



Adult Care and Public Health Service Plan 2017-2021

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Adult Care and Public Health

Policy Context

Adult Care and Public Health support the delivery of a wide range of national policies, statutory functions and legislative requirements that promote population health and wellbeing, but also support some of the most vulnerable adults within Derbyshire.

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 department 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.

Adult Care currently work to a number of national policy initiatives and these shape the local approach in Derbyshire. Policy initiatives include, [the Better Care Fund \(BCF\)](#) which is a singled pooled budget of existing expenditure to support health and social care services. In summary the BCF works to:

- Develop delivery of seven day services across health and social care;
- Improve data sharing between health and social care; and
- Ensure a joint approach to assessments and care planning.

The Better Care Fund allocation for 2017-18 is £103.3 million and a full copy of the plan can be accessed [online](#).

Local authorities now also benefit from the additional social care funding announced in the Spring Budget 2017 and was provided to:

- Meet adult social care needs;
- Reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
- Ensure that the local social care provider market is supported.

This has resulted in an additional grant of £18m for 2017/18 and £24m for 2018/19. In July 2017, the Government outlined performance measures, which are detailed at the end of this document, against which local areas will be monitored, with those areas that perform poorly potentially having funding reduced or removed for subsequent years. Therefore, an immediate area of focus for Adult Care is to ensure that the additional funding is secured through good performance against the indicators.

Another national policy approach, is [Building the Right Support \(2015\)](#), which outlines how people with complex learning disabilities and autism should be supported through Transforming Care Partnerships. The [Derbyshire Transforming Care Plan](#) was approved by NHS England in April 2016 and a programme of work is currently being implemented. The main aspects of the plan include:

- Reducing inpatient beds and developing new out of hospital or community based support options for people with complex needs.
- Creating new or extending current community models to support people who require higher levels of skilled support.
- Developing new short term crisis accommodation to avoid unnecessary hospital admissions.
- Implementing 24/7 community assessment and treatment options and developing specialist multi-disciplinary teams.
- Increasing support for carers and making personal health and integrated budgets more widely available.
- Re-modelling short breaks.
- Enabled by development of pooled budgets, workforce development and market shaping activity to allow more people with complex needs to be supported in the community.

Public Health acts as the system leader for health and wellbeing across Derbyshire County, discharging the local authority's duties in regard to health improvement and reducing health inequalities as outlined in the *Health and Social Care Act 2012*. The Division works to improve population health outcomes across the county working in partnership with the NHS, district and borough councils and the voluntary sector. The Department of Health estimates that 70 percent of the NHS budget is spent on long term health conditions, yet it is estimates that only four percent of the total healthcare budget is spent on prevention. The Public Health Division currently receives funding from central government via a ring-fenced grant and this will remain in place to 2019. Public Health are currently managing reductions within the ring-fenced

grant via the development and implementation of cost effective and efficient services. Following 2019, the ring-fence may be removed and this is something which Public Health needs to plan for.

Public Health leads on the authority's statutory responsibility to develop a Joint Strategic Needs Assessment. This assessment considers the current and future health and care needs of local population. The assessment informs and guides planning and commissioning and the current JSNA for Derbyshire can be accessed via the [Derbyshire Observatory](#).

Adult Care and Public Health are also working towards national guidance from the Local Government Association (LGA) regarding approaches to commissioning for outcomes. A road map had been produced by the LGA and this identified nine standards around contracting and commissioning. Derbyshire has reviewed activity against these standards and will throughout 2017 continue to address any identified issues or learning points to ensure that approaches are in line with recognised best practice. Adult Care strategically commissions a number of areas of work including accommodation and support for older people and people with learning disabilities, support for carers, mental health and support for people with a learning disability. Public Health also has responsibility for the commissioning a range of statutory services in relation to NHS Health Checks, sexual health and the National Child Measurement Programme.

Both Public Health and Adult Care are also committed to ensuring parity of esteem between physical and mental health services, with a clear focus on ensuring positive outcomes for people with a mental health issue.

In addition, Adult Care and Public Health, working in conjunction with ADASS, also continue to ensure effective demand management approaches are utilised across services.

Joined up approaches to health and social care

NHS England have asked that local authority areas work in partnership with local NHS organisations to develop a [Sustainability and Transformation Plan](#), which will outline how health services will change by 2021 to ensure the NHS is financially sustainable and delivers integrated person-centred care. Whilst local authority funding is not included in this plan, it will be important for both Public Health and Adult Care, through continued partnership working with the NHS, to align activity to support implementation. Further information about the NHS Sustainability and Transformation Plan for Derbyshire can be accessed on the [Joined Up Care Derbyshire](#) web pages.

Addressing population health and care needs

To allow Adult Care and Public Health to deliver effective services now and into the future the department pays close attention to demographic trends and a summary of key statistics for Derbyshire is detailed below providing the broader context for the priorities outlined in this Service Plan.

Population health and wellbeing

In 2018, according to the 2014 based sub-national population projections, the administrative area of Derbyshire will have an estimated resident population of 792,100. This figure rises at an average rate of about 0.5% every year, meaning that there will be 18,700 more people living in the area by 2023.

Life Expectancy in Derbyshire is similar to the England average, being 79.5 years for males and 83.1 years for females. However life expectancy varies across the county and is 8.2 years lower for men and 6.2 years lower for women in the most deprived areas of Derbyshire (Office of National Statistics, 2016). Healthy life expectancy is also similar to that for England as a whole. Males can expect to spend 79.7% of their lives in good health, whereas for females the figure is 76.5%. It is also striking that healthy life expectancy remains lower than retirement age in many areas of the county.

Population health is tracked via the [Public Health Outcomes Framework](#) and the data set is updated quarterly. Derbyshire is currently performing significantly better than England in 47 indicators and significantly worse for 41 indicators. Some of the poorer performing indicators include breastfeeding initiation, smoking status at the time of delivery, hospital admissions for self-harm, those who eat the recommended 5-a-day portions of fruit or vegetables, successful completion of drug treatment, admissions to hospital for alcohol, people over 65 who are injured due to a fall, the rate of flu vaccinations and the percentage of population in touch with secondary mental health services.

It is important to note that there are significant differences between the districts and boroughs within Derbyshire and therefore via Public Health's locality based approach a targeted activity takes place to address key issues, resulting in an overall improvement in population health outcomes. Analysis of the indicators demonstrates that performance against the indicators in Bolsover and Chesterfield are generally poorer when compared to England.

Whilst the whole population is the focus on Public Health activity, Adult Care predominantly works with particular segments of the population and key trends in relation to both the older population and people with a learning disability are

summarised below. The [Adult Social Care Outcomes Framework \(ASCOF\)](#) allows Derbyshire to compare its performance across a range of indicators, a summary of which is provided in the Appendix to this document.

Derbyshire's older population profile

Table 1: Derbyshire's Older Population Aged 65 and over

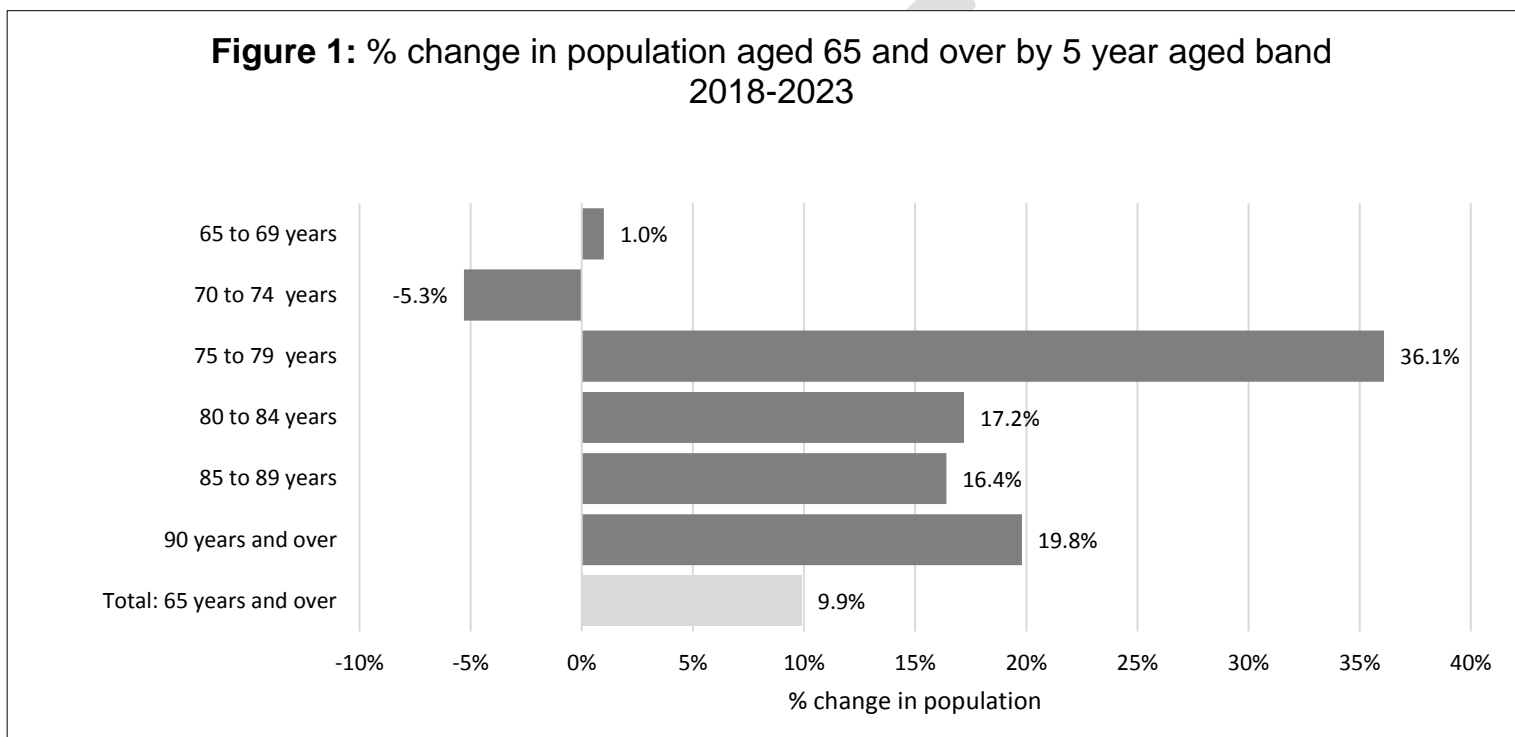
Age Group	2018	2019	2020	2021	2022	2023	% change 2018-2023
65 to 69 years	48,400	47,900	47,200	47,400	48,000	48,900	1.0%
70 to 74 years	48,300	48,800	49,400	49,600	47,000	45,700	-5.3%
75 to 79 years	32,000	34,000	35,800	37,700	41,500	43,500	36.1%
80 to 84 years	22,500	23,400	24,000	24,300	25,000	26,300	17.2%
85 to 89 years	13,700	14,000	14,400	14,800	15,200	15,900	16.4%
90 years and over	8,000	8,200	8,500	8,800	9,200	9,500	19.8%
Total: 65 years and over	172,800	176,100	179,100	182,600	186,000	189,900	9.9%

Source: 2014 based Subnational Population Projections, Office of National Statistics, n.b. figures may not sum due to rounding.

According to the 2014 based subnational population projections, 21.8% of the population for the administrative area of Derbyshire will be aged over 65 years and 2.7% of these will be aged over 85 in 2018. This compares to 18.9% and 2.5% for the East Midlands and 17.8% and 2.4% nationally respectively. The population structure of Derbyshire is currently proportionately older than England overall, with around one in five people aged 65 or over. According to the 2014 based subnational population projections, it is estimated that there will be an additional 6,400 older people living in Derbyshire in 2020, and a further 10,800 by 2023, when compared to 2018. This is particularly important to note for Adult Care as an older population profile will create increased demand for services which needs to be appropriately managed.

Analysis by age band across the six year period, as summarised on the chart on the next page, indicates that the only expected decrease amongst the older population by 2023 is in the 70 to 74 years age group and the biggest increase is expected in the 75 to 79 years age group where there will be an additional 11,500 people. There will be 3,800 more

people in the 80 to 84 years age group, 2,200 in the 85 to 89 years age group, and almost 1,600 in the very oldest age group aged 90 years and over.



Source: 2014 based Subnational Population Projections, Office of National Statistics

The growth in the numbers of older people is not uniform across Derbyshire and varies by district and this shown on the charts on the next page. The growth in the older population is not positively correlated with the overall population size and the largest growth tends to be in the areas of lower adult population size and are in the more rural areas of the county. The commissioning of services in rural areas is challenging, due to shortages of potential care staff within the local population. In areas such as South Derbyshire, Derbyshire Dales and High Peak, this issue is much more acute due to higher percentage growth in the population aged 65 and over between 2018 and 2023.

Figure 2: Change in population aged 65+ and 85+ by District (2018-2023)

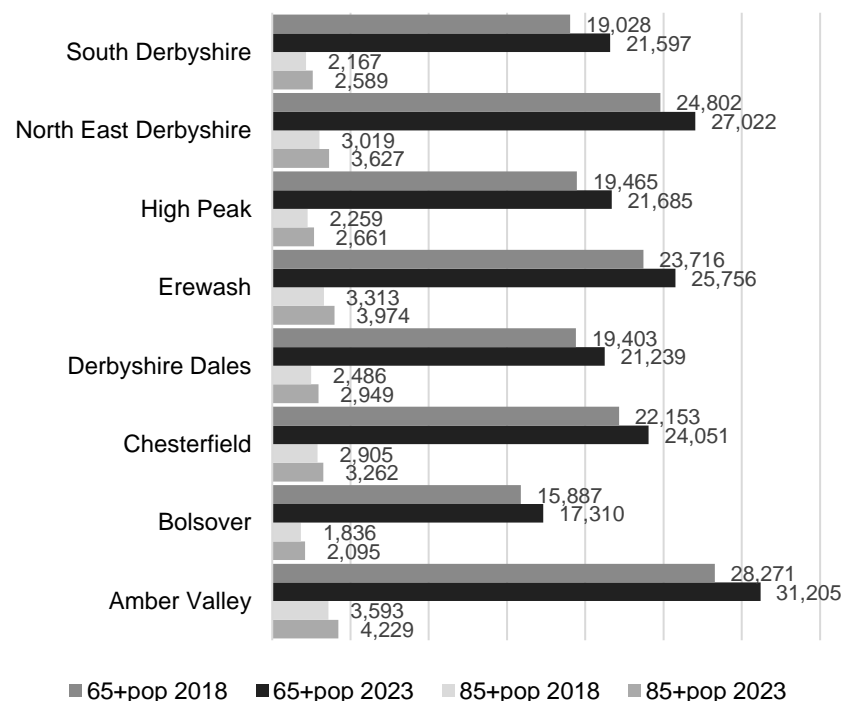
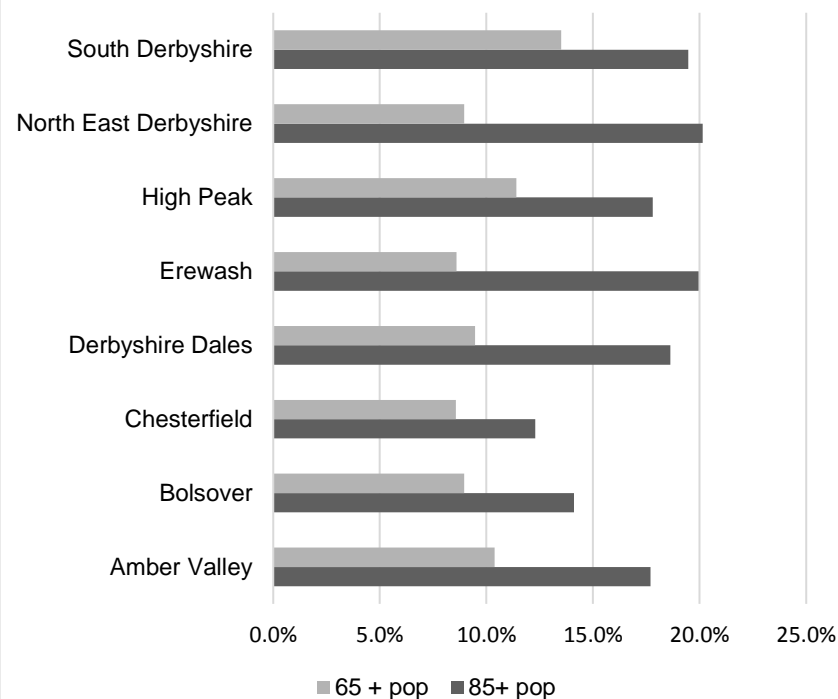


Figure 3: % change in population aged 65+ and 85+ by District (2018-2023)



Source: 2014 Sub-national population projections, Office of National Statistics.

According to the Projecting Older People Population Information (POPPI) dataset from Oxford Brookes University, the growth in the number of older people will result in projected increases a number of people with health conditions that may require social care input and support between 2017 and 2021. It is projected that:

- 1,300 more people will have dementia, increasing from 11,300 to 12,600 people.
- 2,450 more people will have continence problems at least once a week, making almost 29,800 people in 2021.
- An additional 470 older people will be admitted to hospital as a result of a fall over the four year period to 2021.
- There will be 4,950 older people with severe depression, an increase of 415 people from 2017.

- By 2021, there will be 5,770 older people with a long-standing health condition caused by a stroke, an increase of 1,890 people from 2017.
- 3,020 additional people aged 65 and over will be unable to manage at least one mobility activity on their own in 2021, when compared to 2017.

People with a learning disability

The table below shows the age profile of older people with a moderate or severe learning disability. Although numerically small, Adult Care is now supporting clients with significant needs who are aged 65 and over and this is an important trend to consider for service provision.

Table 2: People aged 18 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age group, projected to 2025

	2018	2020	2025
18-64 years	2,559	2,551	2,539
65 years and over	495	509	547
Total aged 18 and over	3,054	3,060	3,086

Source: PANSI projections, figures may not sum due to rounding, Crown copyright 2014

The Transforming Care Plan for Derbyshire suggests that there are over 4,745 adults aged 18 to 64 years old with autism spectrum disorder in Derbyshire in 2025. In addition it is estimated there will be 210 people with a learning disability who display significant challenging behaviours.

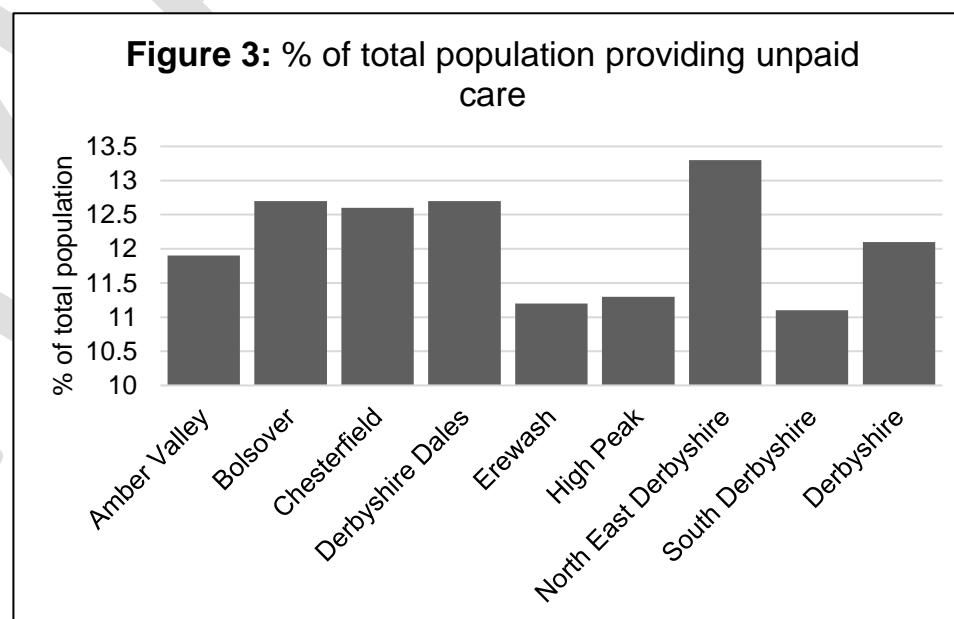
The numbers of people aged 18-64 with a moderate or serious physical disability aged 18 to 64 years is set to increase by 717 people between 2017 and 2021. In 2018, it is estimated that there are 75, 209 people with a common mental health disorder, 2,104 with an borderline personality disorder, 1,621 with a antisocial personality disorder, 1, 869 with a psychotic disorder and 33,579 people with two or more psychiatric disorders. Between 2017 and 2021 the numbers of people with a mental health condition will decline slightly.

Adult Care service need

Older people aged 65 and over currently comprise about 70 per cent of the client base and the remaining 30 per cent is comprised of younger adults aged 18 to 64 years old who have either a physical impairment, a learning disability or a diagnosed mental health condition. Increasingly, people who receive a service from Adult Care have more than one health impairment that affects their day-to-day lives. The changes in the number of people in these younger age groups are difficult to predict, but due to the severity and complexity of needs care package costs can be very high. According to Adult Care management information, in 2018, 40 per cent of Derbyshire residents aged 65 and over will have a need for social care, which equates to approximately 69,100 people. Analysis suggests that 34 per cent of this cohort, or 23,500 people, will be eligible to receive a support package in line with national eligibility thresholds. There are in addition about 14,400 younger adults aged 18 to 64 years who due to a mental health issue, physical disability, or learning disability will be eligible to receive support from Adult Care. This means that in total, there will be about 37,900 people in Derbyshire who are eligible for public social care support.

Unpaid carers

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. 2011 Census data indicates that Derbyshire has a high percentage of people providing unpaid care at 12.0% of the total population when compared to the East Midlands (10.8%) and England (10.2%). In particular, North East Derbyshire, Bolsover and Derbyshire Dales all fall within the top ten districts in England for individuals who provide unpaid care. The data also indicates that 22.7% of Derbyshire's 93,000 unpaid carers spend more than 50 hours a week caring for someone.



Source: [Unpaid Care – 2011 Census, Derbyshire Observatory](#)

Operational Context

The policy context and statistics demonstrate that demand for high quality services is growing, providing an ongoing challenge for Adult Care and Public Health. Both the ageing population profile and advances in medical science is enabling people of all ages with high levels of care and support needs to live for longer and this is resulting in more people receiving care and support. Therefore, over the next four years the department will need to commission and deliver services to address identified need.

The role of Adult Care and Public Health

Adult Care works to support adults with a social care need through the following areas:

- Commissioning and Performance is responsible for commissioning care services across all client groups, contracting and compliance, service needs assessment and service evaluation, housing related support services, performance and efficiency, stakeholder engagement and complaints.
- Direct Care delivers in-house care and support services, including reablement, homecare, residential care and day opportunities.
- Prevention and Personalisation delivers prevention and community social work responsibilities.

Public Health works strategically using the latest available evidence to:

- Identify and assess the health needs of the Derbyshire population,
- Invest in preventative approaches to health and wellbeing and demonstrate the best use of limited resources,
- Monitor the health impact of projects, policies or initiatives,
- Influence decisions to maximise population health benefits,
- Commission services to support population health and wellbeing.

Service Activity

Adult Care and Public Health will **support the overall vision** for 2017-2021 by striving to be an efficient and high performing department, delivering high quality and value for money services. To do this we will also **reflect the values outlined in the Council Plan** of being open, honest and accountable; spending money wisely; working with partners and local communities and listening to local people to ensure we are responsive and take account of the things that matter most.

Whilst the department will seek **to support the delivery of all Council Plan outcomes**, Adult Care and Public Health will have a significant role in enabling 'happy healthy people and families with solid networks of support, who feel safe and in control of their personal circumstances and aspirations'. In addition Public Health will also contribute to a number of other outcomes through the division's work to address the wider determinants of health and working in communities. Therefore, Public Health will also contribute to 'ensuring Derbyshire is a great place to live, work and visit' and supporting 'resilient and thriving communities'.

The Council Plan highlights a number of **cross-cutting flagship projects**, which will be progressed over the next four years. Adult Care and Public Health will significantly contribute via the £30m Care Programme and the department will also build on current commissioning activity to explore the use of innovative commissioning models to achieve service priorities. We will seek to co-locate front line staff with NHS partners to achieve efficiencies and make the best use of the public sector estate, whilst also allowing more person-centred approaches to care and support to be developed.

To support the delivery of the priorities outlined in the Council Plan Adult Care and Public Health will:

Work efficiently and effectively

- We will undertake workforce planning to support the development of place-based approaches to care and continue to promote high quality care through workforce development.
- Apprentices working within Direct Care will be encouraged to complete a Care Certificate qualification.
- We will support the wider care market by offering half of all places on all learning and development courses to private, independent and voluntary sector providers.

- We will seek to increase the uptake of seasonal flu vaccination amongst front-line health and care workers in Derbyshire, reducing level of workforce sickness absence and preventing vulnerable people from falling ill.

Improve social care

- We will work closely with health partners to prevent hospital admissions and support hospital discharges to reduce delayed transfers of care by enabling people to return to their home when they are well enough to do so. This will be the main area of focus for 2017/18 in a bid to secure ongoing additional funding from central government to support social care.
- We will enhance services to support the most vulnerable to live independently at home as research demonstrates this has significant benefits for people's health and wellbeing. Working alongside health partners we will further develop approaches to joined up care, focusing on rehabilitation and reablement.
- We will effectively review and manage our caseload to manage demand, supported by preventative approaches provided by the integrated falls pathway and opportunities provided by telecare and assistive technology.
- We will be at the forefront of developing social care workforce recruitment and retention utilising funding from Health Education East Midlands for a virtual Health and Social Care Talent Academy to drive forward shared approaches to recruitment and retention of social care staff.
- We will proactively promote a range of fulfilling care and support roles within Direct Care via an innovative online marketing campaign and 'grow our own' career pathway for social workers.
- We recognise the valuable role that carers provide in terms of supporting family members and loved ones. We will offer a range of options for carer's break and promoting the use of Care Personal Budgets to allow carers to take time out. We will also continue to provide practical support, information and advice in line with the responsibilities outlined in the Care Act via a dedicated carer's website and other forums.
- We will work with district and borough council partners and external providers to develop and implement an Older Persons Housing and Accommodation Strategy, which will identify the direction of travel for the next ten years in terms of residential, nursing and extra care support provision.
- We will work across the entire health and social care sector to develop specialist services that meet the needs of a growing population of people with Dementia allowing them to live well and independently. We will expand the Dementia Re-ablement service across the county, increasing service provision from three district council areas to all eight

- We will support vulnerable people to live independently we will carry out 5,000 home health safety and welfare checks for the over 80s.

Transform services for people with learning disabilities and autism

- We will build a new model of community based support to enable individuals to have choice and control over their life by enabling them to have greater independence, improving inclusion and community presence. We will seek to enable new social networks, friendships and increase access to a range of hobbies, sports or local community activity.
- For people with more complex learning disabilities or autism, we will work with health partners through the Transforming Care Partnership to ensure people are well supported in times of crisis and there are reduced numbers of people with complex needs in institutional settings.
- We will ensure there is a range of appropriate accommodation and housing options by expanding the Shared Lives scheme and developing accommodation in partnership with local providers for people with a learning disability that allows them to live as independently as possible.
- We will seek to increase the number of people with learning disabilities into meaningful paid employment and volunteering as part of a review of current services.
- We will continue to work positively with colleagues from children's services to achieve a more positive preparation for adulthood for young people and their families.

Keep children and adults safe

- Maintaining a clear focus on protecting vulnerable people as part of a strong multi-agency approach to adult and child safeguarding remains a priority for the department.
- Working alongside providers of residential and home care services we will help them develop safe and high quality services to meet the needs of a growing number of older people and reduce the incidence of safeguarding issues in older people's residential homes.
- We will work with partners to deliver the newly commissioned Community Advocacy Service so vulnerable people have their voice heard.
- We will continue to invest in services for people who are hard of hearing or sight impaired to help older people stay independent and safe for longer.

Help children and young people get the best start in life

- We will work with schools to enable a whole school approach to health and wellbeing and enable young people to make healthy lifestyle choices.
- We will further improve support for young people with additional needs to prepare for adult life and to achieve better employment and housing outcomes through joint working, for example by supporting the 'Positive Pathway' homelessness prevention programme, which helps vulnerable young people access housing support and develop independent life-skills.

Encourage healthy lifestyles

- We will encourage people to take personal responsibility for their own health and wellbeing by providing a range of proactive advice and information via an online digital platform to enable behaviour change.
- Working in partnership we will implement a range of initiatives to increase sports and physical activity participation and provide funding to local communities via sports action grants.
- Eight wellness hubs will be created across the county in conjunction with the NHS, building on community assets to provide locally accessible wellbeing advice and support. Where individuals require more tailored or focused support to allow them to live healthier lifestyles we will provide a range of services, including advice on maintaining a healthy weight, quitting smoking or reducing alcohol intake.
- We will continue to promote positive lifestyle choices by supporting smokers to quit, particularly encouraging more pregnant smokers to quit smoking and stay smoke-free, and reducing levels of obesity.
- We will also continue to provide a range of more specialist services, including health protection, sexual health services and supporting people to recover from drug or alcohol addiction.
- We will actively champion positive mental health so that members of the local community feel confident to openly discuss and share their experiences of mental illness, removing the prejudice and judgement which often stops people from seeking help.
- We will address concerns about emotional health and wellbeing of young people as part of a preventative approach to addressing mental health.
- We will continue to support those individuals who have a diagnosed mental health condition, we will develop a mental health prevention framework and develop integrated approaches for triage to prevent hospital admission.

- We will continue to work with a range of statutory bodies and other council departments to strategically influence and advocate for the health benefits which can be gained from healthy environments via approaches to planning, housing, sustainable transport, green space and tackling air pollution to promote positive behaviour change that enhances personal wellbeing.
- We will support businesses so they have an active healthy and productive workforce through the Healthy Workplace Programme.
- We will encourage more active lifestyles by developing more opportunities for walking, cycling and use of public transport, for example through the adoption of 'walking buses' by all schools.

Champion Local Communities

- We will continue work to ensure people from all communities in Derbyshire have a voice and are able to shape services.
- We will listen and learn what works well, continually adapt services to make the most of the strengths and assets of local people, families and communities.

Performance Measures

Public Health and Adult Care monitor performance through two outcomes frameworks, ASCOF and PHOF on an ongoing basis. A selection of key measure are outlined below, which relate to priorities outlined in the Service Plan. All targets are for 2017/18 with the exception of smoking status and prevalence which is by 2021

Measure	Achieved prior period	Target / Date (2017/18 unless stated)	Council Plan Outcomes and Priorities
Deliver agreed budget cuts	£14.9m	£14.9m	Outcome: First Class Public Services Priority: Work efficiently and effectively
Number of apprenticeships provided by Adult Care and Public Health	17	81	Outcome: First Class Public Services Priority: Work efficiently and effectively
Number of Departmental complaints upheld by Local Government Ombudsman	3	3	Outcome: First Class Public Services Priority: Work efficiently and effectively
The proportion (%) of service users surveyed who reported that they had an enhanced quality of life.	19.7%	19.3%	Outcome: Happy, healthy people and families Priority: Improve Social Care
The proportion (%) of people using adult social care services who have control over their daily life	82.0%	82.0%	Outcome: Happy, healthy people and families Priority: Improve Social Care
The proportion (%) of people who use services who reported that they had as much social contact as they would like	47.0%	57.5%	Outcome: Happy, healthy people and families Priority: Improve Social Care
The proportion (%) of all Older Adults (65 and over) discharged from hospital who were offered re-ablement services	1.1%	3.0%	Outcome: Happy, healthy people and families Priority: Improve Social Care
Overall satisfaction of people with adult social care services			Outcome: Happy, healthy people and families Priority: Improve Social Care
- Carers	41.9%	47.0%	
- Service Users	67.0%	71.0%	
The proportion (%) of carers who report they have been included or consulted in discussions about the person they care for	66.3%	70.0%	Outcome: Happy, healthy people and families Priority: Improve Social Care
The proportion (%) of social care users and carer who find it easy to find information and advice about services	62.5%	78.0%	Outcome: Happy, healthy people and families Priority: Improve Social Care
The proportion (%) of carers surveyed who reported they can balance their caring roles and maintain their desired quality of life (ref council plan).	7.6%	7.6%	Outcome: Happy, healthy people and families Priority: Improve Social Care
The 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	83.0%	86.1%	Outcome: Happy, healthy people and families Priority: Improve Social Care

Total number of bed days lost to delayed transfers of care	22,414	17,861	Outcome: Happy, healthy people and families Priority: Improve Social Care
And Bed Days Delayed per day per 100,000 18+ population (NHS, social care and jointly attributable) of which:			
- NHS attributed	N/A	8.5	
- Adult Social Care attributed	N/A	5.5	
- Joint attributed	N/A	2.6	
The proportion (%) of adults with learning disabilities known to the council with eligible needs in paid employment	2.4%	3.2%	Outcome: Happy, healthy people and families Priority: Invest in employment and skills
The proportion (%) of adults with learning disabilities known to the council in settled accommodation	84.5%	84.5%	Outcome: Happy, healthy people and families Priority: Transform Services for people with learning disabilities
The proportion (%) of adults in contact with secondary mental health services in paid employment	10.5%	12%	Outcome: Happy, healthy people and families Priority: Invest in employment and skills
Increase in number of Dignity Challenge Awards received:			Outcome: Happy, healthy people and families Priority: Improve social care
- Option 1 Award	138	100	
- Option 2 Award	48	18	
Making Safeguarding Personal. The proportion (%) of individuals who have expressed their desired outcomes and these have been partially or fully met.	89.0%	90.0%	Outcome: Happy, healthy people and families Priority: Keep children and adults safe
The proportion (%) of people who use services who feel safe	73.0%	73.0%	Outcome: Happy, healthy people and families Priority: Keep children and adults safe
The proportion (%) of physically active adults	55.6%	69.3%	Outcome: Happy, healthy people and families Priority: Encourage healthy lifestyles
Under 18s conception rate per 10,000 population	16.2	15.4	Outcome: Happy, healthy people and families Priority: Encourage healthy lifestyles
Smoking prevalence	13.9%	11.9% (2021)	Outcome: Happy, healthy people and families Priority: Encourage healthy lifestyles
Smoking status at time of delivery	14.2%	10.2% (2021)	

Appendix A: Approved Controllable Budget 2017-18 for Adult Care and Public Health

	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	1,891,220	0	182,680,670	0	0	39,695,799	224,267,689	(51,590,395)	0	172,677,294
Assistive Technology & Equipment	54,658	0	500	12,067,395	255,879	0	0	675,843	13,054,275	(5,386,132)	0	7,668,143
Social Care Activity	20,226,740	1,248	527,057	277,047	54,458	37,335	0	15,800	21,139,685	(26,232)	0	21,113,453
Information & Early Intervention	2,540,474	11,692	84,188	919,664	5,240,542	64,164	0	0	8,860,724	(384,594)	0	8,476,130
Commissioning & Service Delivery	3,925,034	2,832	43,814	202,253	1,058,757	0	0	1,612,060	6,844,750	(2,653)	0	6,842,097
Housing Related Support	0	0	0	0	5,222,159	0	0	0	5,222,159	0	0	5,222,159
Derbyshire Discretionary Fund	0	0	0	0	0	1,445,234	0	0	1,445,234	0	0	1,445,234
Direct Care	50,987,593	1,483,236	1,691,737	3,529,519	30,296	2,809	0	(40,513,430)	17,211,760	(1,523,291)	0	15,688,469
Better Care Fund	0	0	0	0	5,965,724	0	11,927,693	39,940	17,933,357	(32,846,881)	(5,965,724)	(20,879,248)
Unallocated Budgets	0	0	0	0	0	0	1,907,883	0	1,907,883	0	0	1,907,883
Business Support												
Finance	3,386,704	0	25,680	2,800	0	0	0	29,400	3,444,584	(129,647)	0	3,314,937
Human Resources	2,472,715	48,047	58,000	31,846	41,545	0	22,517	184,709	2,859,379	(195,262)	0	2,664,117
Performance & Efficiency	639,659	1,000	8,400	748,061	0	0	0	165,000	1,562,120	0	0	1,562,120
Administration	3,058,923	0	15,500	219,542	0	0	0	0	3,293,965	(144,000)	0	3,149,965
Public Health	4,298,949	2,500	46,275	36,112,254	593,519	0	325,763	488,259	41,867,519	(73,519)	(41,794,000)	0
TOTAL BUDGET	91,591,449	1,550,555	4,392,371	54,110,381	201,143,549	1,549,542	14,183,856	2,393,380	370,915,083	(92,302,606)	(47,759,724)	230,852,753