CHILDREN'S AND YOUNG PEOPLE'S TRUST BOARD

STRUTTS CENTRE, DERBY ROAD, BELPER, DE56 1UU

Thursday 24th March 2016, 4.30pm – 6.30pm

AGENDA

1.	**Apologies for Absence**	
2.	**Declarations of Interest**	
3.	**To confirm the minutes of the meeting held on 10th December 2015 and matters arising**	
4.	**To confirm the minutes of the Core Business Group meetings held on 28th January and 3rd March 2016 and matters arising**	
5.	**Sustainability and Transformation Plan** • Powerpoint presentation and discussion	Andy Mott
6.	**Update on Re-thinking the Early Help Offer** • Verbal update on progress and next steps	Kathryn Boulton & Mel Meggs
7.	**Locality Based Commissioning** • 21 Century Joined Up Care (community hub development); • Thriving Communities; • Whittington Green School Cluster Prototype - Re-thinking the Early Help Offer • Showcasing the learning from these different approaches	Beverley Smith Sarah Eaton TBC
8.	**Future in Mind Transformation Plan** • Update on progress. • Suicide Prevention Strategy	Linda Dale Iain Little
9.	**JSNA Update** • Verbal update on JSNA work programme for 2016-17	Alison Pritchard
10.	**Transforming Care Plan: Supporting people with a learning disability and/or autism who display behaviour that challenges** • Update on progress with the plan and key priorities for children and young people	Linda Dale

11.	**The Big Vote Outcome - Derbyshire Youth Council** • Thanking the outgoing Youth Council • Welcoming the new Youth Council	Ruth Peat DYC Members

PAPERS FOR AGREEMENT		
12.	**Health and Wellbeing Strategy & Covering Report** • The Board is asked to: o Note the Health and Wellbeing Strategy that has been approved by the Health and Wellbeing Board. o Note the reporting mechanisms and procedures outlined to ensure that the strategy is fully implemented. o Ensure that work across the shared priority of Emotional Health and Wellbeing of Children is co-ordinated to maximise impact and make the best use of limited resources.	Ellen Langton
13.	**Protocol with other Boards** • The Board will be asked to agree this Protocol	Linda Dale

14.	**Safeguarding Board update**	Andy Stokes/Mel Meggs

PAPERS FOR INFORMATION*(It is not planned to discuss any of the following papers at the meeting. If any Board member wishes to discuss a paper for information, please can they notify the Chair 48 hours in advance of the meeting)*		
15.	**Performance Monitoring Report**	Linda Dale

MINUTES of a meeting of the **DERBYSHIRE CHILDREN'S TRUST BOARD** held on 10 December 2015 at County Hall, Matlock

PRESENT

Councillor Jim Coyle (in the Chair)

Councillor Caitlin Bisknell	Derbyshire County Council
Libby Brown	Derbyshire Youth Council
Christine Cassell	Derbyshire Safeguarding Children Board
Linda Dale	Derbyshire County Council
Guy Hodgkinson	Derby College
Davinder Johal	Derbyshire Fire and Rescue Service
Ian Johnson	Derbyshire County Council
Karen MacLeod	National Probation Service
Dr Andrew Mott	Southern Derbyshire CCG
Jayne Needham	Derbyshire Community Health Services
Tanya Nolan	HealthWatch Derbyshire
Ruth Peat	Derbyshire County Council
Alison Pritchard	Derbyshire County Council
Karen Ritchie	HealthWatch Derbyshire
Councillor Jocelyn Street	Derbyshire County Council
David Tucker	Derbyshire Healthcare Foundation Trust

Also in Attendance – David Baker (REHO Working Group), Tracey Burnside (Whittington Green School), Sue Ricketts (Derbyshire County Council)

Apologies for absence were submitted on behalf of Kathryn Boulton, G Collins, Tom Ephgrave, Carolyn Gilby, Councillor Damien Greenhalgh, Paul Hackett, Mel Meggs, Jan Pierce, Councillor Lillian Robinson, Michelle Skinner, Beverley Smith, Julie Vollor and Carolyn White,

		ACTION
1	**MINUTES** The minutes of the meeting held on 10 September 2015 were confirmed as a correct record	
2	**CORE BUSINESS GROUP** The minutes of the meetings of the Core Business Group held on 22 October and 12 November 2015 were received.	
3	**DERBYSHIRE YOUTH COUNCIL** At the last meeting, a discussion had taken place around the Derbyshire Youth Council manifesto, and how the Board could support the Youth Council in delivering its priorities around the living wage, online safety, mental	

	health and work experience. A series of action points had arisen from the discussion, and an update was provided on the progress that had been made in achieving these.	
4	**JOINED UP COMMISSIONING** The Board received a presentation on Joined Up Commissioning in the context of rethinking the Early Help Offer. The Board broke into groups to consider a series of questions. Feedback from the groups was received. This information would be collated, and a further report would be presented to the Board.	**L Dale**
5	**FUTURE IN MIND TRANSFORMATION PLAN** The Board was presented with the Future in Mind Transformation Plan. This had been approved by NHS England on 26 October, and very positive feedback had been received around the Plan. Tameside and Glossop had submitted a separate plan, and it was expected that this would also be approved. The Plan was underpinned by a whole systems approach, and the intention was to improve outcomes by intervening earlier, prevent needs from escalating and reduce demand for high-cost support. The Plan would:- • Invest in additional staff and training to deliver a single, outcomes focussed service specification for eating disorders which would meet national access and waiting time standards • Invest across the whole system to build resilience, enable self-care and provide access to early help, reducing the need for high cost support • Extend the use of evidence based approaches within the Multi-Agency Teams and increase CAMHS support to the MATs • Build up investment in 'rapid response' to ensure access to CAMHS 24/7, with more home based treatment to reduce the need for inpatient beds • Increase therapeutic support for children in care, and invest in training to improve access to therapeutic interventions for children and young people who experienced sexual abuse/child sexual exploitation Some objectives and approaches were specific to either the North or South Units of Planning. In the North, an initial key priority for the specialist CAMHS would be to work towards becoming CYP IAPT ready in order to join a	

	collaborative, and this would involve the use of routine outcome monitoring, improving IT systems and data collection methods. In the South, there would be additional investment in evidence-based parenting programmes. Year one would be used to pilot different evidence based integrated delivery models, and this was consistent with the wider CCG children's transformation programme and would inform learning to roll out future developments. The additional funding which was available for the Plan was detailed. The existing Integrated Behaviour Partnership Group would become the Future in Mind Transformation Plan Delivery Group, and this would be a group of key partners and stakeholders who would co-ordinate and deliver action to implement the Plan. The programme was part of the Joined up Care Transformation programmes in the north and south units of planning, and the Future in Mind Delivery Group would report progress information to the transformation programmes. The overall programme would be monitored and reviewed quarterly by the Joint Children and Young People's Commissioning Board. The Derbyshire CCGs were individually accountable for the commissioning of children and young people's mental health services at a local level, and would also be individually accountable for the Future in Mind allocations and how these were used to improve local services. The work would be coordinated via the Joint Commissioning Board. One of the first tasks of the Delivery Group would be to prepare a communications plan so that all key partners and stakeholders were aware of the transformation plan and had an opportunity to contribute. A range of workshops and learning events had also been planned. The Derbyshire County and Derby City Eating Disorders Transformation Plan 2015-2020 was also presented to the Board. The HealthWatch reports relating to experiences of using CAMHS in North and Southern Derbyshire had been circulated. A number of issues had arisen from the review. HealthWatch intended to repeat the review after two years to see whether any difference had been made. A	

	discussion would also take place with Derbyshire Youth Council around rolling the information out to other young people.	
6	**CHILDREN'S TRUST WORKFORCE STRATEGY SUB-GROUP** Information about the Group would be circulated.	
7	**HEALTHWATCH – AUTISM REPORT** The Board was presented with the HealthWatch report into an exploration of the parent carer experience of the Multi Agency Pathway that identified and supported children and young people with Autism Spectrum Disorders in Derbyshire. As the pathway operated differently in North and Southern Derbyshire, the study had been conducted countywide but a comparison had been taken between North and South Derbyshire. The Service Evaluation had gathered qualitative accounts of 26 parent carer experiences of the County Council's Autism Pathway over a twelve month period. Several overarching themes had emerged during the service evaluation, and these related to education, the impact on families, communication, waiting times, General Practitioners, CAMHS, diagnosis, and the support for parent carers during and after diagnosis. There hadn't been a significant difference between the experiences of parent carers in North or South Derbyshire. Details were given of the findings in relation to each of the overarching themes. A series of recommendations had arisen from the review, and some of these had been fed through to specific groups for action. Lots of work was taking place around the Autism Pathway, and the Autism Coordination Group would be reviewing progress early in the new year to see what had changed as a result of the feedback. A query was raised around the timescale for the single point of contact, and it was stated that this needed to be addressed. The timescale would be looked into	**L Dale**
8	**SEND UPDATE** An update was provided on the SEND reforms within Derbyshire. In terms of progress with EHC Plans/conversions, there had been poor progress against the total conversion target in the first year, and revisions had been made to the conversion timetable and the guidance to schools. An officer from the SEND Team	

	would be coordinating the conversion process, and EHC Plan writers were now well established in the process for writing the new EHC Plans. The writing of new assessments would shortly be on schedule, and it was anticipated that significant progress would have been made into the overall conversion target by the end of the 20015/16 academic year. The GRIP and ETAEYS pilot projects had been approved to be extended to become a long term Derbyshire SEND Reform initiative, subject to Cabinet member approval. Following this, the documentation and processes would be reviewed and rolled out to parents/carers, schools, settings and services through training. Both projects had received positive feedback from parents/carers and schools/settings. There had been mixed feedback from families, and there were issues that Derbyshire Parent Carer Voice (PCV) wanted to raise on behalf of parents in relation to the EHC plans. Derbyshire PCV had sent out questionnaires to families and had held an event for parents to compile their issues and concerns, and representatives from Derbyshire SEND had met with Derbyshire PCV to discuss the feedback. It was planned to repeat the parental participation sessions regularly to ensure feedback was being received from families. In addition, future Challenge Days would include a parent representative and feedback from children and families whose EHC plans were being audited. The Integrated Teams Task and Finish Group and SEND Project Board had produced a draft new structure with Locality Teams as a suggested way forward, and this had been progressed. Meetings had been undertaken in order to gather views on how the structure could be realised operationally, and scoping work on the restructure had been undertaken. Information was being compiled in order to provide a number of options around a restructure, and it was the intention that further work on a restructure would be undertaken jointly with managers and staff who were experts in their area so that a robust new structure was put in place that would meet the requirements of the SEND Code of Practice. As well as Locality Teams, the new structure had a suggested SEND Commissioning Hub, and a draft	

	suggested outline for the SEND Commissioning Hub had been produced. The next stage for this was more detailed discussions with the CCGs. There would need to be consideration of how health roles aligned with the proposed structure. Ofsted and the CQC would inspect local areas on their effectiveness in fulfilling their new duties, and these inspections would commence from May 2016. As part of Derbyshire's preparation for inspection, Mark Emly (Assistant Director, Learning Access and Inclusion) had been seconded to take part in two pilot inspections, and had given presentations to ensure that partners were up to date. Members of the SEND Project Board had attended workshops on the inspection framework and methodology and the information had been circulated to stakeholders. There was now a formal consultation on the local area SEND inspections and the SEND Project Board was formulating a response. The inspections ensured that there had to be a good process for local area self-evaluation, and to lead on this a Quality Assurance and Accountability Steering Group had been established. The Group would develop and establish a monitoring and evaluation and quality assurance framework that captured the necessary evidence to enable a Derbyshire Self-Evaluation Summary. It was the intention that the formulation of the Self-Evaluation Summary would be completed by Spring 2016 ready for subsequent inspection, and there would then be an ongoing process of further development and reporting.	
9	**SCHOOL READINESS** In Derbyshire, it was felt necessary to create a definition of 'school ready' with those who lived and worked with 0-5 year olds, as it was thought that having a definition would help parents and professions to feel confident about developing the right skills and attitudes in young children. The Derbyshire Early Years Strategic Group had commissioned the Ready for School survey, and this had been conducted in June and July 2015. The responses to the survey had been analysed, and clear priorities had emerged, and these had been grouped into 'The 10 keys to unlocking school readiness'. A number of recommendations had arisen from the survey, and these	

	would be built into Derbyshire's strategic planning for Health, Education and Children's Centre services. Members of the Board were asked to commit to further joint working with Derbyshire Children's Services to ensure the recommendations were acted on.	**All**
10	**DERBYSHIRE SAFEGUARDING CHILDREN BOARD UPDATE** The Derbyshire Safeguarding Children Board had two key priorities, relating to child sexual exploitation and emotional health and wellbeing, which was a shared priority with the Children's Trust Board and the Health and Wellbeing Board. A peer review of the Board had highlighted the shared priority as an example of good practice. A report was due to be presented to the Board on child sexual abuse within a family environment, and this would be linked to the Emotional Health and Wellbeing Strategy. It was noted that there were new regulations in relation to female genital mutilation, and the safeguarding procedures had been amended to reflect this. Members were reminded to check the safeguarding procedures, as there had been a number of amendments. Christine Cassell announced that she would no longer be Chair of the Board after December. Christine was thanked for her contribution.	
11	**PAPERS FOR INFORMATION** The Board received, for information, the Performance Monitoring Report.	

DERBYSHIRE CHILDREN'S TRUST BOARD CORE BUSINESS GROUP
MINUTES OF MEETING HELD ON 28 January 2016

Present: L Dale, A Mott, A Pritchard, M Skinner, and M Wassell

Apologies: S Ali, R Kightley, and M Stafford-Wood

		ACTION
1	**Minutes from Core Business Group** • The minutes from the meeting held on 22 October 2015 were noted.	
2	**Minutes from Derbyshire Children's Trust Board** • The minutes from the meeting held on 10 December 2015 were noted.	
3.	**Matters Arising** • In terms of the Children's Trust Workforce Strategy Sub-Group, Linda Dale would contact Elaine Schofield to discuss the current position	**L Dale**
4.	**Children's Trust Board – March 2016 Agenda Planning** • The idea of having an away day in March was discussed. However, it was felt that it would be more appropriate to hold an away day in July, as further progress would have been made with a range of issues by this date, and these could therefore be discussed. It was agreed that the away day would take place in the afternoon, and a venue would be sought. • It was also agreed that it would be useful to have an external facilitator to run the event, and Linda Dale would look into this. • The focus of the away day would be around outcomes for children and young people in Derbyshire, and how these would feed into the Children and Young People's Plan. The Board's work programme for 2016/17 would also be considered. • For the Board meeting on 24 March, a venue would be found, and members would be notified. • A number of items had already been proposed for discussion at the meeting:- - Draft Protocol with Other Boards – this document needed to be signed off by all the Boards included in the document. It was suggested that the protocol be circulated to Board members in	**L Dale** **G Duckworth**

	advance so that it could be ratified at the meeting - Future in Mind – update - Suicide Prevention Strategy - Re-thinking the Early Help Offer – there would need to be an update on progress. Linked into this, it was also suggested to have a session on locality working, and this would include presentations from prototypes to see where other areas were at, CCGs etc., and an update on key learning points/any challenges. Thought would be given on how to widen the previous discussion that had taken place at the Board around the Early Help Offer - Workforce Strategy Group – Linda Dale would talk to Ian Johnson/Elaine Schofield about how to discuss this with the Children's Trust Board - Other items to be considered at the Board were National Plan for Learning Disabilities and Autism and an update on JSNA (a view on this would be taken following the JSNA planning meeting in February) - The Health and Wellbeing Strategy would be presented to the Board for information, and the Transforming Care Plan would also be presented.	**L Dale** **L Dale**
5.	**Draft Protocol with Other Boards** • The draft protocol was presented, and would be agreed at the next meeting of the Children's Trust Board	
6.	**Children's Trust Board Structures** • A review was being undertaken of the existing Sub-Groups/workstreams of the Children's Trust Board. A number of groups existed, but some had been disbanded or renamed, and some groups had merged together. There was also now a number of new sub-groups. • The Derbyshire Safeguarding Children Board also had a range of sub-groups, some of which potentially replicated the work being undertaken by the Children's Trust Board sub-groups. These needed to be looked into • Alison Pritchard explained that she had recently been given a list of sub-groups for a number of Boards throughout the County, and she would circulate this. • It was stated that some groups were unsure as to where they should be reporting, and the review would help to clarify the role of the groups and whether they	**A Pritchard**

	were needed.	
7	**Progress/Next Steps with Joined Up Commissioning** • This would be discussed at the next meeting of the Joint Commissioning Group. • Locality based commissioning approaches would be discussed at the next meeting of the Children's Trust Board.	

DERBYSHIRE CHILDREN'S TRUST BOARD CORE BUSINESS GROUP MINUTES OF MEETING HELD ON 3 MARCH 2016

Present: A Mot and A Pritchard

Apologies: L Dale R Kightley, and M Stafford-Wood

		ACTION
1	**Minutes from Core Business Group** • The minutes from the meeting held on 28 January 2016 were noted.	
2	**Matters Arising** • The venue for the next Children's Trust Board was to be The Strutts Centre, Belper • In terms of the Workforce Strategy, it was the intention to present this to a future meeting of the Children's Trust Board. • There was a further discussion around the Children's Trust Board sub-group structures. A Pritchard had previously circulated the list of sub-groups that were known throughout the county, and the next steps of how to review these would need to be looked into. There were a number of issues to be factored into the review, such as cross adult and children groups, some joint roles not working as well as they could, and the balance of localism versus duplication. • The idea of a single team was currently being looked at by CCGs, and A Pritchard would discuss the current position with M Whittaker.	**A Pritchard**
3.	**Children's Trust Board – March 2016 Agenda Planning** • A number of items had been proposed for the meeting:- - Protocol with Other Boards - Health and Wellbeing Strategy - Future in Mind Update - Suicide Prevention Strategy – presentation - Re-thinking the Early Help Offer – update - Discussion about Learning from Locality Working - Workforce Strategy Group - Transforming Care Plan - JSNA - Big Vote Outcome	

	- Collective Impact of Budget Saving Proposals • With regard to Re-thinking the Early Help Offer, it was queried what the current position was with this, and whether any decisions would need to be agreed at the Children's Trust Board meeting. The position with schools was also questioned, and if there had been discussions with CCGs/NHS. • For JSNA, a workshop event had recently taken place to discuss the JSNA. Ideas raised at the workshop were currently being looked at, and would be circulated to those who had been present. A Pritchard would discuss with L Dale what needed to be presented to the next Board meeting.	**A Pritchard**

DERBYSHIRE CHILDREN AND YOUNG PEOPLE'S TRUST BOARD

24th MARCH 2016

SUICIDE PREVENTION STRATEGIC FRAMEWORK

Purpose of the report

To inform the Board of the work of the Derbyshire Suicide Prevention Partnership Forum, and to highlight the priorities for action included within the Derbyshire Suicide Prevention Strategic Framework.

Information and analysis

The Derbyshire Suicide Prevention Partnership Forum (DSPPF) was re-established in 2015 as a multi-agency partnership. There are a wide range of organisations represented on the group, and the membership is supplemented by interested individuals who are invited to an annual stakeholder event. The membership of the Forum includes representatives who work alongside children and young people or commission services on their behalf.

The Derbyshire Suicide Prevention Strategic Framework has been developed to enable organisations to work together to achieve the aim of reducing the number of people who die from suicide in Derby City and Derbyshire County. The Framework includes a set of agreed principles and strategic priorities. The seven strategic priorities are based on local needs, the national strategy *Preventing Suicide in England*, and the views and knowledge of local stakeholders:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health and emotional wellbeing in specific groups
- Reduce access to the means of suicide

- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Build the resilience of local communities to prevent and respond to suicides

There are very few deaths from suicide among young people, but the effects of a suicide in a young person can be especially devastating on family, friends, professionals and wider communities. Included within the Framework are a number of actions that focus on reducing the risk of suicide in children and young people by supporting their mental health and emotional wellbeing. In this way, the Framework supports other strategic workstreams including the Health and Wellbeing Strategy priority on the emotional health and wellbeing of young people and Future in Mind.

Officer Recommendations

It is recommended that Children's Trust Board members:

- Note the role of the Derbyshire Suicide Prevention Partnership Forum in working to reduce the number of suicides in Derbyshire
- Support the implementation of the Derbyshire Suicide Prevention Strategic Framework by members of the Derbyshire Suicide Prevention Partnership Forum
- Consider how member organisations can support the implementation of the Derbyshire Suicide Prevention Strategic Framework
- Support receipt of an annual report on progress against the Derbyshire Suicide Prevention Strategic Framework

Iain Little
Consultant in Public Health, Derbyshire County Council
Chair, Derbyshire Suicide Prevention Partnership Forum

DERBYSHIRE HEALTH AND WELLBEING BOARD

10th March 2016

Report of Jane Parfrement, Strategic Director, Children's Services

FUTURE IN MIND: IMPROVING CHILDREN'S EMOTIONAL WELLBEING

Purpose of the report

1. To update the Board on progress with implementation of the Future in Mind Plan.

2. To invite Board members to discuss/comment on the next steps at paragraph 19, in particular to:

- Share intelligence about local needs within Derbyshire and Derby City;
- Share information about recent developments or plans that need to be linked with Future in Mind;
- Identify further opportunities for joining up work with adult services

3. To invite Board members to consider what future progress reports they wish to receive about Future in Mind, and how they would like to be involved in shaping implementation of the Plan.

Information and analysis

4. Future in Mind is a new CCG funding allocation aimed at improving the emotional health and well-being of children and young people. CCGs were required to produce a plan to release their full funding allocations.

5. The four Derbyshire CCGs, Derby City Council and Derbyshire County Council collaborated to produce a joint Plan, which was submitted on 16th October. The Plan was approved on 26th October.

6. Tameside and Glossop CCG submitted a separate Plan, which covers the Glossopdale community. This is fully consistent with the Derbyshire Plan.

Summary of Future in Mind Plan

7. Development of the Plan has been led by feedback from children, people and their families. The shared vision is that, by 2020:

'Children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing.'

8. The Plan is underpinned by a whole systems approach. Each part of the system has an integral part to play, and links between education, health and social care are imperative if the vision is to be achieved. The intention is to improve outcomes by intervening earlier, prevent needs from escalating and reduce demand for high-cost support.

9. The Plan will:

- Invest in additional staff and training to deliver a single, outcomes-focused service specification for eating disorders which will meet national access and waiting time standards.

- Invest across the 'whole-system' including primary care, schools and voluntary sector to build resilience, enable self-care and provide access to early help, reducing the need for high-cost support including inpatient/Tier 4 beds.

- Extend the use of evidence based approaches such as the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) within the Multi-Agency Teams (MATs), and increase CAMHS support to the MATs.

- Build up investment in 'rapid response' to ensure access to CAMHS 24/7, with more home-based treatment to reduce the need for inpatient beds.

- Increase therapeutic support for children in care, and invest in training to improve access to therapeutic interventions for children and young people who experience sexual abuse/child sexual exploitation.

10. Some objectives and approaches are specific to either the North or South Units of Planning, reflecting their different starting points and arrangements to enable the shared vision to be realised and building on previous experience.

11. In the North, an initial key priority for the specialist CAMHS will be to work towards becoming 'CYP IAPT ready', in order to join a collaborative. This will involve the use of routine outcome monitoring, improving IT systems and data collection methods.

12. In the South, there will be additional investment in evidence-based parenting programmes for children with neurodevelopmental disorders (autism/ADHD).

13. As a principle, the first 12-18 months will be used to pilot different evidence based integrated delivery models to test 'proof of concept'. This will inform learning to roll out future developments.

14. For more detail on the action plans for 2015-16 and beyond see section 4 of the Plan.

Future in Mind Funding Allocations

15. The additional funding which is available for the Plan is detailed below:

CCG Name	**Initial allocation for eating disorders 2015-16** **£**	**Additional funding available following assurance of Transformational Plan 2015-16** **£**
Erewash CCG	55,042	137,776
Hardwick CCG	60,397	151,179
North Derbyshire CCG	157,846	395,105
Southern Derbyshire CCG	293,875	735,598

16. A full year's funding has been allocated for 2015-16; however since the Plan was only approved in late October, there will inevitably be some slippage. Work is taking place in both Units of Planning to ensure that the full funding allocation for 2015-16 can be committed and spent locally to improve children's emotional wellbeing.

17. Future in Mind is a 5 year programme; however it is not yet clear how funding for future years will be allocated, in particular whether there will be any requirement to submit further detailed plans or whether funding will be allocated to CCGs as part of their base budgets.

Progress with Implementation

18. To date, the following actions have been taken to deliver the priorities set out within the Plan:

Eating Disorders – Enhanced service within	CAMHS providers in both Units of Planning have been instructed to recruit to the additional posts set

CAMHS	out in the Future in Mind Plan, to deliver new national guidance and waiting time standards. Depending on the recruitment process, it is expected that the new Eating Disorders service will commence by the July 2016. A steering group is being established Countywide to co-ordinate and share learning between the providers. This will include the adult service provider as the direction of travel is towards an ageless, seamless service.
Eating Disorders – Enhanced voluntary sector provision	The CCGs are currently extending existing grant arrangements with the voluntary sector to deliver a 'proof of concept' pilot over the next 12-18 months. This will extend the provision of training to schools and Primary Care in Eating Disorders; provide additional 'body image' sessions in schools; extend peer support and develop capacity to provide intensive home treatment (e.g. support with meal times). This will benefit children and young people across Derbyshire and Derby City, but particularly North Derbyshire where there has been only a limited voluntary sector presence to date.
Investment in 'rapid response' and intensive home treatment	In the South Unit of Planning, investment has already been made by the CCGs to extend the CAMHS Liaison Service. A workshop took place recently to develop a delivery model to provide intensive home treatment. In the North Unit of Planning, a similar workshop will take place on 14th March to develop a delivery model for both rapid response and intensive home treatment.
Children in Care	Work is underway to extend therapeutic support for children in care in Derby City, bringing together existing City Council service provision with additional Future in Mind funding. This will create a single, holistic service similar to the existing service for County children in care.
Developing the menu of support within universal and targeted services	In the North Unit of Planning, some additional funding has been agreed for the voluntary sector to provide services that GPs can refer to, reducing pressure on CAMHS waiting lists. In the South, a small amount of additional funding has also been made available to recognise the additional referrals

	being picked up by the voluntary sector through their participation in the single point of access.
Anti-stigma strategy and campaign	A draft anti-stigma strategy, including an anti-stigma campaign, is being developed by public health. This strategy will be finalised following consultation with young people, families and stakeholders over the next months. Implementation of the strategy and campaign will require a budget (to be agreed in March).
Awareness raising & good practice	A conference for schools and colleges is planned for the spring. Funding has also been agreed to develop a 'toolkit' of good practice for schools and colleges. A stakeholder group for children and young people will take place on 16th March at Chesterfield football club.
Strategy for CYP IAPT[1] training in Derbyshire County	A strategy has been developed to enable staff in Derbyshire Children's Services to benefit from the opportunity to access training and deliver enhanced evidence based interventions with supervision from CAMHS. This strategy will need to be further developed so that there is an agreed model across both Local Authorities and the two CAMHS providers.

Next Steps for 2015-16 and 2016-17

19. Before the end of the 2015-16 financial year, and into 2016-17, some immediate priorities will be to:

- Commit further funding from the Future in Mind allocation (using a 'proof of concept' approach) to extend the menu of services for children and young people - for example by providing more opportunities for self-care; peer-support; online counselling and face-to-face counselling in a range of settings. A workshop is planned for early March to develop firmer proposals;

- Work with both CAMHS providers to transform future delivery models. This will explore how current roles and teams will need to be re-configured, to enable CAMHS to be more outward-facing and work in an integrated way with Multi-Agency Teams, schools and Primary Care. A workshop is planned for April to explore future delivery models;

[1] Children and Young People's Improving Access to Psychological Therapies programme

- Develop proposals to improve therapeutic support for children and young people who have experienced sexual abuse or child sexual exploitation;

- Develop proposals to extend support/training for parent carers of children and young people with neurodevelopmental disorders (South Unit of Planning).

Governance Arrangements

20. The previous "Integrated Behaviour Partnership" Group has been replaced by a Future in Mind Stakeholder Group, which met for the first time on 2nd February. This is a group of key partners and stakeholders who will help to co-ordinate and deliver action to implement the Plan.

21. The Future in Mind programme will be strategically monitored and reviewed quarterly by the Joint children and young people's Commissioning Group which sits across the four CCGs and two Local Authorities.

RECOMMENDATIONS

22. That the Health and Wellbeing Board:

i) Notes the progress to date with implementation of the Future in Mind Plan

ii) Discusses the next steps at paragraph 19

iii) Considers what progress reports it wishes to receive in the future, and how the Board would like to be involved in further shaping implementation of the Plan.

Jane Parfrement
Strategic Director, Children's Services
Derbyshire County Council

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

24th MARCH 2016

TRANSFORMING CARE PLAN

Purpose of Report

1. To inform the Board of progress and next steps in developing the Transforming Care Plan

2. To seek agreement to the emerging key themes and actions for children's services (Annex 1).

Information and Analysis

The Transforming Care programme is about helping people with a learning disability and/or autism, whose behaviour challenges services, to live fulfilling and rewarding lives - wherever possible in their own home/family and local community.

Nationally, for a minority of people with a learning disability and/or autism, there is still too much reliance on inpatient care. As good and necessary as some inpatient care can be, people are clear they want homes, not hospitals. The Transforming Care agenda has been a priority for adult services for a number of years, and it now clearly encompasses children and young people.

On 30th October 2015, NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) published **Building the right support** and a new **service model[1].** Taken together, these documents ask Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services and close unnecessary inpatient provisions over the next 3 years by March 2019. To deliver this, local areas are expected to build up capacity in communities and redesign pathways in order to better support people at home.

To support local areas with transitional costs, NHS England will make available up to £30 million of transformation funding over three years, conditional on *match-funding* from local commissioners. In addition, £15 million of capital funding will be made available over three years.

Andy Gregory, Chief Officer for Hardwick CCG is the Senior Responsible Officer for the Derbyshire Transforming Care Partnership. The 'footprint' for the Transforming Care Plan is the whole of Derbyshire County and Derby City.

All Transforming Care Partnerships were asked to submit a first draft transformation plan to NHS England by 8th February 2016. The draft Derbyshire Plan is currently being further developed, in light of the feedback received from this initial review. The final version - which must be approved by all partners including Local Authorities and NHS England specialised commissioning teams – needs to be submitted to NHS England by 11th April.

The key themes and proposed actions relating to children and young people are outlined in the slides at Annex 1.

How have children and young people and their families been engaged, and what are their views?

Children and young people and their families have not yet been involved in preparing the Plan, due to the very tight timescales involved. Arrangements will need to be made to ensure that children and young people with a learning disability and/or autism, and their families/carers, are represented on the Transforming Care Partnership, and that their views shape the development of local services and support.

Background Papers

The National Plan "Building the Right Support" is available at: *https://www.england.nhs.uk/learningdisabilities/natplan/*

Officer Recommendation

That the Children's Trust Board:

i) Notes progress and next steps in developing the Transforming Care Plan

ii) Agrees the emerging key themes and actions for children's services (Annex 1).

Health and Wellbeing Board Strategy Implementation

Children's Trust

24 March 2016

1. Purpose of the Report

To share the Health and Wellbeing Strategy with the Children's Trust for information, noting key actions which the Board will need to support over the next two years.

2. Information and Analysis

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 developed a refreshed 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 have 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 and 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 by working together in partnership. 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.

Emotional Health and Wellbeing of Children priority

The emotional health and wellbeing of children and young people priority particularly focuses on self-harm and suicide as key issues. The latest national statistics, and local evidence, suggests that numbers relating to reported suicides are low, but there is intelligence to suggest that self-harm is a growing issue.

The emerging Future in Mind Transformation Plan and self-harm pathway guidance, which has been co-ordinated by the Children's Trust significantly contributes to the work of this priority.

In addition, the Derbyshire Safeguarding Children's Board, whilst an independent body, has developed a formal relationship with the Health and Wellbeing Board whereby its annual report is shared, and the Chair of the HWB presents an update paper to the DSCB in June each year reflecting the identified areas for action.

The DSCB Annual Report outlines a shared priority with the Health and Wellbeing Board for 2015-16 in relation to the emotional health and wellbeing of children. The DSCB want to ensure effective support for children and families affected by self-harm, suicide and substance misuse, and that an awareness raising and educational campaign about the risks is developed for professionals, parents and young people.

The emotional health and wellbeing of children priority is an important area of work with the strong collective support of three boards. Therefore, throughout the implementation of work in relation to this shared priority it will be important to ensure that the response is co-ordinated to prevent duplication of effort and representatives who attend all three boards will provide a key role in co-ordinating this work. However, by taking a system wide view we can strengthen early intervention across the county and reduce demand for costly services and provide additional early support for young people identified at risk of self-harming or committing suicide.

Actions for the Children's Trust

Throughout the four priorities there are a number of specific actions which the Children's Trust Board can lead the implementation. These are:

- Health and Wellbeing Board to formally sign off and implement the Future in Mind transformation plan.
- Develop and implement a training strategy with support from CCGs and providers.
- Commit to develop and utilise approaches to allow for early intervention and prevention to support the emotional health and wellbeing of children

- Work with children and young people to raise their self-esteem and allow them to develop coping mechanism
- 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.
- Hold a workshop with representatives from the north and south Derbyshire CAMHS teams to simplify processes, explore data requirements, agree good practice and allow for greater equity in provision, which can then by shared and taken forward by the Health and Wellbeing Board for implementation.

Strategy monitoring

To track progress on the implementation of the strategy, exception reporting mechanisms will be in place to allow project groups/ lead organisations to flag any issues of concern with the Priority Champion, Core Group or the Health and Wellbeing Board, as appropriate.

Identified lead officers will be responsible for developing a brief project plan, where appropriate, against the identified action(s), co-ordinating the delivery of these pieces of work and providing updates as part of the monitoring and exception reporting process.

Health and Wellbeing Board Priority Champions will act as the main point of advice and challenge for the work being delivered should any issues arise. Priority Champions will provide feedback and update the Health and Wellbeing Board meetings on implementation every six months. The first update report and project plans will be presented to the Board in May 2016. In addition, key outputs, such as strategies or plans for approval or consultation, will form substantive agenda items at future meetings of the Health and Wellbeing Board throughout 2016 and 2017.

The Children's Trust is asked to:

- Note that the Health and Wellbeing Strategy has been approved by the Health and Wellbeing Board.
- Note the reporting mechanisms and procedures outlined to ensure that the strategy is fully implemented.
- Ensure that work across the shared priority of Emotional Health and Wellbeing of Children is co-ordinated to maximise impact and make the best use of limited resources.

David Lowe

Strategic Director, Health and Communities

DERBYSHIRE

MEMORANDUM OF UNDERSTANDING PARTNERSHIPS RELATING TO SAFEGUARDING AND WELLBEING OF CHILDREN AND ADULTS

(Insert Logo's)

Safer Communities Board

Children's Safeguarding Board

Adult Safeguarding Board

Health &Wellbeing Board

Children's and Young People's Trust Board

Introduction

This document outlines the key responsibilities and accountabilities relating to the way Derbyshire (County) links its key strategic public sector partnerships relating to the Safeguarding and wellbeing of both Children and Adults, namely:

- Derbyshire Safer Communities Board/Safer Derbyshire Partnership (SCB)
- Derbyshire Safeguarding Children Board (DSCB)
- Derbyshire Safeguarding Adults Board (DSAB)
- Derbyshire Health and Well-being Board (HWB)
- Derbyshire Children's and Young People's Trust Board (CTB)

The legislation and guidance that underpins the legal status, objectives and functions of these partnerships is set out in Appendix 1.

Identified Shared Priorities and Responsibilities

The Boards cover a wide range of issues. However over recent years there have been a number shared priorities identified where the named Boards need to ensure that leadership and accountability for issues is clear and that information is effectively shared. These shared priorities relate to protecting vulnerable adults and children from harm and promoting positive wellbeing include:

- Domestic abuse
- Sexual violence
- Mental health
- Substance misuse
- Child sexual exploitation
- Anti-social behaviour
- Hate crime
- Human trafficking and modern slavery
- Emotional health & wellbeing of children and vulnerable adults
- Improving outcomes for children, young people and adults with special needs and disabilities

Leadership and accountability

The Derbyshire Safeguarding Children Board is the statutory lead partnership for ensuring the effectiveness of services that ensure the welfare and safety of children. It has responsibility to ensure delivery of the Board's Child Sexual Exploitation Prevention & Intervention Strategy.

The Safeguarding Adults Board is a statutory partnership for ensuring the effectiveness of services that ensure the welfare and safety of vulnerable adults. It

has responsibility for delivering national and local drivers to protect vulnerable people, including Making Safeguarding Personal.

The Safer Communities Board (together with the Local Criminal Justice Board) has the strategic lead for understanding need and performance in relation to domestic abuse and sexual violence and for ensuring delivery of the priorities identified in the joint city and county Domestic Abuse & Sexual Violence Strategy. It also has the lead (together with the Local Criminal Justice Board) for re-offending and specifically for managing prolific/priority offenders as part of the Integrated Offender Management Scheme.

The Health and Wellbeing Board has the strategic lead for understanding need in relation to the health and wellbeing of the population and for delivering the priorities in the Health and Wellbeing Strategy.

The purpose of the Children's and Young People's Trust Board is to improve the wellbeing of all children and young people who live within or receive services in Derbyshire, whilst redressing inequalities between the most disadvantaged children and their peers. It is a requirement of the Children Act 2004 to have a Children's Trust in each area.

Where children are approaching the transition to adulthood the Safeguarding Children Board and the Adult Safeguarding Board will need to work together to ensure arrangements in place are effective to support them through this transition and keep them safe.

Workforce sufficiency, across the professions that deliver services in relation to the above priorities, remains a national and local issue. Sufficiency remains the responsibility of the agency with statutory responsibility for commissioning or delivering the services. Workforce sufficiency can be scrutinised by any of the Boards in relation to delivery of support services for families or individuals dealing with the issues above. Reports may be referred to another Board where there are sufficiency or quality concerns and where it is felt that any Board should be aware of the impact in relation to its priorities around protecting vulnerable adults and children from harm.

Mutual Challenge

The Boards, through their Chair's, or at the Chair's direction, will provide constructive challenge to each other across the issues identified above. This is to ensure that core priorities and business aims are met and the commissioning of services is in line with safeguarding practices. The relevant Board will need to be alerted to any issues identified either, through the chairs or, via a report that is referred if the issue is complex and detailed.

The following routes may be instigated when required:

- A Chair can make a formal written request of another chair for information or consideration of an area of concern.

- A Chair can make a request of another chair for an item to be placed on a Board meeting agenda to address a particular area of concern.
- A Chair can request the Chair, or an appropriate member of another Board, to attend a meeting to discuss a particular priority.
- Annual reports and key strategies are presented to respective Boards, with particular reference to the Working Together guidance (2013), which states that the local safeguarding children board must present its annual report to the Health & Wellbeing Board.

Where an area of concern cannot be resolved within the above framework, a resolution meeting will be held between Board Chairs, the County Council's Strategic Director of Children's Services, Strategic Director for Adult Care and the Strategic Director Economy, Transport & Environment.

Information sharing

The needs analysis which drive the formulation of each Board's plans including the Health & Wellbeing Strategy and the Safeguarding Boards' Business Plans should be reciprocal in nature, ensuring that the needs identified by each Board are fed into the JSNA and that the outcomes of the JSNA are fed back into planning for all Boards.

Information will continue to be shared across the Boards through consultation on strategies, annual reports, inspection reports and through shared membership. The following arrangements will promote information sharing:

- The Chairs of each Board will be consulted in the determination of planning and priorities for the following year for all Boards
- Business managers will share agendas and minutes from Board and other sub-group/operational meetings as requested.
- Members who sit on more than one Board are expected to attend meetings regularly and to ensure communication across the Boards as they are a key mechanism for linking and sharing information at this strategic level.

There is the following common membership across the Boards:

Derbyshire Constabulary - Head of Public Protection, currently Superintendent Paul Callum. (Adult & Children's Safeguarding Boards and DV/SV Governance Board)

CCGs – Head of Safeguarding (currently Bill Nicol). Adult & Children's Safeguarding Boards and DV/SV Governance Board.

Derbyshire County Council - Assistant Director Community Safety (currently Sally Goodwin).Safer Communities Board, Adult & Children's Safeguarding Boards & DV/SV Governance Board.

Derbyshire County Council – Strategic Director Adult Care (currently Joy Hollister) Health & Wellbeing Board & Adult Safeguarding Board.

Derbyshire County Council – Adult Care Group Manager Safeguarding (currently Jill Ryalls). Adult Safeguarding Board and DV/SV Governance Board.

Derbyshire County Council – Strategic Director Children's Services (currently Jane Parfrement). Children's Safeguarding Board and Health & Wellbeing Board.

Police & Crime Commissioner (currently Alan Charles). Safer Communities Board and Health & Wellbeing Board.

Derbyshire County Council and North Derbyshire/Hardwick/Erewash CCGs Service Director for Performance, Commissioning & Quality (Children's Services) (currently Dr Isobel Fleming). Children & Young People's Trust Board and Adult Care Board.

Derbyshire County Council – Assistant Director Strategy & Commissioning Adult Care (currently Julie Vollor). Children & Young People's Trust Board and Adult Care Board.

Southern Derbyshire CCG – Governing Body and children's lead (currently Dr Andrew Mott). Health and Wellbeing Board, Children's Trust Board.

Statutory partners to each of the Boards are set out in Appendix 1. However, it is acknowledged that a number of non-statutorily required partners are also committed to the work of the Boards.

Appendix 1

STATUTORY BASIS AND RESPONSIBILITIES OF THE BOARDS

Derbyshire Safer Communities Board (SCB) & Safer Derbyshire Partnership

Section 6 of the Crime & Disorder Act 1998 requires the responsible authorities (commonly referred to collectively as a CSP (Community Safety Partnership) in a local government area to work together in formulating and implementing strategies to tackle local crime and disorder in the area.

In 2007 Crime & Disorder Regulations set out the way in which the responsible authorities should carry out their functions as a CSP under Section 6 of the Act, and required the preparation of:

- A partnership plan for the local government area, setting out the CSPs priorities;
- A county level community safety agreement, setting out the ways the responsible authorities in the county might work more effectively to implement the identified priorities by joint working.

The Police Reform & Social Responsibility Act 2011 requires elected Police and Crime Commissioners (PCCs) to have regard to the priorities of the responsible authorities making up the CSPs in the police area. The Act also requires the responsible authorities to have regard to the police and crime objectives set out in the elected local policing body's police and crime plan. The elected local policing body and the responsible authorities are required to act in co-operation with each other in exercising their respective functions.

Responsible authorities are:

- Derbyshire Constabulary
- Derbyshire County Council
- District & Borough Councils
- National Probation Service
- Derbyshire Fire & Rescue Service
- Clinical Commissioning Groups

Derbyshire determines its crime and disorder priorities through a joint strategic intelligence assessment which are reflected in the Safer Communities Board County Community Safety Agreement and can be found at:

http://www.saferderbyshire.gov.uk/images/Final%20CSA%202014-17%20Refresh%20Feb%202015%20WEBSITE%20VERSION_tcm46-192572.pdf

In Derbyshire the SCB shares responsibility for overseeing domestic abuse and reducing re-offending with the Local Criminal Justice Board.

The County Community Safety Agreement is managed by the Safer Derbyshire Partnership on behalf of the SCB. www.saferderbyshire.gov.uk

Derbyshire (Local) Safeguarding Children Board (DSCB)

DSCB is a statutory body established by Section 13 of the Children Act 2004. It has an independent chair and Section 14 of the Children Act sets out the objectives of the Board which are to:

- Co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area
- To ensure the effectiveness of what is done by each such person or body for those purposes
- Regulation 5 the Local Safeguarding Children Board Regulations 2006 sets out the functions of the Board.
- Chapter 3 of Working Together 2013 is the relevant statutory guidance.

Board partners who **must** be included in the DSCB are:

- District councils in local government areas which have them;
- The chief officer of police for the local area;
- The National Probation Service and Community Rehabilitation Companies;
- The Youth Offending Team;
- NHS England and clinical commissioning groups;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;
- Cafcass;
- The governor or director of any secure training centre in the area of the authority; and
- The governor or director of any prison in the area of the authority which ordinarily detains children.

The DSCBs Annual report and Priorities can be found at:
http://www.derbyshirescb.org.uk/files/dscb_annual_report_final.pdf

Derbyshire Safeguarding Adults Board (DSAB)

The DSAB became a statutory body from April 2015 as set out in Part One of the Care Act 2014. The Care Act sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Local authorities have new safeguarding duties as follows:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Make enquiries, or request others to make them**,** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed

- Establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- Carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

The following organisations **must** be represented on the Board:

- the local authority which set it up;
- the CCGs in the local authority's area; and
- the chief officer of police in the local authority's area.

SABs may also include such other organisations and individuals as the establishing local authority considers appropriate having consulted its partners from the CCG and police.

The DSABs Annual Report can be found at:
https://www.saferderbyshire.gov.uk/our-priorities/adults/dsab/default.asp

Health and Wellbeing Board (HWB)

The HWB is a statutory body established by S.194 of the Health and Social Care Act 2012. The Board's functions are set out in S.195 (duty to encourage integrated working) and S.196 (duty to undertake a joint strategic needs assessment of health and social care needs and prepare a joint health and wellbeing strategy).

The legislation is underpinned by Department of Health statutory guidance issued in March 2013 on preparation of joint strategic needs assessments and joint health and wellbeing strategies.

The core strategic functions of the HWB are:

1. To provide strategic leadership for the Derbyshire health and care system
    - Set the vision for improving the health and wellbeing of the people of Derbyshire
    - Hold organisations and partners to account for progress in delivering this vision
    - Identify and seek to address the big strategic challenges facing health care now and in the future: and
    - 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

1.2. Oversee and direct the development of whole person centred integrated health and care services in the county
    - Provide advice and direction to the transformation programmes in the county

- Explore opportunities for aligning and joining budgets and resources across the county: and
- Support the delivery of the Better Care Fund Plan

The HWB has published a Strategy for Derbyshire, which can be found at www.derbyshire.gov.uk/healthandwellbeingboard

The Health and Social Care Act 2012 prescribes a core statutory membership of the HWB as:

- At least one elected representative, nominated by either the Leader of the council, the Mayor, or in some cases by the local authority,
- A representative from each CCG whose area falls within or coincides with, the local authority area
- The local authority Directors of Adult Social Services, Children's Services, and Public Health
- A representative from the local Healthwatch organisation.

Derbyshire Children's Trust Board (CTB)

The CTB is not a statutory body. It leads the Children's Trust arrangements and has overall, strategic responsibility for improving outcomes for children, young people and their families in Derbyshire.

All publicly funded services for children aged 0-19 years are included in the Trust's arrangements, including clinical commissioning groups (CCGs), Police & Crime Commissioner, local probation services, youth offending teams, district councils, schools, colleges and third sector organisations, the Youth Council as well as other local authority services such as adult social care and housing.

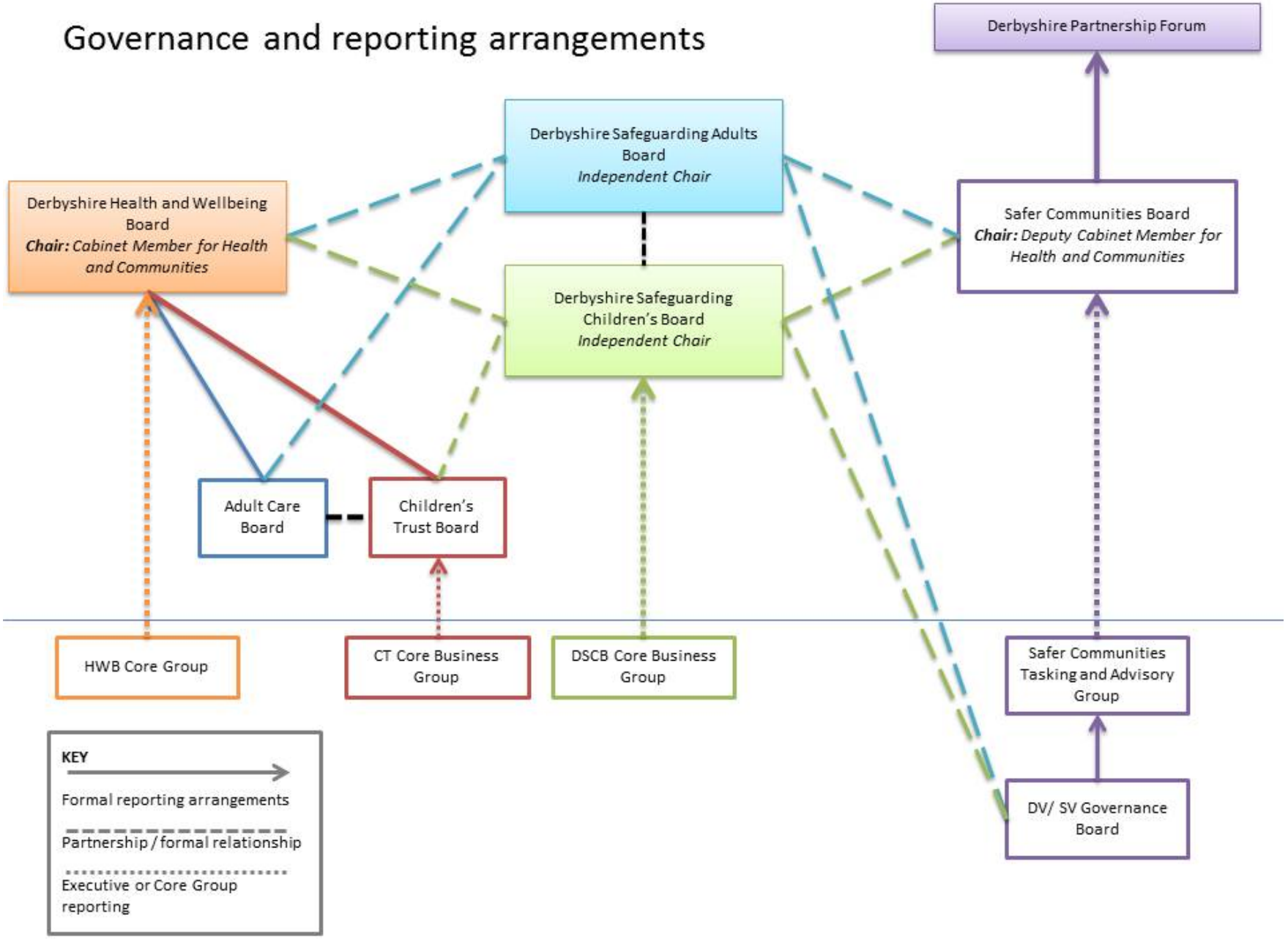
Working in partnership with children and their families the CTB provides strategic direction for children's services and is helping to improve joint working between agencies.

The role of the CTB is to:

- Provide leadership to ensure that services work in partnership to identify needs, and jointly plan, deliver and evaluate services.
- Consult with children, young people and their families and respond to their needs.
- Allocate resources.
- Monitor progress against priorities and targets identified in the children and young people's plan and take appropriate action where these are not being met. The plan is attached to this page.
- Be accountable for the outcomes of the plan.
- Commission a broad range of services

The CTB Plan can be found at:
https://www.derbyshire.gov.uk/images/Children%20and%20Young%20Peoples%20Plan_tcm44-270586.pdf

Governance and reporting arrangements



DERBYSHIRE CHILDREN'S TRUST
making life better for children

DERBYSHIRE CHILDREN & YOUNG PEOPLE'S TRUST BOARD

24th MARCH 2016

Purpose of the Report

1. To provide an update on the Children's Trust Board key indicator set.

Information and Analysis

2. Updates have been included for the following indicators:

- Number of children in care per 10,000 population
- Adoptions from care
- Number of children subject to a child protection plan
- Children who have run away from home/care overnight
- Number of children in need per 10,000 population
- Children in poverty
- 16-18 year old NEETs
- 17 and 18 year olds participating in learning
- Care leavers in employment, education and training
- Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths

3. The following indicators have moved in the right direction since they were last updated:

- Children in care
  At the end of January 2016, there were 590 children in care, a reduction from 629 at the end of October. The rate is 38 per 10k population, well below comparator averages.

- Adoptions from care (provisional figure)
  Between 2012 and 2015, 27% of children leaving care were adopted. This represents an increase compared with the previous 3 year rolling average of 25%. Derbyshire's performance is well above sub-national and national averages.

- Children running away from home or care overnight
  The rolling 3 year average in January was 325, compared with 348 in October. This indicator had been on a consistent downward trend but has fluctuated and increased slightly over the course of the past year

- Children living in poverty
  21,100 children (15.9%) were living in poverty in 2013, compared with 21,860 (16.3%) in 2012

- % achieving 5 or more GCSEs A* - C including English and Maths
  In 2015, 55.9% of young people achieved 5 or more GCSEs A* - C including English and Maths, compared with the provisional figure of 54.5% and a final figure of 53.7% last year. This is above the national average.

- Participation in learning
  91.2% of 17 year olds and 70.2% of 18 year olds were in learning in January 2016, compared with 85.2% and 51.7% in October

- 16-18 year olds Not in Education, Training or Employment (NEET)
  The annual outturn (a 3 month average figure Nov 2015 – Jan 2016) was 3.6%, an improvement compared with the previous year.

4. Children's Trust partners will want to note and consider the following:

- Children in need
  The number of children in need was 4,864 at the end of January, compared with 4,668 in October and 4,739 in July.

- Participation of care leavers
  In January, 49.4% of care leavers were participating in education, employment or training, compared with 48.4% in October and 47.6% in 2014-15.

5. The following indicators give cause for concern:

- Children subject to a child protection plan
  665 children were on a child protection plan at the end of January 2016, compared with 621 at the end of October. The numbers tend to fluctuate on a month-by-month basis.

Officer Recommendation

6. It is recommended that Children's Trust Board members-

- Note the performance data provided
- Identify any further information or analysis that may be required to understand the reasons for these changes

Linda Dale
March 2016

Derbyshire Suicide Prevention Strategic Framework

2015-17

Introduction

The effects of suicide can be devastating. Many people – friends, family, professionals, colleagues and wider society will feel the impact. There are also significant financial costs associated with a suicide. The average cost of a completed suicide of a working age adult in the UK is estimated to be £1.67m.

We believe that too many people die from suicide in Derbyshire. We also believe that in many cases the death may have been prevented if the signs of distress that the person was displaying were recognised and appropriate support provided.

We have formed a group, the Derbyshire Suicide Prevention Partnership Forum, for our organisations to work together across Derby City and Derbyshire County to achieve our vision. This Framework sets out our approach to achieving this goal.

Our vision is simply that we want as few people as possible to die from suicide in Derby City and Derbyshire County

However, we continue to live in very challenging times for some people and acknowledge that the reasons that lead someone to taking their own life may be extremely complex. No single organisation can address all the factors that may contribute towards a suicide. For this reason, professionals, service-receivers, community groups, volunteers and individuals in society need to work together to reduce the risks of suicide.

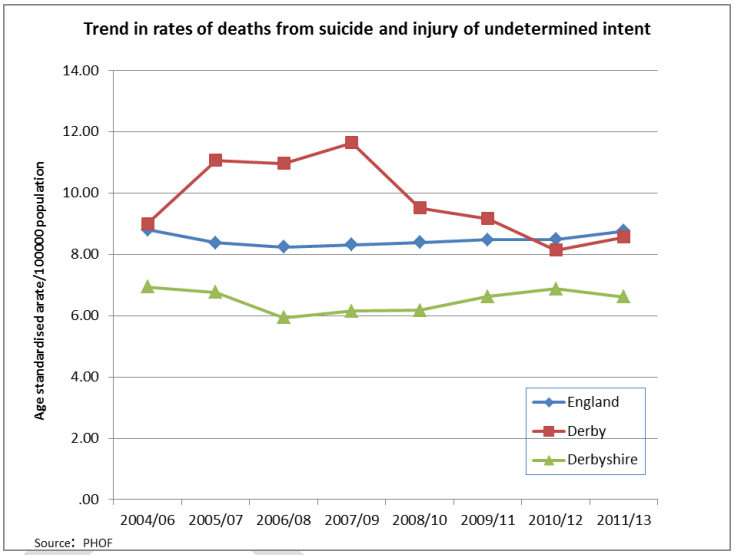
We invite you to join us in making a contribution towards this important agenda.

The Derbyshire Suicide Prevention Partnership Forum

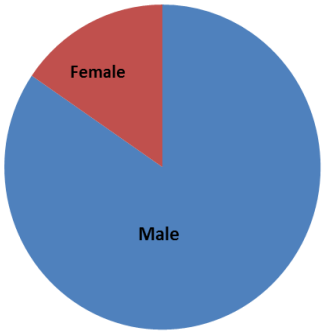
Terminology: throughout the report, Derbyshire refers to both Derby City and Derbyshire County combined. Where differentiation is required, Derby City and Derbyshire County are used.

Suicides in Derbyshire

Between 2011 and 2013 there were 213 deaths from suicide in Derbyshire, 61 in Derby City and 152 in Derbyshire County. The rate in Derby City is similar to the national rate, and the rate in Derbyshire County is lower. Up to 2013, the local suicide rate has not changed much over the last 10 years. Provisional data for 2014 suggest there has been a recent large increase in the number of suicides in Derbyshire County, with a smaller increase in Derby City.



Gender split in completed suicides in Derbyshire, 2011-2013



Between 2011 and 2013, 180 of the 213 completed suicides in Derbyshire were amongst men. The highest proportion of deaths from suicides occurred in those aged 40-49 years for both males and females. There is no obvious pattern as to the time of year that suicides occur.

The most common method of suicide for men was hanging, and for women were hanging and taking an overdose. Most suicides take place in the home.

There are very few deaths from suicide among young people – between 2010 and 2013 in Derbyshire there were four deaths from suicide among under 19's. However, the data only includes deaths of under-15's where there is sufficient evidence of suicidal intent, and therefore the number of suicides in young people may appear lower than local intelligence would indicate.

More detailed information on suicides in Derbyshire County and Derby City is available here.

Our common approach

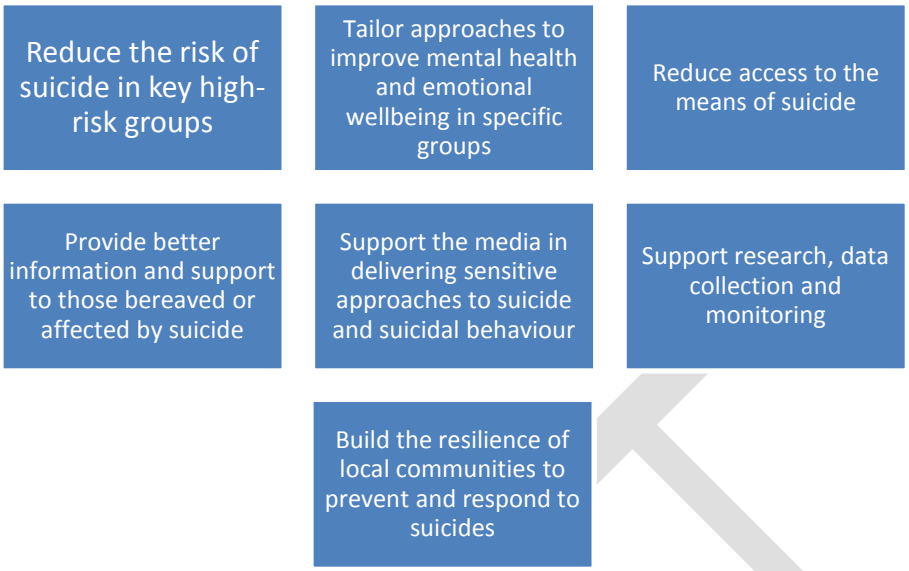
We have developed this Framework to set out how we can achieve our goal. It will help organisations to work together and share resources where appropriate. Where possible, we will implement actions that have been demonstrated to work elsewhere. However, we do not want this to be at the expense of innovation, and therefore encourage individuals and organisations to try novel approaches to different problems.

Through working together we have agreed a common approach to achieve our goal, including identifying the principles that support our work, and our priorities. The areas for action in this Framework are the key areas that require attention in Derbyshire within each priority. These have been identified through a review of the national strategy *Preventing Suicide in England* and associated documents, data and information, and the views and knowledge of local stakeholders. They are a balance between acknowledging the national recommendations with identifying local priorities.

Our principles

- our work will be based on understanding and responding to the needs of our population. This will require us to balance targeting those population groups known to be at increased risk of suicide, with an approach that recognises that suicides can occur in any population group
- whenever possible, support should be provided before people reach crisis
- staff supporting individuals in emotional distress should balance acting with professionalism with demonstrating compassion and empathy
- communities should play an important role in reducing suicides by providing support to their members. Organisations should support this by providing communities with opportunities to develop community resilience
- we want our communities to be able to support people experiencing distress, by allowing them an opportunity to talk openly and honestly about their feelings
- contributions towards suicide prevention work are welcomed from any organisation, community or individual in Derbyshire

Our strategic priorities



Implementing the Framework

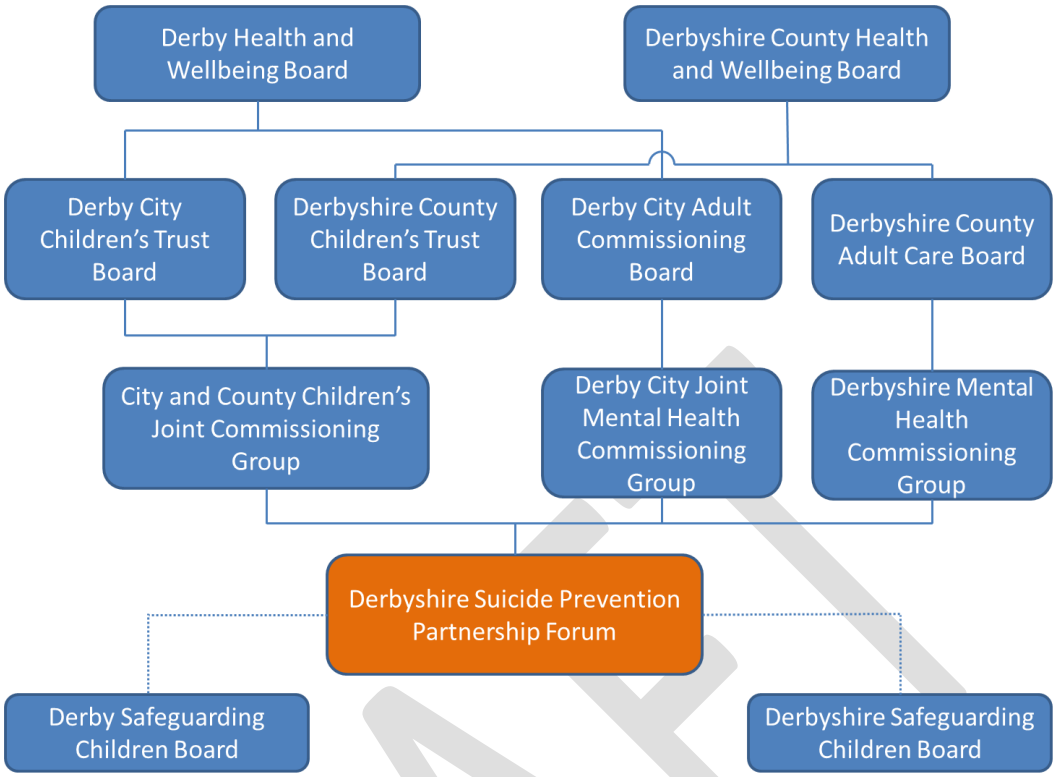
We have committed to being champions for suicide prevention within our own organisations and networks. We will develop an action plan for implementing the Framework within our own organisation. However, the areas for action have been developed to encourage other groups and organisations to identify the contributions they can make to preventing suicide across Derbyshire.

As stated in the principles, we want our work to respond to the changing needs of our local population. As a result, the areas for action are not fixed and can be amended when needs change.

The Strategic Framework is owned by the City and County Health and Wellbeing Boards, and the Derbyshire Suicide Prevention Partnership Forum will be responsible for overseeing implementation. Our accountability and reporting structures are shown on the following page. We encourage other organisations to report actions they have implemented through their own corporate structure as well.

We will hold an annual Stakeholder Event to engage with a wider range of organisations, including reporting on progress and discussing priorities for action.

Accountability



Our measures of success

We will review the number of suicides that occur in Derbyshire each year. However to build up a more complete picture of local needs we will also share other relevant information at the Partnership Forum. We will measure our success by looking at a range of indicators, including the number of suicides, but also the number of police call-outs to individuals in emotional crisis, attendances at A&E departments for psychiatric reasons, and number of people attending and using the skills and knowledge learnt on suicide awareness and prevention training.

We are not working in isolation, and there is much other work happening across the City and County that will support us in achieving our goal. The following are examples of the work that we will link with:

Derbyshire's Crisis Concordat

Derbyshire County Joint Vision and Strategic Direction of Travel for Adult Mental Health

The Future of Mental Health Services in Derby

Future in Mind Transformational Plans

Health and Wellbeing Strategies for Derby City and Derbyshire County

Working together to tackle poverty in Derbyshire 2014-2017

Membership of Derbyshire Suicide Prevention Partnership Forum

The following organisations are represented on the Derbyshire Suicide Prevention Partnership Forum:

- British Transport Police
- Derby City Council
- Derbyshire County Council
- Derbyshire Healthcare Foundation Trust
- Derbyshire Mental Health Forum
- Derbyshire Police
- Derbyshire Voice
- East Midlands Ambulance Service
- Hardwick Clinical Commissioning Group
- Harmless
- North Derbyshire Voluntary Action
- Relate
- Rural Action Derbyshire
- Samaritans

The role of members of the Forum is to:

- attend meetings of the group
- share data, within the bounds of data protection legislation, that will inform development of suicide prevention priorities
- champion suicide prevention work within their own organisation, including development of an organisational suicide prevention action plan
- support communication between members of the group, external to Forum meetings, to develop a suicide prevention network across Derbyshire
- support engagement with a broad range of local organisations and community groups, including support to identify the contribution they can make to the suicide prevention agenda
- share details of the suicide prevention work that their organisation is currently delivering or planning with the group

Strategic priority 1: Reduce the risk of suicide in key high-risk groups

A number of population groups have been identified as being at increased risk of suicide compared to the general population. Limitations on the data available means that the groups identified within the national strategy are not an exhaustive list. The national strategy identifies the following groups as being at increased risk of suicide:

- young and middle-aged men
- people in the care of mental health services, including in-patients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers

In addition, within both Derbyshire County and Derby City, relatively higher rates of suicide have been observed amongst older adults in recent years.

Priority	*Identified areas for action*	*Lead agency*	*Timescale*
High	Provide training in suicide awareness and prevention to enable frontline workers that have contact with individuals in higher risk groups to have the skills and confidence to identify and respond to individuals at risk of suicide. This includes GP practice staff, mental health professionals and staff working in the criminal justice system, as well as staff and volunteers in organisations such as debt and welfare advice, food banks, employment advice and housing support services	Public Health, CCGs, DHCFT, Rural Action Derbyshire, CRHFT	Ongoing
High	Develop suicide prevention resources to accompany suicide awareness and prevention training to support attendees	DSPPF, Rural Action Derbyshire	December 15
Medium	Develop resources that highlight known trigger factors for suicide are addressed in groups at increased risk of suicide, as well as the general population, for example among welfare advice, employment and housing services.	DSPPF	December 2016
High	Explore the potential for staff at local Job Centres to be provided with awareness training to enable them to recognise suicidal risk in individuals who are subject to, or at risk of, benefits	DSPPF	July 2016

	sanctions		
High	Improve information sharing between organisations in contact with vulnerable individuals, with a particular emphasis on information sharing between healthcare services, to reduce the suicide risk	DHCFT, Hardwick CCG, Safeguarding Boards	December 2017
High	Finalise and implement the self-harm pathway and guidance to support young people who self-harm	Children's Services	March 2016
High	Provide professionals with skills to converse with young people with a history of self-harm	Children's Services	March 2016
High	Review access to mental health services, especially for those experiencing crisis out of hours, to ensure that they can be safely and appropriately assessed and supported. This should include consideration of self-referral and referral by non-health professionals and also pathways between primary and secondary care services.	Hardwick CCG, DHCFT	July 2016
High	Review the offer of safety planning and means restriction to individuals experiencing emotional distress and known to specialist mental health services to ensure consistent and appropriate implementation	DHCFT	July 2016
High	Review provision of crisis response available to young people experiencing emotional distress	Children's Services, CRHFT	December 2016
High	Promote positive mental health and suicide prevention messages to groups at increased risk of suicide in settings and venues that they are more likely to frequent, for example for middle-aged men who may not access health settings.	All DSPPF members	Ongoing
High	Raise awareness of the population groups more vulnerable to suicide and the services available to support vulnerable individuals	DSPPF	Ongoing
High	Explore innovative ways to tackle the isolation experienced in Derbyshire, for example by older people and those living in rural communities, that can contribute to distress and despair experienced by some people	DSPPF	September 2016
High	Family, carers and friends of people being cared for by mental health services to be given information on how to access services promptly and at all times if they have a concern that someone is feeling suicidal	DHCFT, Children's Services	Ongoing

Strategic priority 2: Tailor approaches to improve mental health and emotional wellbeing in specific groups

The national strategy highlights the importance of adopting a population approach to improving mental health to reduce suicides. As well as improving the mental health of the whole population, there are certain groups that may require a tailored approach to address their vulnerabilities or known problems with access to services. The groups identified as requiring a tailored approach are:

- children and young people such as looked after children, care leavers, and young people in the youth justice system
- survivors of all types of abuse, violence or other trauma
- veterans
- people living with long-term physical health conditions
- people with untreated depression
- people who are especially vulnerable due to social and economic circumstances
- people who misuse drugs or alcohol
- lesbian, gay, bisexual and transgender people
- Black, Asian and minority ethnic groups, including asylum seekers

Priority	*Identified areas for action*	*Lead agency*	*Timescales*
High	Ensure early identification of emotional and mental health problems in children and young people in high risk groups	Multi-agency teams, Primary Mental Health Workers, Public Health nurses	March 2017
High	Ensure that appropriate and consistent referral pathways are in place to enable children and young people with identified emotional and mental health problems in high risk groups to access treatment in supportive and accessible settings	Children's services, DHCFT, CRHFT	March 2017
Medium	Implement programmes that provide young people with skills to enable them to develop emotional resilience and promote positive mental health	Public Health, Children's Services	March 2017
High	Develop a strategic approach to improve the mental health of the population of Derbyshire through a focus on mental illness prevention, promotion of positive mental health and early identification of mental health problems	Public Health	July 2016
High	Promote Mental Health Awareness and Suicide Awareness and Prevention training to staff and	Rural Action Derbyshire,	Ongoing

	volunteers in contact with population groups at higher risk of suicide	DMHF	
Medium	Identify inequities in access to, or outcomes from, mental health services across Derbyshire through completion of Health Equity Audits. Service access may be limited by geography, but certain population groups may also have lower rates of access or poorer outcomes from services.	Public Health, CCGs	Ongoing
High	Increase identification of depression amongst individuals with long term physical health conditions by GPs and other health professionals, and encourage referral for treatment.	CCGs	Ongoing
Medium	Promote the support and treatment available from IAPT services to encourage referrals from individuals in groups at higher risk of depression and anxiety	IAPT providers, CCGs	Ongoing

Strategic priority 3: Reduce access to the means of suicide

Suicide can arise out of an impulsive action in response to a sudden crisis or extremely difficult circumstances. If the means for completing suicide are not easily available or made more difficult to access then the impulse may pass. Reducing access to means is therefore an effective way of preventing suicide. The national strategy highlights that the suicide methods most amenable to intervention are:

- hanging and strangulation (especially in inpatient and criminal justice settings),
- self-poisoning,
- those that occur at high-risk locations, and
- those on the rail network

Priority	*Identified areas for action*	*Lead agency*	*Timescales*
High	Identify high-risk locations in Derbyshire, and implement approaches to discourage suicides at identified locations, including preventative measures and signage where appropriate	DSPPF	July 2016 and ongoing
Low	Review the evidence-base to identify effective interventions to reduce common methods for completing suicide in Derbyshire	Public Health	Ongoing
Low	Partners to be vigilant to new methods for completing suicide, to share information where appropriate and devise ways to respond locally to any identified new approaches	Coroner, Safeguarding Board, Police, EMAS	Ongoing
Medium	Include suicide risk in planning considerations for new developments, especially high structures that may offer suicide opportunities	Planning Authorities	Ongoing
High	Work to make railways in Derbyshire safer, through reducing opportunities for suicide and supporting staff in identifying and engaging people at risk of suicide	Network Rail, BTP	Ongoing
High	Provide safe environments in acute and mental health inpatient settings, especially reducing opportunities for hanging and strangulation.	DHCFT, Acute Trusts	Ongoing
High	Provide safe environments for those in criminal justice settings, especially reducing opportunities for hanging and strangulation.	Police, Prison Service	Ongoing

Strategic priority 4: Provide better information and support to those bereaved or affected by suicide

Those bereaved by a suicide are at increased risk of mental health and emotional problems, and may also be at increased risk of suicide themselves. Provision of timely and effective support and information is therefore important to help the grieving process and prevent longer-term distress. Suicides can also have a profound effect on local communities, including friends, work colleagues and neighbours, but also teachers, healthcare professionals, witnesses to the incident and emergency service workers.

Within Derbyshire, we need to ensure that there is:

- effective and timely support provided to those affected by suicide
- effective local responses are in place in the aftermath of a suicide, and
- information and support are provided to families, friends and colleagues who are concerned about someone who may be at risk of suicide

Priority	*Identified areas for action*	*Lead agency*	*Timescales*
High	Map current provision of support available to those affected by suicide, including access to specialist bereavement counselling and support. This should include consideration of the information provided by undertakers, Coroners and health professionals.	DSPPF, Primary Mental Health Workers, Space4U	July 2016
High	Engage with the bereaved members of our communities to determine their immediate and longer-term needs in the aftermath of a suicide	DSPPF, SOBS	September 2016
High	Raise awareness among professionals from organisations who have direct contact with people bereaved by suicide (including GPs and other health professionals, Coroners, Police and funeral directors) of their vulnerability	DSPPF	Ongoing
High	Promote support available, including both local and national resources, to those affected by suicide through professionals from organisations who have direct contact with people bereaved by suicide (including GPs and other health professionals, Coroners, Police and funeral directors)	DSPPF	Ongoing
High	Establish a process that enables a prompt, multi-agency response to a local suicide cluster	DSPPF	February 2016, then ongoing

Strategic priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

The media has a significant influence on behaviours and attitudes towards suicide. Encouraging responsible reporting and portrayal of suicide can reduce the risk of copycat behaviour but also provides an opportunity to promote support and information. Social media and the internet are often associated with negative aspects of suicide, such as the availability of sites that promote and encourage suicide and e-bullying amongst young people. However, there are also opportunities to harness the positive effects both can have in supporting those in distress.

Priority	*Identified areas for action*	*Lead agency*	*Timescales*
Medium	Work with local media organisations to promote responsible reporting, including reviewing the reporting of suicides and suicidal behaviour by local media against the Samaritans Media Guidelines	DSPPF	Ongoing
Medium	Use the media proactively and in a co-ordinated manner to promote support available to those in distress and those concerned about an individual, for example on World Suicide Prevention Day	All DSPPF members	Ongoing
Low	Explore mechanisms for using social media and the internet to support those in distress	DSPPF	December 2016
Low	Identify a brand that can be used to consistently promote suicide prevention messages in Derbyshire	DSPPF	July 2016

Strategic priority 6: Support research, data collection and monitoring

Intelligence will form the foundation of suicide prevention work in Derbyshire. This intelligence will allow the Suicide Prevention Partnership Forum to continually develop a strategic direction for suicide prevention work through identification of trends and changes in the pattern of suicidal behaviour. This will allow local work to adapt, and enable the development and evaluation of interventions that reflect changes in need. In order to build a comprehensive picture of local needs, reliable, accurate and timely data will be collated from a variety of sources, and will not be reliant solely on official sources of data on completed suicides that are published over a year in arrears. Developing metrics will also allow for monitoring of the impact of local suicide prevention work to be undertaken.

As well as local data, national and international research can be used to assess the effectiveness of interventions to reduce suicides, as well as enhance the understanding of suicide risk in population groups.

Priority	*Identified areas for action*	*Lead agency*	*Timescales*
High	Establish a Suicide Prevention Data Group to develop a more robust and timely picture of local suicide needs	Public Health	February 2016 and ongoing
High	Establish a mechanism for the Suicide Prevention Partnership Forum to review up-to-date suicide prevention data at each meeting	DSPPF	February 2016
Medium	Produce an annual summary of deaths from suicide in Derbyshire, and make report available online	Public Health	Annual
High	Use information from a range of partner organisations to identify high-risk locations across Derbyshire	Public Health	Ongoing
Medium	Disseminate information and data to other meetings and groups, to raise awareness of local suicide needs and influence the work of other groups	All members of DSPPF	Ongoing
Medium	Disseminate recommendations and information from reviews of suicide deaths, for example from inquests, health service investigations, Child Death Overview Panel or Safeguarding Panels, to other organisations that may benefit from implementing the learning	DSPPF, Coroner, CDOP, Safeguarding	Ongoing
Low	Share local, national and international research on suicide prevention, including effective	DSPPF	Ongoing

	approaches and interventions with partner organisations		
Medium	Evaluate the impact of the Suicide Prevention Strategic Framework 2015-17	Public Health/DSPPF	December 2017
High	Ensure mechanisms are in place to identify and respond to any possible suicide clusters	Public Health	February 2016, then ongoing

Strategic priority 7: Building the resilience of local communities to prevent and respond to suicides

Suicide is everyone's' responsibility. Building local networks of support have the potential to help those who are in distress and may feel that they have nowhere else to turn. An important part of this will be the need to raise awareness of suicide within local communities and building people's confidence to support and provide comfort for those in distress. It will also serve to reduce the stigma around suicide

Priority	*Identified areas for action*	*Lead agency*	*Timescales*
High	Promote sign-up of mental health anti-stigma campaigns, such as Time to Change or equivalent, amongst local organisations to dispel myths about mental health and suicide that persist amongst professionals and the general public	DSPPF members	Ongoing
Medium	Ensure promotion of locally commissioned Suicide Awareness Training is targeted to community organisations and individuals working in community settings, thus providing community representatives with the skills to identify and signpost individuals experiencing distress to appropriate support	Rural Action Derbyshire, Public Health	Ongoing
Medium	Use opportunities such as World Suicide Prevention Day to promote local suicide prevention messages	All DSPPF members	Ongoing
Medium	Develop a strategic approach to improve the mental health of the population of Derbyshire through a focus on mental illness prevention, promotion of positive mental health and early identification of mental health problems	Public Health	July 2016

Abbreviations:

BTP British Transport Police
CCG Clinical Commissioning Group
CRHFT Chesterfield Royal Hospital Foundation Trust
DHCFT Derbyshire Healthcare Foundation Trust
DMHF Derbyshire Mental Health Forum
DSPPF Derbyshire Suicide Prevention Partnership Forum
EMAS East Midlands Ambulance Service
SOBS Survivors of Bereavements by Suicide

ANNEX 1

Context: Children's Services

- Large number of services – developmentally and age-appropriate, supporting child and family, universal to specialist
- Support in early years/education settings is a key focus
- High level of statutory regulation and prescribed processes around safeguarding, children in care, care leavers, SEND
- With a few exceptions, services and support tend not to be condition-specific

Key Data

	0-25 Total	SEND 0-25		EHC Plan or Statemented 0-25		SEN Support	
		No.	%	No.	%	No.	%
Derbyshire Total (County)	213,922	19,924	9.3	4,747	2.2	14,978	7.0

- The way in which data is collected and recorded across agencies does not enable this group of young people to be identified accurately
- Amongst those with a statement or Education, Health and Care plan, Social, Emotional and Mental Health (SEMH) is the most prevalent need (21.8% or 1,034 people)
- The second most prevalent need for this group was Moderate Learning Difficulty (MLD) (20.8 % or 987 people), followed by Autistic Spectrum Disorder (ASD) (19.3 % or 901 people)
- For those who receive support in school (without additional high needs funding), Moderate Learning Difficulty is the most common type of primary need (25.2 %) which mirrors national prevalence.

Strengths: Children's Services

- Range and quality of education support services – e.g. Autism Outreach
- Specialist Disabled Children's social care team . Short break provision outside hospital settings
- Strong network of local voluntary sector providers (risks around future funding)
- CAMHS Learning Disability Service – strong focus on behaviour as well as mental health needs; flexible approach; multi-disciplinary
- Section 75 pooled budget for young people with the most complex needs
- Training and support for parent carers – this is highly valued
- PROACT-SCIPr-UK – small number of staff accredited to deliver this training to the wider workforce.

Areas for improvement: Children's Services

- Identifying children and young people in this target group
- Streamlining commissioning arrangements and ensuring a joined-up approach to meeting a young person's / family's needs
- Addressing inequitable service provision between north and south, City and County. Tackling gaps in support for children and young people with autism who do not have a learning disability.
- Fully embedding personalisation and personal budgets
- Supporting professionals to take a longer term view to help young people prepare for adult life
- Risks – impact of potential budget cuts.

Current/planned work: Children's Services

- Re-structure Local Authority SEND services. A commissioning hub will support locality based teams and develop local services that are responsive to identified needs.
- Future in Mind: Access to urgent help and intensive home treatment for children and young people with mental health needs. Enhanced Eating Disorders service.
- Evaluate whether enhanced local services would reduce demand for out of county placements, particularly in relation to ASD and sensory needs.
- Review children in care placements, to enable more children to live with their families again, or return from out-of-county placements.
- Explore use of existing pooled budget to enable personalisation and investment in local support: to enable young people with needs that challenge current services to remain in their local community
- Work underway to review autism pathways (all-age). Aims to streamline assessment, release capacity and improve support.

Aspirations: Children's Services

- Build on current re-structure of SEND services: develop broader locality-based multi-disciplinary teams and support for CYP with SEND

- Enhanced community services and support networks- reduced need for out of county specialist provision.

- Finalise and implement tool for predicting risk of crisis and taking pre-emptive action (developed by CAMHS LD and Disabled Children's Service).

HEALTHY DERBYSHIRE

Derbyshire Health and Wellbeing Strategy
2015-17

Contents

Version	Document Classification	Update notes	Date
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 bought 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:

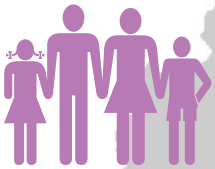
- Increased healthy life expectancy.
- Reduced differences in life expectancy and healthy life expectancy between communities.

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

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 has an estimated population of 779,800

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

65+

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

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%

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

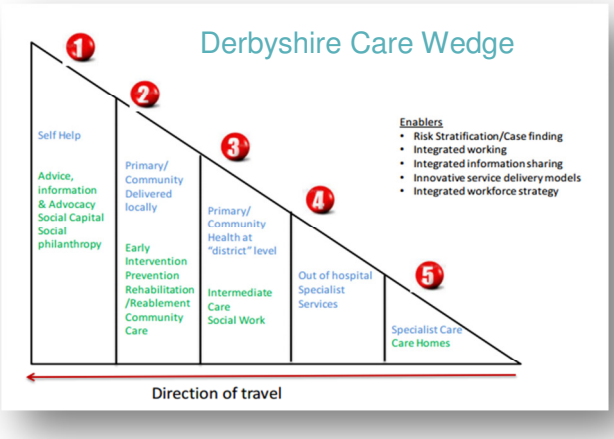
6.2%

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?

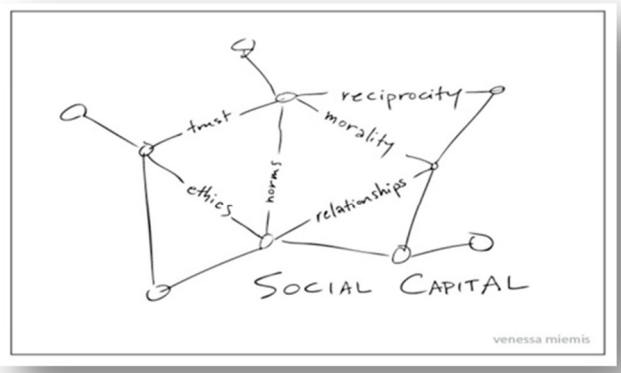
- Support primary care transformation across the county in line with the respective Joined Up Care programmes.
- Develop a joint quality governance framework to ensure that quality flows throughout the system and is reflected throughout the commissioning process.
- Work together to share best practice 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

DERBYSHIRE CHILDREN'S TRUST
making life better for children

Key Performance Indicators - Update March 2015

Indicator	Latest actual number	Current Performance	Performance against target	Direction of travel compared with last update	Comparator average	Comparator best
1.Children in care per 10,000 population (Updated monthly)	590	38 per 10K pop (January 2016)	**Not Meeting**	**Better**	60 per 10K (Nat) 58 per 10K (SN Avg)	34 per 10K (Essex)
2. Adoptions from care (% leaving care who are adopted). 3 year average figures. (Updated annually – updated for 2012-15 - Provisional)	235 (Provisional)	27% (Provisional)		**Better**	16% (Nat) (Provisional 2012-15) 16% (SN Avg) (2011-14)	25% (Derbyshire) (2011-2014)

3. No of children subject to a child protection plan per 10,000 pop (Updated monthly)	665	43 per 10K pop (January 2015)	**Not Meeting**	**Worse**	43 per 10K (Nat) 36 per 10K (SN Avg)	15 per 10K (Essex)
4. EHA's instigated by organisation	***Reports in process of being developed***					
5. Children who have run away from home/care overnight (Updated monthly)	325 (January 2016)	N/A	**Not Meeting**	**Better**	Not Available	Not Available
6. Children in need per 10,000 population (Updated monthly)	4864	316 per 10K pop (January 2016)		**Worse**	Not Available	Not Available
7. Hospital admissions of children and young people due to self-harm (10-24) per 100,000 pop (Updated annually – no update - last update 2013/14)	818	621 per 100K	**Not Met**	**Worse**	412 per 100K (Nat)	119 per 100K (England Best)

8. % achieving a good level of development in the Early Years Foundation Stage (Updated annually – no update – last update 2015/16)	5818	68.4%	**Not Met**	**Better**	66.3% (Nat) 67.5% (SN)	72.9% (Kent)
9. Breast feeding initiation rates (Updated annually – no update – last update 2014/15)	5519	73.4%	**Not Met**	**Better**	74.3% (Nat) 71.6% (Regional)	81.5% (Rutland – Regional)
10.Obese children in reception year (aged 4-5) (Updated annually – no update – last update 2014-15)	622	7.7%	**Achieved**	**Better**	9.1% (Nat) 9.0% (SN)	7.5% (Nottinghamshire)
11. Obese children in year 6 (aged 10-11) (Updated annually – no update - last update 2014-15)	1269	17.1%	**Achieved**	**Same**	19.1% (Nat) 18.3% (SN)	16.7% (Nottinghamshire)
12. Smoking in pregnancy (at time of delivery)	1129	15.1%	**Not Met**	**Better**	11.4%* (Nat) 13.7% (Regional) (*There is a data quality issue with	10.3% (Leicestershire -

(Updated annually –no update – last update 2014-15)					this value)	Regional)
14.English and Maths of children benefitting from Pupil Premium	***To be developed***					
15. Children living in poverty (under 16) (Updated annually – updated for 2013)	21,100	15.9%		**Better**	18.6% (Nat)	34.4% (England Best)
16.16-18 year old NEET (Updated monthly. Annual outcome is a 3-month average of Nov, Dec, Jan DFE publication)	884 (Nov15-Jan16 3 month average) (Provisional)	3.6% (Nov15-Jan16 3 month average) (Provisional)	**Not Meeting**	**Better**	4.2% (Nat) 3.9% (SN) 3.9% (EM) (Provisional)	2.5% (Nottinghamshire Provisional)
17.Percentage of 17 year olds in learning (academic age) (Updated monthly)	8007	91.2% (January 2016)	**Not Meeting**	**Better**	Not Available	Not Available
18.Participation of 18 year olds in learning (academic age) (Updated monthly)	6037	70.2% (January 2016)	**Not Meeting**	**Better**	Not Available	Not Available

19.Care leavers in employment, education and training (at age 19,20,21) (Updated monthly)	40	49.4% (January 2016)	**Not Meeting**	**Better**	48% (Nat) 44.6% (SN) 48% (Regional)	52% (Lincolnshire)
20. Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Updated annually – Performance Table update January 2016)	4504	55.9%	**Not Met**	**Better**	53.8% (Nat) 57.2% (SN) 54.2% (Regional)	60.7% (Worcestershire)
21. Under 18 conception rates (per 1000 girls aged 15-17) (Updated quarterly – no updates – last update full-year 2013)	270 (2013 full-year)	19.4 per 1000		**Improving**	24.3 per 1000 (Nat) 24.4 per 1000 (SN) 24.6 per 1000 (Regional)	19.4 per 1000 (Derbyshire)
22. Under 18 years alcohol related admissions to hospital (specific) <18 years per 100,000 pop. Pooled over 3 years (Updated annually – latest update 2011/12 - 2013/14)	70	45.4 per 100K		**Worse**	40.1 per 100K (Nat)	13.7 per 100K (England Best)