

DERBYSHIRE COUNTY COUNCIL

CABINET

26 January 2016

Report of the Strategic Director, Health and Communities

**THE DERBYSHIRE HEALTH AND WELLBEING STRATEGY 2015-17
(Health and Communities)**

1. Purpose of the Report:

To seek endorsement for the Derbyshire Health and Wellbeing Strategy 2015-17.

2. Information and Analysis:

Background

Health and Wellbeing Boards were introduced as statutory committees of all upper tier local authorities under the Health and Social Care Act 2012. Health and Wellbeing Boards are intended to:

- Encourage integrated working between health and social care commissioners.
- Encourage close working between commissioners of health-related services and the board itself.
- Encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- Prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies.

Strategy development and consultation

Derbyshire's first Health and Wellbeing Strategy was in place from 2012 until 2015 and followed a life course approach. Throughout the course of 2015 the Health and Wellbeing Board has been engaged with the development of a strategy, which will be delivered over the next two years until the end of 2017. The updated strategy for 2015-17 is attached as Appendix 1.

To help inform the development of the new strategy, evidence, engagement and policy development work undertaken for the initial strategy was reviewed. Additionally national and local policy documents and the latest JSNA data has been considered to ensure that the refreshed strategy reflects the latest thinking and strategic position. Recommendations and guidance from the 2014 LGA Peer Review of the Derbyshire Health and Wellbeing Board have also been reflected within the revised document.

The Health and Wellbeing Board has regularly received update papers on the progress of the development of the strategy throughout 2015. In addition, all members of the Health and Wellbeing Board were invited to attend three workshops at which the high level priorities, actions and performance measures for each priority within the strategy were developed.

Prior to finalisation, the strategy it has been subject to a period of consultation amongst Health and Wellbeing Board members. Comments and feedback from the consultation have been included in the final version of the strategy which was formally signed off by the Health and Wellbeing Board on 19 November 2015.

As a result of this development work, the refreshed Health and Wellbeing 2015-17 strategy takes a different approach to the previous iteration, as it does not provide a comprehensive long-list of work that the Board collectively, or as individual partner organisations, undertakes and considers 'business as usual'. Instead, it focuses on the delivery of four key priorities identified as areas where the Health and Wellbeing Board can add value. These are to:

- Keep people healthy and independent in their own home;
- Build social capital;
- Create healthy communities; and
- Support the emotional health and wellbeing of children and young people.

The priorities link to and reflect key priorities in the Council Plan, including integrated health and social care, person focused approaches and joined-up services which help reduce long-term dependency and make the most effective use of the limited and shrinking budget across Derbyshire's health and social care economy.

The County Council will contribute to support the implementation of the actions contained within the strategy and through continued elected member and senior officer involvement with both Health and Wellbeing Board and Health and Wellbeing Board Core Group.

3. Other Considerations:

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

4. Key Decision:

Yes

5. Call-in:

Is it required that call-in be waived in respect of the decisions proposed in the report? No

6. Background Papers:

Derbyshire Joint Strategic Needs Assessment (JSNA)
Derbyshire Health and Wellbeing Strategy Development – Health and Wellbeing Board Reports (January 2015, March 2015, May 2015, September 2015 and November 2015)
Files and supporting papers are held in the Policy and Research Division, Chief Executive's Office

7. Officer's Recommendation:

It is recommended that Cabinet:

- Endorse the Derbyshire Health and Wellbeing Strategy 2015-17.
- Note that the Health and Wellbeing Strategy will be presented to Full Council.

David Lowe
Strategic Director
Health and Communities

HEALTHY DERBYSHIRE

Derbyshire Health and Wellbeing Strategy
2015-17

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1.0	PUBLIC	Final version	29/09/15

Foreword from the Chair of the Health and Wellbeing Board



The Health and Wellbeing Board has been established for three years and in that time we have come a long way and stronger relationships between partner organisations have developed.

The time is now right for us to look at what we do and how we do it, to make sure that we make the most effective use of our ever shrinking financial resources across the health and social care system.

Over the past three years public services in Derbyshire have faced continual rounds of budget cuts, the County Council alone has to cut £157 million by 2017/18 and the NHS has an estimated deficit of £150m over the next five years. This has meant all health and wellbeing partners have had to take some tough decisions to reduce services whilst trying to find different ways to support the health and wellbeing of our residents, particularly those who are most vulnerable.

As Chair of the Health and Wellbeing Board, I am determined to ensure that we work together to do the best we can for the communities of Derbyshire by making the most effective use of our limited budget. Utilising our strengths and specialities, such as the role of district councils in relation to housing and voluntary sector in terms of community support, we need to think differently, work innovatively and collaborate across organisational boundaries. By doing this, we will be able to meet the challenges related to an increasingly ageing population, support families and individuals with complex needs, tackle health inequalities and ensure the best start in life for children and young people.

Over the past year, we have taken time to review the arrangements in place for the Health and Wellbeing Board to make sure it remains fit for purpose and can tackle the challenges ahead. In the next two years we must continue to deliver against our identified priorities outlined in this strategy, to help deliver our vision. But health is about more than organisations working and delivering together – it involves every single Derbyshire resident. We all have a responsibility to look after our own health and we need everyone to pledge ways in which they can do their bit to maintain a healthy lifestyle. I want to make sure that the Health and Wellbeing Board is greater than the sum of its parts and I believe the Board can make an important contribution to improve our population health over the next two years.

Councillor Dave Allen

Chair of the Health and Wellbeing Board

and Cabinet Member for Health and Communities, Derbyshire County Council

Context

Both locally and nationally there is a clear drive to change the emphasis of the health system from one which treats ill-health to one which prevents people from becoming ill in the first place. Health and wellbeing partners in Derbyshire are committed to an approach which allows people to remain healthy and independent for as long as possible so that they have a better quality of life, with better outcomes.

Health and wellbeing partners in Derbyshire are committed to joining up health and social care so that we focus on the needs of an individual and we always work in a 'person-centred' way. Finding the right solution will be challenging, but we are determined to make this a reality.



Ways of working which centre on the whole needs of the person are in place with the introduction of virtual wards, telecare, integrated teams, and the [voluntary sector single point of access](#) (vSPA).

[The Better Care Fund](#) has also brought a sharp focus to what can be achieved together through aligned working and we want to build on this with our joined up care programmes. The County Council's role in reducing health inequalities and improving the health of the

population provides opportunities to co-ordinate work.

Nationally, the [NHS Five Year Forward View](#) outlines a clear vision for how health services need to change so that new relationships are forged with patients, carers and citizens through the development of new models of care. In Derbyshire, Erewash is developing the Multi-speciality Community Provider (MCP) model, which will bring the community and health services closer together. All health partners in Derbyshire will follow these developments closely so that learning and innovation can be shared. We need to continue to work together to make sure that some of this good practice becomes more embedded across the whole system.

Over the next two years the Board will need to balance the immediate requirement to integrate services and commissioning with the longer term ambition to promote health and wellbeing in order to improve the general health of the population and reduce the increasing demand on acute services.

Why are we refreshing the health and wellbeing strategy?

The Health and Wellbeing Strategy 2015-17 outlines four priority areas, which the Health and Wellbeing Board will focus activity on over the next two years. This strategy does not provide a comprehensive long list of the work that the board collectively, or as individual partner organisations, are undertaking or consider 'business as usual'.

But, this is not to say these priorities are all that the Board will work on. The Health and Wellbeing Board, informed by the latest [Joint Strategic Needs Assessment \(JSNA\)](#), will continue to provide strategic direction and commission services to meet the health and wellbeing needs of the population of Derbyshire.

This refreshed strategy builds from the previous strategy 2012-2015, much of the evidence, engagement and policy development work undertaken is still relevant and where appropriate we have brought this up to date by using the latest JSNA data and other documents to help further inform our thinking. To this end our vision remains unchanged:

“To reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.”

Our priorities, outlined on the next page will allow us to consider where by working together, joining things up and delivering through strong collective leadership, a greater – more positive – impact can be made to prevent avoidable ill health and reduce health inequalities.

This more focused approach is drawn from a [recommendation of the LGA Peer Review Team](#), which spent time in Derbyshire in the autumn of 2014. The review team endorsed the approach taken in this refreshed strategy to narrow the scope of work and deliver agreed actions in a small number of priority areas. We have subsequently held a number of workshops to develop our priorities and issues identified in these sessions form the basis of this strategy. This approach will help ensure that outcomes are realised within the two year time frame and we make the best use of our precious financial resources.

Each of the priority areas has identified leads, accountable to the Health and Wellbeing Board, for the delivery of agreed actions. These leads will be required to provide regular updates on progress to the Health and Wellbeing Board and additional workshops will take place to allow us to focus on solving problems and generating new solutions to maintain delivery at pace and scale. In addition, task and finish groups will be created to take specific pieces of work forward, delivering practical solutions to the strategic priorities.

Our priority areas for health and wellbeing

Our priorities

Keep people healthy and independent in their own home

Build social capital

Create healthy communities

Support the emotional health and wellbeing of children and young people

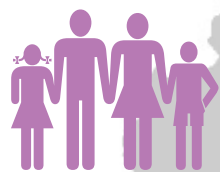
Addressing these priorities will help us work to achieve two overarching outcomes for Derbyshire:

- Increased healthy life expectancy.
- Reduced differences in life expectancy and healthy life expectancy between communities.

We will address these priorities using the following principles and values:

- All services will be person centred and delivered in an integrated manner.
- Approaches to care will be provided flexibly taking into account all the circumstances around a person.
- People experiencing mental ill health will have both their physical and mental health needs met in a co-ordinated way.
- Individuals will benefit from community facing services.
- Services will be planned and delivered in partnership.
- Health lifestyles will be promoted.
- Core community services will be available seven days a week.
- Children and young people will be helped to reach their full potential.

The health of Derbyshire



Derbyshire has an estimated population of 779,800

This infographic provides a snap shot of the latest relevant statistics regarding the health and wellbeing of Derbyshire residents. The Joint Strategic Needs Assessment, a live document which is updated with the latest datasets and in-depth analysis and resources can be accessed on the [Derbyshire Observatory](#).



Derbyshire's population is set to increase by 11.7% from 2012 to 2037

Two out of ten people in the county are currently aged 65 and over, by 2037, this ratio will increase to three out of ten people

65+



Female life expectancy is 83.2 and for males it is 79.4 years

The difference between the healthiest and unhealthiest areas of the county leads to differences in life expectancy of 7.9 years for males and 5.8 years for females

90+

The population aged 90 and over will more than double by 2037

Over the last 10 years the rates of death from all causes and the rates of death from cancer, heart disease and stroke have all improved and are close to average for England



12.1%

12.1% of residents provide unpaid care, compared to 10.2% for England

20.4% of residents have limited day to day activities, compared to 17.6% for England

20.4%

6.2%

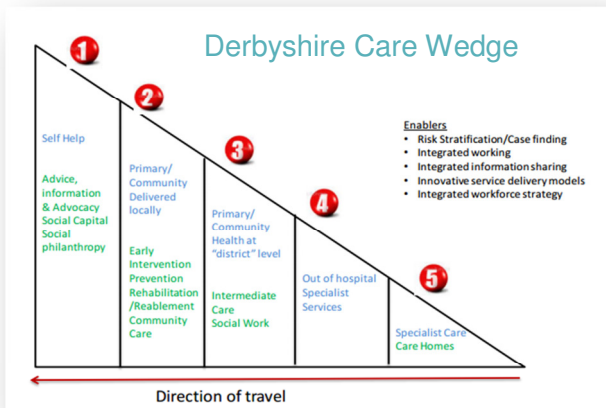
6.2% of residents are in bad health compared to 5.5% for England

Hospital admissions caused by unintentional and deliberate injuries in young people is higher than in other areas



There were 3,903 deaths attributable to smoking between 2011 and 2013

Keep people healthy and independent in their own home



Derbyshire has an ageing population. By 2037 it is anticipated that the population aged 65 and over will have increased by 68% and the very elderly, those aged 90+, will have more than doubled in number from 2012. We need to take a longer-term view to consider how we will address the challenges of an increasingly ageing population by putting preventative steps in place now – if we don't we will face spiralling demand and costs.

There is a lot of work already underway to join up health and social care services as part of the [Better Care Fund](#), which will help reduce demand on specialist and acute care, shifting provision using the Derbyshire Care Wedge to the community and self-help wherever possible and reducing demand on specialist care and care homes. In addition, this often means those individuals with physical or learning disabilities can live more independently at home with appropriate care and support arrangements in place.

The Derbyshire Health and Wellbeing Board has an agreed vision for integrated health and social care, which is aligned to the Better Care Fund, the transformation programmes in the north, through [21c Joined Up Care](#), and south, through Joined Up Care for the South of Derbyshire, alongside Tameside and Glossop's [Care Together programme](#). A full copy of this vision document is included at the end of this document.

The Health and Wellbeing Board has identified that its work over the next two years needs to focus on the cross cutting enabling elements of the transformation programmes, to ensure there is consistency across the county footprint, so that best practice can be shared and impact across the whole health and social care system is maximised. Work will therefore focus on delivering the aspirations for a joint workforce, considering how we make the best use of our estate, what shared performance arrangements need to be in place and how the Health and Wellbeing Board can provide oversight and evolve to best support more integrated working.

What do we want to achieve by 2017?

- Partners will be delivering the joint vision for health and social care for Derbyshire, which supports the definition of integration produced by National Voices: “I can plan my care with people who work together to understand me and my carers allowing me control and bringing together services to achieve the outcomes important to me”.
- We will work in partnership with the people needing care and their families and carers to provide care as close to the person’s home or, where practical, within the home. Where appropriate we will support them to access the right care in a specialist setting, such as an acute hospital or residential care home.
- Care co-ordination will seek to create person centred solutions. These will be developed alongside the person using their strengths and aspirations supported by multi agency teams as appropriate.
- We will have a joined up workforce equipped to work in multi-disciplinary teams, ensuring organisation boundaries do not get in the way of a seamless services for local people.

How will the Health and Wellbeing Board add value to achieve these aims?

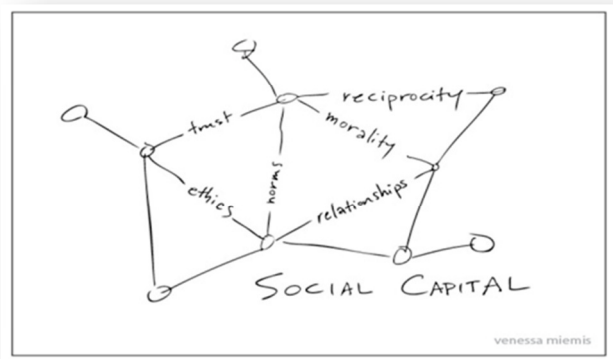
- Support primary care transformation across the county in line with the respective Joined Up Care programmes.
- Develop a joint quality governance framework to ensure that quality flows throughout the system and is reflected throughout the commissioning process.
- Work together to share best practice and unblock key issues so that health and social care integration progresses at pace and scale.
- Strengthen links with neighbouring Health and Wellbeing Boards, especially Derby City, so we have a broader understanding of system change and good practice.
- Develop a talent management system to ensure we retain staff who can be effective integrated system leaders, facilitating job swaps across all parts of the health and social care sector so we develop the leaders of tomorrow.
- Implement an integrated training and development programme so there is one style, one approach and one set of values shared across organisations to allow our workforce to operate in a truly integrated manner.
- Gain a shared understanding our joint asset base, through the development of a live database where all assets are logged and is utilised and updated regularly.
- Open up our estate and facilities for greater community use and where appropriate share these assets between partners to maximise their potential.
- Share proposals for new build projects at Health and Wellbeing Board meetings so that opportunities are maximised for developing mixed-use, multi-function buildings.

- Develop a strategy regarding the release of our current estate, maximising the potential from this land and help us shape the market through, for example, requiring the development of housing built to lifetime homes standards.
- Develop an information governance, intelligence and performance framework, so that data is accurate and can be easily shared to ensure all partners have visibility of key datasets.

Key indicators to track:

- Emergency admissions for hip fractures in people aged 65 and over.
- Adult social care users have as much social contact as they would like.
- People aged 65 and over injured due to falls.
- People who are re-admitted to hospital due to an emergency within 30 days of discharge.
- Hospital episodes where individuals are admitted for non-elective procedures.
- Population aged 65 and over who are permanently admitted to residential and nursing care homes.
- Population aged 65 and over who are still at home 91 days after discharge from hospital following the use of re-ablement or rehabilitation services.
- Delayed transfers of care from hospital.
- Patients who took part in a GP Patient Survey who stated in the last six months, they had received enough support from local services/organisations to help manage their long-term condition.

Build social capital



Social capital is about the relationships, networks and trust which help people to support each other, build confidence and create the opportunities to bring about change in their lives and communities.

There is strong evidence that links the presence of social capital in communities with improved health outcomes, especially the possibility that social capital influences the

relationship between socio-economic disadvantage and health inequality.

Building community networks and support that sustains health is an important element of the self-care agenda. The creation of social capital is a key part of adult care reforms and Clinical Commissioning Groups five year planning strategies. Utilised correctly it can act as 'the renewable energy' which can help reduce reliance on more expensive health interventions, building strengths within communities. We want to adopt a long-term approach to build social capital within communities to aide wellbeing.

Social capital is about everyone and can exist at different levels – with an individual, the community or with society as a whole. Building trust between different types of people and between people and public services is an important element of social capital. Therefore, individuals, community groups, the voluntary sector and public sector all have an equally important contribution to make in building social capital. Doing so, will alongside human, physical and economic capital help support resilient communities across Derbyshire.

Activity already takes place in both the public and voluntary sector, which builds social capital. For example luncheon clubs, local area co-ordination, projects which promote relationship building, the voluntary sector single point of access (vSPA) and initiatives which involves members of the community in co-design and co-production of services. The Health and Wellbeing Board recognises the importance of social capital and social networks in helping individuals remain independent and in their own home, social capital forms a key part of the Better Care Fund implementation. Through this priority the Board wants to gain a better understanding of what best supports people and communities in Derbyshire to better achieve health outcomes and agree a collective approach, which maximises impact in taking this work forward.

What do we want to achieve by 2017?

- Gain a better understanding of existing activity, investment, effectiveness and value which is currently being deployed to build social capital across all sectors.
- Agree the best way of investing to further develop social capital in terms of the Derbyshire care wedge to build self-care, prevention and appropriate interventions.
- Commit to a strengths based approach which recognises the assets rather than deficits of communities and individuals.
- People are enabled to support themselves and this reduces the need to access services.

How will the Health and Wellbeing Board add value to achieve these aims?

- Publish a report in the autumn of 2015 which will make a range of recommendations to be taken forward by all health and wellbeing partners and we will update this strategy to reflect these.
- Relationships matter to people at all levels and the Health and Wellbeing Board needs to consider this throughout all its work.
- Ensure that social capital forms a key-part of the joined up care programmes to encourage people to seek early help, promote self-care and prevent ill health.
- Implement a set of principles which will inform the commissioning of community based services to support the ongoing development of social capital.
- Develop a series of tools and enablers which all partners can use to support the further development of social capital in our communities.
- Pilot new service models which will develop and strengthen social capital, sharing learning and best practice across organisations so that these can be upscaled.
- Implement a way of measuring social capital that is meaningful to local residents and communities.

Key indicators to track:

- Residents trust people who live on their street to a large extent.
- Residents trust people living in the local area to a large extent.
- Residents state that trust in their neighbourhood has improved in the last 12 months.
- Residents state that trust in their neighbourhood has got worse in the last 12 months.
- Residents have been involved in decisions affecting their community in the last 12 months.
- Individuals who have provided unpaid help to a group, club or organisation at least once a month in the past year.

Create healthy communities



Our core aim is to reduce the health gap within Derbyshire and improve the health and wellbeing of all our population.

We need to lead a place based approach to working with communities which listens to local needs and experiences and creates healthy environments in which to grow up, live, work and grow old.

Whilst health across the county is generally good compared to other parts of the UK there are significant differences in life expectancy between the healthiest areas and unhealthiest areas of the county, at 7.9 years for males and 5.8 years for females. The differences in healthy life expectancy – that is the length of disability free life - are even greater between affluent and deprived sections of the population.

Poor health is costly to individuals, families and communities, but also to the health and social care system. In addition there are far ranging impacts upon a wide range of policy areas including community safety and education. Prevention is a core part of both the transformation programmes and the Better Care Fund. The Health and Wellbeing Board will champion this approach and ensure that work is strategically aligned to support the integration agenda.

Derbyshire County Council has recently become a member of the [UK Healthy Cities Network](#) with all the district and borough councils as associate members. The overarching goal of the network is to share good practice and encourage innovation in tackling health inequalities, promoting civic leadership and participatory governance. Core themes of the approach are:

- Focusing across all age groups and empowering people
- Tackling public health priorities and challenges
- Strengthening people centred systems and public health capacity
- Creating resilient communities and supportive environments

The healthy communities approach has the potential to lever major change on important local priorities. It is grounded in the belief that lasting impact depends upon building on local knowledge about needs, identifying local ambitions and securing commitment to change with a wide range of partners, including non-traditional 'health' partners such as planning and the economy.

Using this framework, local health partnerships have identified the following priorities and ambitions where collaborative action has the potential to achieve lasting impact for health:

- Increasing levels of health literacy
- Building health into policies and decision making processes for urban planning and growth
- Raising the aspirations and attainment in young people (linked to resilience)
- Promoting physical activity and healthy eating, especially for young people and families
- Supporting older people to maintain their independence
- Increasing resilience and social capital for people and communities

What do we want to achieve by 2017?

- Active communities where individuals are enabled to look after their own health and that of their families (health literacy).
- Resilient and connected communities with high levels of aspiration and attainment for our young people.
- Caring communities where older people are supported to be independent in their own homes.
- Health as a goal embedded in the planning and development process, so we can 'design in' health benefits and 'design out' health inequality.
- Elected members, organisations and their workforces acting as enablers, alongside individuals and communities, to develop and deliver local evidence based action.

How will the Health and Wellbeing Board add value to achieve these aims?

- Understand the infrastructure within our communities to see how public, voluntary and community assets can come together to promote health and wellbeing.
- Work with district councils and other partners and communities to develop and deliver action on locally agreed Healthy Communities priorities.
- Work with Elected Members so they understand how they can provide key links between organisations to promote health and wellbeing in their local areas.
- Enable all our workplaces and workforces to be health promoting, to be advocates of good health, making sure every contact counts to offer lifestyle support with individuals and families who use our services.
- Commit to a shared statement on planning and health to maximise the important contribution that planning can make to reducing health inequalities.
- Support and contribute to Health Impact Assessments to ensure that the health benefits of large scale developments in the county can be fully realised.
- Share information with developers about how they can ensure they build healthy homes to meet the changing needs of our population.

Key indicators to track:

- Healthy life expectancy
- Adults who are physically active
- Childhood obesity
- Increase in levels of health literacy
- HIAs undertaken on all major developments and evidence of influence upon decision making

Support the emotional health and wellbeing of children and young people



We want children in Derbyshire to have the best start in life, ensuring that children have good access to support and advice if they experience mental health issues.

There is increasing evidence both nationally and locally that emotional health and wellbeing is an important issue to get right in early years. The latest national statistics suggest that 75% of adult mental health problems, excluding

dementia, develop by the age of 18. However, a treatment gap exists where only 25%-30% of those with a diagnosable mental health condition accessed the support they needed.

Early intervention and prevention in childhood can avoid expensive and longer term interventions in adulthood. There is a clear cost benefit to society of tackling mental health issues early on in life. The mental health of children and young people is a large policy area so for the next two years the Health and Wellbeing Board has decided to focus its work on self-harm and suicide prevention amongst children and young people.

The latest national statistics suggest that numbers relating to reported suicides are low, but there is intelligence to suggest that self-harm is a growing issue. Self-harm is increasingly seen as a coping strategy by young people who feel overwhelmed by problems they can neither resolve nor live with. Many young people find it very difficult to express these concerns and seek help and some feel they are not listened to.

Suicide may often be the result of a combination of other factors, such as abuse, neglect, family problems or mental health issues. In many cases children and young people who take their own lives feel that there is no way out of their problems and the right help is not there. This is something we want to prevent.

Over the past year, the Children's Trust has developed an agreed approach to help individuals who self-harm, which is due to be signed off this autumn, and has supported a pilot working with young people in schools to consider how an appropriate early help offer can be developed with schools. In response to the [Future in Mind](#) report, the Children's Trust, working with CCG, partners and young people is developing a Transformation Plan for implementation.

The Health and Wellbeing Board does not want to duplicate the work undertaken by the Children's Trust Board. But, by taking a system wide view we can strengthen early intervention across the county and reduce the demand for costly services and provide additional support for young people identified at risk of self-harming or committing suicide.

What do we want to achieve by 2017?

- Adopt approaches which actively promote early intervention and prevention to support young people with a mental health issue who are at risk of self-harming.
- Increased resilience amongst young people so they have improved coping and problem solving skills.
- Reduced demand on high cost child and adolescent mental health services (CAMHS) and transitions to adult services.
- A whole system approach to strengthening preventative approaches, building resilience in children and young people and improving outcomes which better meet the identified needs of individuals.

How will the Health and Wellbeing Board add value to achieve these aims?

- Commit to develop and utilise approaches which allow for early intervention and prevention to support the emotional health and wellbeing of children.
- Explore opportunities for devolution of specialised commissioning from NHS England.
- Work with children and young people to raise their self-esteem and allow them to develop coping mechanisms to difficulties they encounter by involving them in determining what works best then developing a programme of work to respond.
- Develop a range of lower level support options, such as online self-help, peer support and informal counselling for young people so that they can seek help at an early stage.
- Utilise the transfer of commissioning 0-5 year old public health services to local government in October 2015 as an opportunity to create a stronger focus on mental health in the early years and beyond.
- Sign off and implement the '[Future in Mind](#)' Transformation Plan, which will help build capacity within evidence based outcome focused CAMHS by 2020.
- Implement a training strategy across all agencies that support our workforce to deal with young people who self-harm confidently and reduce unnecessary referrals to more costly services.
- Hold a workshop with representatives from the north and south Derbyshire CAMHS teams and partners to simplify processes, explore data requirements, agree good practice and allows for greater equity in provision, which can then be shared and taken forward by the Health and Wellbeing Board for implementation.

Key indicators to track:

- Number of children in Derbyshire who self-harm and attend hospital due to these injuries.
- Children achieving a good level of development at the end of reception.
- GCSE attainment.
- Population aged 18 or under are admitted to hospital for alcohol specific issues.
- Suicide rate.
- Children aged 0-14 who are admitted to hospital due to unintentional and deliberate injuries.
- Children's perceptions of care and support.

How will we deliver this strategy?

There is enormous capacity and potential available across the partnership, which can be harnessed to achieve the actions and outcomes outlined in this strategy. To aide this, a member of the Health and Wellbeing Board has been identified to champion to take forward our priorities.

Identified leads will report back to the Health and Wellbeing Board on progress made against the actions and outcomes outlined in this strategy every six months. Health and Wellbeing Board meetings will provide opportunities for mutual challenge so that we are constantly driving forward better, more integrated, working based around the needs of the person and delivered to the best possible standards. All Board members will hold each other to account to make sure we make the most effective use of our combined resources and limited budgets.

Poor performance against agreed delivery targets and timescales will be reported by exception to the Health and Wellbeing Board Core Group on a bi-monthly basis. This will allow for early awareness of potential issues to allow this group to consider if additional support can be put in place; whether the matter needs to be referred to the full board for consideration, a task and finish group established or a specific workshop organised to agree solutions.

We will track the high level indicators detailed for each priority over the life of the strategy so we can demonstrate that we have begun to 'bend the curve' and address key health and wellbeing challenges. In some instances, it will take a concerted effort over more than this two-year timeframe to reduce the variances in life expectancy currently seen across the county, but we want to demonstrate by 2017 that we have made a start. In addition to these indicators we will benchmark our performance against other Health and Wellbeing Boards from comparable areas to assess the effectiveness of the Board and the work it commissions.

Working together for a healthy Derbyshire



As much as the Health and Wellbeing Board has to be accountable for actions, we also need Derbyshire residents to be part of the solution. We want to establish an ongoing dialogue with our local communities about the most effective way to respond to local health challenges, but also allow local residents to understand their own responsibilities when it comes to their personal health and wellbeing.

[Healthwatch](#) also provides us with intelligence and insight of the views and opinions of a range of social care and health services. The Health and Wellbeing Board receives regularly updates from Healthwatch and through a range of deep-dive reports we gain a detailed understanding of current issues and consider where there are opportunities to improve.



We are currently developing a Health and Wellbeing Board Engagement and Communications Plan. This document will set out how we intend to have conversations with service users, local communities and individual residents to enable us to understand more about the health needs of the population and how we can work more effectively to address these needs through the co-production of services.

We also want to engage with communities and individuals so that they can understand more about what they can do together to live a healthy lifestyle or support family members, friends and neighbours who may be in ill-health.

We don't want to duplicate the work of other organisations and work which is already taking place in Derbyshire. Therefore we will ensure that our work mesh with other strategic documents and we will continue to share information and learning with other boards and committees such as the Adults and Children's Safeguarding Boards, the transformation boards, the Children's Trust and Adult Care Board.

Through an open conversation with partners and communities we will encourage individuals to lead healthier lifestyles, support people in poor health and ensure we work together to make the best use of our collective resource so we can all make a difference to begin to reduce the health inequalities and tackle the major health and wellbeing issues in Derbyshire.

Health and Wellbeing Board Members

Cabinet Member for Health and Communities, Chair of the Health and Wellbeing Board, Derbyshire County Council
Leader of Derbyshire County Council
Cabinet Member for Children and Young People, Derbyshire County Council
Cabinet Member for Adult Social Care, Derbyshire County Council
Director of Public Health, Derbyshire County Council
Strategic Director of Adult Social Care, Derbyshire County Council
Strategic Director for Children and Younger Adults, Derbyshire County Council
Strategic Director for Health and Communities, Derbyshire County Council
Shadow Cabinet Member Health and Communities, Derbyshire County Council
Chief Executive, Chesterfield Borough Council
Leader, South Derbyshire District Council
Leader, Bolsover District Council
Chair, Erewash Clinical Commissioning Group
Chief Operating Officer, Erewash Clinical Commissioning Group
Chair, Hardwick Clinical Commissioning Group
Chief Operating Officer, Hardwick Clinical Commissioning Group
GP representative, North Derbyshire Clinical Commissioning Group
Chief Operating Officer, North Derbyshire Clinical Commissioning Group
Chair, Southern Derbyshire Clinical Commissioning Group
Chief Operating Officer, Southern Derbyshire Clinical Commissioning Group
Chair, Tameside and Glossop Clinical Commissioning Group
Chief Operating Officer, Tameside and Glossop Clinical Commissioning Group
Chair, Healthwatch Derbyshire
Chief Executive, Healthwatch Derbyshire
Police and Crime Commissioner for Derbyshire
Director, NHS England East Midlands
Chair, Chesterfield Royal Hospital NHS Foundation Trust
Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust
Chief Executive, North Derbyshire Voluntary Association
Chief Executive, South Derbyshire CVS
Chair, Derbyshire Community Health Services NHS Foundation Trust
Chief Executive, Derbyshire Community Health Services NHS Foundation Trust
Chair, Derby Teaching Hospitals NHS Trust
Chief Executive, Derby Teaching Hospitals NHS Trust
Chair, Derbyshire Healthcare Foundation Trust
Chief Executive, Derbyshire Healthcare Foundation Trust
Deputy Chief Fire Officer, Derbyshire Fire and Rescue
Chief Executive, East Midlands Ambulance Trust

Correct at July 2015

A Derby and Derbyshire approach to all health and care service organisations working as one

All health and care service organisations in Derbyshire want to ensure people stay healthy and independent for as long as possible. We are committed to preventing ill-health and dependency, through self-help, community resilience and a range of inclusive universal services.

When people do want to access our specific health and care services, the way in which they wish to do so is changing. People want to receive support within their own homes for as long as possible, community services to be more accessible, staying overnight in hospital only when absolutely necessary. This is true across all health conditions and for all ages.

People want their health and care to be delivered flexibly and be available during evenings and the weekend.

We know this because the people of Derby City and Derbyshire have shared this with us. Our challenge is to make this happen, to meet the changing health and care needs and to provide more opportunities to help people take more control of their own care.

We have been working together to address the challenges we all face. We are confident that the best way to improve and develop services across Derby City and Derbyshire is to do it together, in a consistent and joined up way.

This approach is shared by us all, and reflects our commitment to work together to meet the needs and expectations of people living in Derby City and Derbyshire.

To do this, we are committed to:

- working with patients, carers, young people and families to enable them to take more control of their own health and care needs.
- working as one big team, across organisations and within communities, to achieve the best outcomes for the people of Derby City and Derbyshire. We will establish a set of shared values, and work together in a consistent and collaborative way.
- people telling their story once. Where possible and appropriate, we will share information and knowledge between us, reduce transfers between services, enhancing people's experience of our services.
- providing care at or close to home where possible. We will work together in an innovative way to develop new models of care, that best meet the needs of the people of Derby City and Derbyshire.
- delivering accessible local services which are of high quality and are able to demonstrate they provide taxpayers with value for money.

This is how we will improve health and care services for people in Derby City and Derbyshire. We are committed to working together to develop healthy, independent and resilient communities in which people can flourish.

Derbyshire Health and Wellbeing Board

– role and function

The overarching aim of the Derbyshire Health and Wellbeing Board (HWB) is to provide a joined-up health and care system which is financially sustainable and provides the best care possible. The core strategic function of the Derbyshire Health and Wellbeing Board is as follows:

1. Provide strategic leadership for the Derbyshire health and care system.
 - a. Set the vision for improving the health and wellbeing of the people of Derbyshire;
 - b. Hold organisations and partners to account for progress in delivering this vision;
 - c. Identify and seek to address the big strategic challenges facing health and care now and in the future;
 - d. Explore opportunities for improving the health and care system in Derbyshire, building on the shared assets of the HWB partners and leveraging additional investment where possible.
2. Oversee and direct the development of whole person centred integrated health and care services in the county.
 - a. Provide advice and direction to the transformation programmes in the county;
 - b. Explore opportunities for aligning and joining budgets and resources across the county; and
 - c. Support the delivery of the Better Care Fund Plan.

These ambitions will be supported by the following actions:

1. Identify and develop a shared understanding of the needs and priorities of local communities in Derbyshire through the development of the Derbyshire Joint Strategic Needs Assessment (JSNA) with the Clinical Commissioning Groups (CCGs). The Board will:
 - a. Ensure the Derbyshire JSNA is reviewed, refreshed and further developed taking into account the latest evidence and data so that it is fit for purpose and reflects the views of local people, users and stakeholders;
 - b. Ensure the JSNA drives the development of the Joint Derbyshire Health and Wellbeing Strategy (HWBS) and influences other key plans and strategies across the county;
 - c. Ensure the County Council, CCGs and other HWB partners demonstrate how the JSNA has driven commissioning decisions.
2. Prepare, publish and oversee the HWBS for Derbyshire to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measured way. The Board will:
 - a. Take account of the health needs, inequalities and risk factors identified in the Derbyshire JSNA along with recommendations set out in the Director of Public Health's Annual Report;
 - b. Develop an agreed set of strategic priorities to focus both collective effort and resources across the county;
 - c. Ensure that plans are in place to deliver the Board's strategic priorities and outcomes;
 - d. Challenge the performance of delivery plans taking action as necessary to support underperformance through the agreement of recovery and improvement plans;
 - e. Receive reports from other strategic groups and partners in the county responsible for delivery;
 - f. Develop mechanisms to measure, monitor and report improvements in health and wellbeing outcomes ensuring linkages with performance frameworks for the NHS, public health and local authorities.
3. Develop effective mechanisms to communicate, engage and involve local people and stakeholders in Derbyshire to ensure that the work of the Board reflects local needs. The Board will:
 - a. Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders;
 - b. Represent Derbyshire in relation to Health and Wellbeing issues across localities and at a sub-regional and national level; and
 - c. Work closely with the Derbyshire HealthWatch ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place.

A full version of the Terms of Reference can be found on the [Derbyshire County Council website](#).

**For further information about the
Derbyshire Health
and Wellbeing Board
log on to:
derbyshire.gov.uk/healthandwellbeingboard**