home and to facilitate early discharge from hospital through provision of minor household repairs <b>Target group:</b> Vulnerable older people at risk of going into care or hospital admission. <b>Outcomes:</b> 8,000 households/year receiving support to live independently and reduction reliance on mainstream care and treatment services.	Virement of funding to other Council department (Adult Care) to deliver the service	The Handypersons Financial Benefits Toolkit (CLG 2010) shows the cost benefit of the HVS to be £1.78p for every £1 spent by Derbyshire County Council.	170.0
<b>EE2: I Step Up</b>  £50,000 total for two years	<b>Purpose:</b> To help NEETs move into education, employment or training. <b>Target group:</b> Young people not in education, training or employment <b>Outcomes:</b> 25-30 young people who were NEET moving into education training or employment	Virement of funding to other Council department (ETC) to deliver the service	Project cost per NEET = £1,000 Lifetime cost of a NEET was £56,000 in 2010 (University of York) so potential saving of >£55k per young person helped.	162.5
<b>FP1: Food Bank Plus</b>  £112,200 total for two	<b>Purpose:</b> To prevent need for emergency food parcels <b>Target group:</b> People in financial crisis who are unable to afford	Financial regulation: Authorisation of Grants to Voluntary	Builds on community capacity and volunteering of foodbank workers to	160.0

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
years	<p>food.</p> <p><b>Outcomes:</b> 1,400 people who no longer need emergency food parcels due to support from services at food bank e.g. CAB, support into employment, access to affordable food boxes etc.</p>	Organisations. Cabinet Member approval as between £20K and OJEU	engage people in destitution to re-engage with services and society.	
<p><b>EE4: Raising Aspirations</b></p> <p>£75,000 over the next two school years</p>	<p><b>Purpose:</b> To prevent young people who may be experiencing vulnerability and/or chaotic lifestyles, which adversely impact on their ability, educational attainment becoming NEET.</p> <p><b>Target group:</b> Young school age people at risk of becoming NEET when they leave school.</p> <p><b>Outcomes:</b> Extension to a further 4 schools in districts/boroughs without provision currently. 96 young people from disadvantaged backgrounds/otherwise vulnerable supported into opportunities in school to prevent their becoming NEETs.</p>	Extend current SLA with Bolsover District Council to increase indicative spend by £75K Cabinet Member approval. Publish award on Source Derbyshire.	Evaluation shows the impact on the young people ripples out to their families and communities, engendering a positive shift in local expectations and achievement.	157.5
<b>MH1: Mental Health: 5 Ways to Wellbeing</b>	<b>Purpose:</b> to promote use of the 5 Ways to Wellbeing model by Health and Wellbeing Partnerships	Financial regulation: Authorisation of	Social value is intrinsic to the intervention including:	150.0

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
£160,000 2016-17	<p>and community and voluntary sector organisations. The 5 Ways to Wellbeing are Connect, Be Active, Take Notice, Keep Learning and Give</p> <p><b>Target group:</b> individuals with, or at increased risk of, poor mental wellbeing</p> <p><b>Outcomes:</b> incorporation of 5 ways to wellbeing amongst member organisations of locality Health and Wellbeing partnerships, increased participation in 5 ways to Wellbeing activities, promotion of positive mental health messages</p>	<p>Grants to Voluntary Organisations. Up to £100K award Cabinet Member approval</p>	<ul style="list-style-type: none"> <li>- delivery of localised services / strengthening spending the local economy,</li> <li>- improving connections and relationships with hard-to-reach groups,</li> <li>- supporting voluntary and community sector,</li> <li>- building a skilled and confident workforce,</li> <li>- supporting self-help</li> </ul>	
<p><b>FP2: Heart of Derbyshire plus</b></p> <p>£108,800 to March 2018</p>	<p><b>Purpose:</b> A targeted and universal campaign to improve health through promotion of healthier eating in food establishments, food waste reduction, cookery classes for target groups and raising awareness of portion sizes and a balanced diet.</p> <p><b>Target groups:</b> training of staff from support agencies, people at risk of food poverty/ living in areas of deprivation/ on weight management programme and food</p>	<p>Virement of funding to other Council departments (Trading Standards in ETC, DACES in CS and Communications in Corporate services).</p> <p>Training for cookery staff: Protocol 6: quotations via</p>	<p>Through a both universal and targeted approach, the residents of Derbyshire will have greater knowledge and skills to eat for health. Offering cookery leader training to social and community groups can increase uptake and build</p>	140.0

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
	<p>establishments in areas of deprivation</p> <p><b>Outcomes:</b> social marketing campaign (previous campaign reached over 110,000 people), 200 people engaged undertaking cookery courses, 160+ businesses</p>	<p>Source Derbyshire Strategic Director approval.</p>	<p>social capital.</p>	
<p><b>AW2: Dementia Friendly Communities</b></p> <p>£100,000 total for two years</p>	<p><b>Purpose:</b> To support development of Dementia Friendly Communities (DFC) across Derbyshire. A DFC is a place where people with dementia can continue to live a good life by feeling safe, continuing to access local facilities and maintaining social networks.</p> <p><b>Target Group:</b> Individuals, businesses, public sector organisations and communities across Derbyshire to provide training in dementia awareness and facilitate commitment to working towards DF status.</p> <p><b>Outcomes:</b> Increase number of Dementia Friends and organisations signed up to achieving working towards Dementia Friendly status so that people with dementia and their</p>	<p>Protocol 6 – quotations via Source Derbyshire Strategic Director Approval, publish award on Source Derbyshire.</p>	<p>Reducing social isolation for people with dementia and their carers.</p> <p>Improving the quality of life for those affected by dementia but also the wider population of older people in Derbyshire as making communities more dementia friendly also makes them more age friendly.</p> <p>DFC work will create more opportunities for volunteering and encourage</p>	<p>135.0</p>

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
	carers feel understood, valued and able to contribute to their community.		participation in local activities	
<b>EE1: Employment and Health</b>  £54,000 to March 2018	<b>Purpose:</b> To help people who are long-term unemployed due to health reasons back into work. <b>Target group:</b> People who have been unemployed for a long time (2+ years) due to health problems. <b>Outcomes:</b> 246 people with long-term health conditions supported into education, training volunteering or paid work.	Virement to another departmental budget (Adult Care) to deliver the service	Most individuals move towards employment through training and volunteering, contributing to local community resilience and social capital.	130.0
<b>EE3: Healthy Workplaces</b>  £60,000 total for 18 months	<b>Purpose:</b> To support the development of a countywide Health Champion Programme, a key element of the Health and Wellbeing Board Strategy Project Implementation Plan 3.5 on Healthy Communities - Workplace Health. <b>Target group:</b> All Health and Wellbeing Board member organisations who together employ a large proportion of the workforce in Derbyshire. <b>Outcomes:</b> Health and Wellbeing	DCC recruitment on an 18 month fixed-term contract. Transfer of funding within Public Health budget to PH staffing budget.	Social value is intrinsic to the intervention supporting organisations in Derbyshire to decrease sickness absence and increase productivity, building a skilled and confident workforce, supporting self-help and the creating of healthier communities with reduced health	125.0

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
	Board member organisations become exemplars of workplace health and wellbeing, with improved sickness absence levels, improved productivity and healthier workforces.		inequalities	
<p><b>AW4: Falls Prevention Partnership</b></p> <p>£266,000 total for two years</p> <p>Elements:</p> <ul style="list-style-type: none"> <li>- Age UK: delivery of Strictly No Falling (SNF) £50k</li> <li>- SNF evaluation £10k</li> <li>- DCHS: delivery of Falls Co-ordinator £186k</li> <li>- Publicity and marketing £10k</li> <li>- Project evaluation £10k</li> </ul>	<p><b>Purpose:</b> To prevent falls and associated admissions, deaths and disability, through an integrated approach to identifying those at risk of falling and providing targeted evidence-based interventions</p> <p><b>Target group:</b> systematic falls risk assessment of those with risk factors, and targeted interventions (comprehensive falls assessment pathway/ Strictly No Falling) for those at high and lower risk of falls respectively</p> <p><b>Outcomes:</b> Over 3000 risk assessments completed and over 1500 people at risk of falls referred for SNF or comprehensive falls prevention interventions. Expected outcomes include:</p> <ul style="list-style-type: none"> <li>- Reduced number of falls in those at increased risk of falling</li> </ul>	<ol style="list-style-type: none"> <li>1. SNF - Protocol 10: extension of contract beyond originally awarded indicated spend, to meet additional demand. Cabinet Member approval</li> <li>2. Falls Co-ordinator - Protocol 6 – quotations via Source Derbyshire Strategic Director Approval, publish award on Source Derbyshire.</li> <li>3. Evaluation of the Falls Prevention Project: Protocol 7 – quotations. Strategic Director approval</li> </ol>	This project would improve the quality of life of older people by reducing the risk of them falling, reducing health and social care costs.	115.0



Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
	<ul style="list-style-type: none"> <li>- Reduced numbers of injuries/ hip fractures resulting from falls</li> <li>- Reduced hospital admissions due to falls</li> <li>- Increased confidence and independence, and positive impacts on social isolation, self-reported well-being and health related quality of life in older people</li> </ul>	4. Evaluation of the SNF: Protocol 7 – quotations. Strategic Director approval 5. Publicity and Marketing: Protocol 7 – quotations Strategic Director approval		
<b>AW1: Compassionate Communities Derbyshire</b>  £90,000 total for two years	<b>Purpose:</b> To develop a public health approach to end of life care (EOLC) through community engagement and capacity building and seek to tackle taboos around death and dying, encourage people to prepare for EOLC and create a network of volunteers to support people who are dying and those close to them. <b>Target Group:</b> Individuals and communities, commissioners and providers of health and social care <b>Outcomes:</b> Training of 30 volunteers, 30 events held, 300 one to one conversations with people dying, 60 Advanced Care	Protocol 6 – quotations via Source Derbyshire Strategic Director Approval, publish award on Source Derbyshire.	Reduce demand on existing services and help to reduce inequalities by ensuring that all groups within society can access high quality EOLC.  Improve EOLC so that more people are able to die in a place of their choosing.  Supporting self-help by creating a network of volunteers within	110.0

Title of intervention and allocation	Brief summary of intervention	Commissioning mechanism	Social Value impact	Prioritisation ranking score
	Plans produced, increased awareness of health benefits of advanced care planning, reduction in number of people dying in hospital, increase in number of people dying in usual place of residence.		Erewash as a pilot with a view to expanding across Derbyshire depending on evaluation.	
<b>AW5: Ageing well community support</b>  £752,137	Links directly the Adult Care paper on CVS	Financial regulation: Authorisation of Grants to Voluntary Organisations. Up to £100K award Cabinet Member approval	Reduce demand on existing service provision. Reducing social isolation and associated health and emotional health and wellbeing impacts. Improving the quality of life for residents using these services.	N/A