Health and wellbeing – everyone's business

2014-19

Derby's Health and Wellbeing Strategy

CONTENTS

FOREWORD

Welcome to Derby's second Health and Wellbeing Strategy and my first as Chair of the Health and Wellbeing Board. Our own health and wellbeing and that of our family and friends is really important to all of us. As a Health and Wellbeing Board we are committed to supporting local people to enjoy good health and positive wellbeing.

Our vision is to improve the health and wellbeing of our local population and to reduce inequalities in health and wellbeing. It is unjust that some people have poorer health and shorter lives due to the circumstances in which they live. As a Board we intend to make changes to reduce these inequalities and improve wellbeing.

We are facing tough challenges, particularly in how we manage and deliver health and social care. We want to change how we think about health and wellbeing as well as how we shape our services. This strategy sets out our vision and objectives for the next five years. We need to be radical and transformational, both in how we think and how we do things. We need to be focussed on people and what they need. We need to recognise and value everyone, not just health and social care professionals, but also the role of the Police, Fire and Rescue, housing officers, friends, neighbours, communities and volunteers, everyone. We need to work in an integrated and joined up way making care and support as seamless as possible.

I believe there is a lot we can do when we work together and all take responsibility as individuals, as communities and as organisations. I passionately believe we can make a difference. Take obesity, a third of 10-11 year olds in Derby and almost two-thirds of adults are overweight or obese. We can tackle this together. We can continue to support parents and children to have healthy diets, create more opportunities for physical activity, for example in our parks, and we can regulate and plan effectively, for example in relation to fast food outlets. These are just some examples. Tackling obesity in the city is one of my personal ambitions, and one that I know the approaches and actions we are proposing in this strategy can help achieve.

This is just a step on a long and difficult journey. It is an important journey and one that we need to take together. This strategy sets out where we want to get to and how we want to get there.

Councillor Ranjit Banwait
Chair, Health and Wellbeing Board and Leader of the Council

1   INTRODUCTION

The national and local NHS and social care systems have changed a lot over the last year or so, with the introduction of the Health and Social Care Act (2012). It is likely to continue to change with, for example, the implementation of the Care Act 2014 and potential policy changes as a result of the general election taking place in 2015.

The public sector, particularly health and social care are under a lot of pressure. The population continues to grow, people are living longer – which is one of our ambitions – but it means more people are living longer often in poor health, and with problems that mean that many need treatment and care. In addition, big advances are being made in technologies and new treatments and drugs. Again, this is really positive, but they are often expensive. In essence, the health and care needs of the population are increasing at a time when the budgets to meet these needs are reducing. This is the current reality and challenge in Derby.

The role of the Health and Wellbeing Board is to take the lead in meeting the health and care needs of Derby's population within these challenging circumstances. This includes working out how to shape the local health and care system to best meet the needs of our local people. It also means enabling people to take control of their care and to have their care designed around them by people working together in an integrated, joined-up health and social care system.

The Board is here to direct and lead innovation and change to make sure that health and social care in Derby is joined up, person-centred and achieving the best outcomes possible for local people.

2   OUR VISION

> *'Our vision is to improve the health and wellbeing of the people of the city and to reduce inequalities.*

For us, improving our local population's health and wellbeing and reducing inequalities should be at the heart of the Health and Wellbeing Strategy. The public sector Equality Duty means that public bodies must:

- have due regard to the need to eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities.

In addition, the Health and Social Care Act placed a duty on the Secretary of State, NHS England and clinical commissioning groups to give due regard to the reduction of inequalities. These are duties we take seriously. We recognise, however, that inequalities in health and wellbeing will not reduce overnight and is therefore a long-term aim.

Our aim is to have a person-centred approach, with a focus on individuals, their families and communities and to help them to take control of their own health and wellbeing and any support that they receive.

To provide an easy overview, this Strategy is presented as a 'Plan on a Page' in Appendix 1.

3 LOCAL CHALLENGES

As part of the development of this Strategy, our local Joint Strategic Needs Assessment and associated intelligence was reviewed. This highlighted a range of needs and challenges within the city.

3.1 Deaths from preventable disease and premature death

Significant strides have been made over recent years, nationally and locally, to reduce the harm caused by diseases such heart disease and stroke. For example, early deaths from circulatory disease (including heart disease and stroke) has almost halved[1] over the last decade. These still, however, remain the biggest killers of local people, with 484 people dying prematurely of circulatory disease and a further 782 dying prematurely of cancer in the city during the period 2010-2012[2].

Further, we know that significantly more people in Derby than the national average die from diseases that are preventable[3] and that more people die prematurely from cardiovascular disease (including heart disease and stroke)[4].

In addition, we know that some groups, such as the homeless and those with a serious mental illness are much more likely to suffer from a range of diseases and early death.

3.2 Inequalities in health and wellbeing

"Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors...and can be avoided or mitigated" (NICE, 2012, p.1).

Health inequalities remain an intractable issue in the city. For example, men living in the least deprived areas of the city live on average 12.2 years longer than those living in the most deprived areas. Similarly, women from the least deprived areas live, on average, nine years longer than those living in deprived areas (Public Health England, 2014a).

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[1] 904 (people aged less than 75 years) died from all cardiovascular disease (including heart disease and stroke) in the period 1999-2001 compared to 484 people in the period 2010-2012. Public Health Outcomes Framework, 2014.

[2] Latest reported data (October 2014). Public Health Outcomes Framework 2014.

[3] 207.4 per 100,000 population in Derby compared to 187.8 nationally (Age-standardised rate of mortality from causes considered preventable per 100,000 population), Public Health Outcomes Framework Tool http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/par/E12000004 accessed 28/10/14.

[4] 63.0 per 100,000 population in Derby compared to 53.5 nationally (Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged <75 per 100,000 population), Public Health Outcomes Framework Tool http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/par/E12000004 accessed 28/10/14

3.3 Lifestyle issues

Other improvements have been made in the city. For example, the prevalence of smoking has reduced from 23.1% of people aged 18 and over in 2010 down to 19.8% in 2012 (Public Health England, 2014b). Despite this improvement, it still leaves one-fifth (up to one-third in those in manual occupations) of our adult population as smokers.

Currently, a third of children (10-11 year olds) in the city are overweight or obese and nearly two-thirds (64%) of adults[2]. Just over half (56%) of adults in the city can be classed as 'physically active' and we have a higher than average rate of hospital admissions relating to alcohol[5].

Factors such as smoking, lack of physical activity, obesity and high alcohol intake are known to be linked to a range of diseases such as heart disease, cancer and stroke and to early death.

3.4 Wider determinants and drivers of wellbeing

Health and wellbeing are driven by a range of factors. There is a strong relationship between factors such as low income, living in poor quality housing, being unemployed, low educational achievement and poor health and premature death (Marmot, 2010).

There are many definitions of wellbeing. Put simply, however, '...stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing, and vice-versa' (Dodge et al., 2012, p.230). In addition to the availability of financial resource, employment, housing etc., other dimensions of wellbeing such as social connectedness (for example close relationships) and community are also considered important drivers of health and wellbeing.

We recognise the importance in delivering improvements in these wider determinants and supporting the development and promotion of drivers of wellbeing such as social capital and community networks in supporting the achievement of our vision.

4 OBJECTIVES

Whilst the long-term vision of this Health and Wellbeing Strategy is to improve the health and wellbeing of the local population and to reduce inequalities we have three key objectives:

1. To achieve health and social care system transformation
2. To shift care closer to the individual
3. To reduce inequalities in health and wellbeing.

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[5] 742 per 100,000 population in Derby compared to 637 nationally (The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised). Public Health Outcomes Framework Tool http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000004/are/E06000015 accessed 28/10/14)

4.1 System transformation

As mentioned at the beginning of this Strategy, how health and social care is managed and delivered has undergone significant change over the last few years and further changes are likely in the coming years. How, as local people, we access and use services, and what and how we deliver services in the city needs to change. The health and social care system, in its current form, will not be able to provide effective care for local people and will not be affordable before the end of this Strategy's life. We need to have a fundamental transformation of how we think about, provide and access services locally. This transformation needs to happen in a number of ways:

4.1.1 Common purpose

It is essential that the health and social care community, whether commissioners or providers (including the public sector, private sector and voluntary sector) of services or wider partners, must have a shared vision and common purpose. This is about recognising and valuing everyone's role in the health and wellbeing of the local population. Achieving health and wellbeing and reducing inequalities is not the sole business of traditional health and social care organisations. The Police, Probation Services, Fire and Rescue and many others do, and should continue to have a key role to play. The drivers of health, wellbeing and inequalities are multiple and complex, the solutions also need to be multiple and varied. This Strategy is the start of this common purpose and sets it out in black and white.

In essence we all agree to:

- Be person-centred, considerate of individuals and communities and their needs
- Work in a joined-up way
- Recognise individual, community and organisational strengths
- Work in an open and honest manner
- Think innovatively and take well-informed risks.

4.1.2 Leadership

There will be a lot of challenges and difficult decisions to be made along the road to transformation. It is important that strong and consistent leadership is shown. It is the role of the Health and Wellbeing Board to take the lead but also to ensure that leadership filters through its partner members and organisations and out to communities and individuals.

4.1.3 Accountability

Whilst the Health and Wellbeing Board plays the lead role in the transformation of the local system, it is not only the Board that is accountable. The local organisations that make up the health and social care systems, wider partners, voluntary sector and community groups must take ownership and accountability for the health and wellbeing of the local population.

Further, we as individuals, living, visiting or working in the city are responsible for our own health and wellbeing. While some aspects are outside our control, such as our genetic make-up and services that are available, there is a lot that we can take
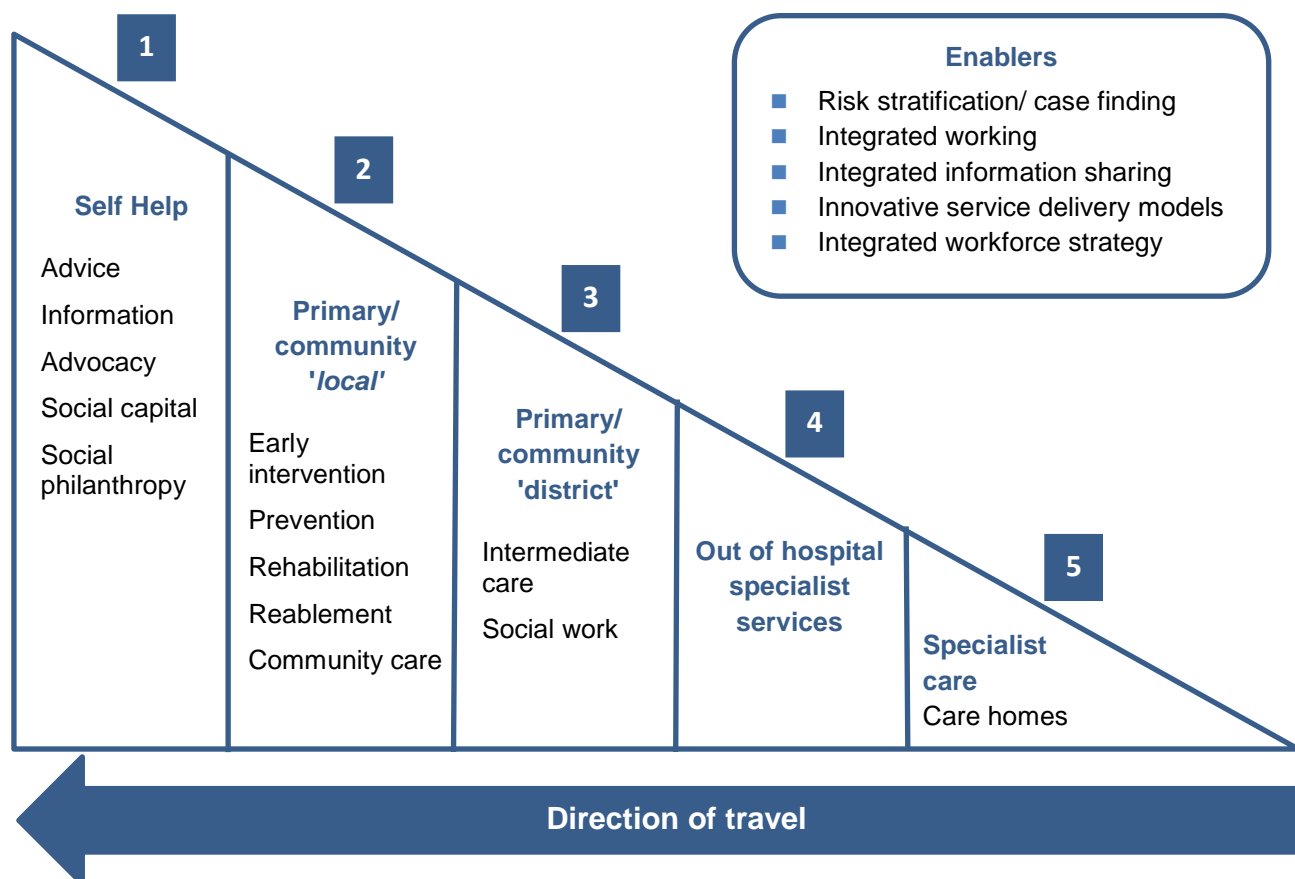
ownership and responsibility for, for example the lifestyles that we lead. We can also take responsibility and say what services we believe we need and do not need as well as how they should be delivered.

4.2 Moving care closer to the individual

Over the next five years our aspiration is that as many local people as possible are living healthy and happy lives and are independent and in control. When care and support is needed however, we aim for it to be planned by people working together to understand the individual and their carer(s), putting the individual in control and to co-ordinate and deliver services in a joined-up way. Recovery, or getting people to be the best they can be within the constraints of their personal circumstances, is at the core of our health and social care system.

Figure 1 shows our 'Levels of Care' model. In essence, we want formal, specialist care such as care homes and hospital stays to become the exception rather than the rule. Obviously this type of care is, and will, sometimes be needed. For the most part, however, it is not the best place for us to be. Remaining close to home and our local community, in places and with people who are familiar to us, gives the best chance of maintaining and managing our own health and wellbeing. We can all live happy and fulfilling lives within the constraints of our circumstances, we just need the right information and support to allow us to take control and the right care in the right places when we need it.

Figure 1 Showing our 'Levels of Care' Model

1

Self Help

Advice

Information

Advocacy

Social capital

Social philanthropy

2

Primary/ community 'local'

Early intervention

Prevention

Rehabilitation

Reablement

Community care

3

Primary/ community 'district'

Intermediate care

Social work

4

Out of hospital specialist services

5

Specialist care

Care homes

Enablers
- Risk stratification/ case finding
- Integrated working
- Integrated information sharing
- Innovative service delivery models
- Integrated workforce strategy

Direction of travel

Whilst the 'levels' appear discrete in the diagram, the reality is not, and it is not expected to be rigid. At any one time an individual may have care at multiple levels. We understand and acknowledge this. For example, 'self-help' can happen at each of the levels, just because someone is in hospital or care home does not and should not stop them from being able to take control and to receive the support they need to self-help. The principle of movement away from formal care towards care closer to the individual is relevant for all people of all ages – from birth to old age.

4.3 Reducing inequalities in health and wellbeing

We know that in Derby there are significant and entrenched inequalities in health and wellbeing. People are dying younger in the most deprived wards compared to the least deprived wards and some groups are much more likely to suffer from a range of illnesses such as cancer and heart disease. This is unacceptable. We know that this is an extremely challenging and long-standing issue to address but it is one we are committed to and one that we must tackle. Our actions will be universal, but with a scale and intensity that is proportionate to the level of disadvantage – *'proportionate universalism'* so will inevitably target the most vulnerable and disadvantaged.

5   HOW ARE WE GOING TO DO IT?

Our overall vision and objectives are challenging. There are several approaches we are going to take to help us achieve them:

5.1 Prevention and early intervention

Many of the challenges that we face as individuals and as a system are preventable, or could be reduced. At the heart of delivering what we want to achieve is a focus on prevention and early intervention, including identifying those who would benefit from preventative services. This begins right at the start of life and can continue throughout our lives. Whilst the outcomes may not be immediate, in the longer term they are significant both in healthy life gains and economically.

We will continue to focus on:

- Giving children the best start in life
- Promoting healthy lifestyle choices
- Population immunisation
- Screening and early diagnosis.

5.2 Promoting control, independence and responsibility

Fundamental to the success of this strategy is to support individuals and communities to be able to take control of their lives, be independent and take responsibility, within the context of their circumstances, for their own health and wellbeing. This isn't about passing responsibility. It is about providing suitable and accessible information and appropriate support to enable this to happen – this is what we are going to focus on. We recognise that control, independence and self-worth are in themselves fundamental aspects of positive wellbeing.

5.3 Building strong and resilient individuals and communities

The importance of individual and community resilience, close relationships and strong community networks cannot be underestimated. Supporting the development of resilience and strong communities including reducing social isolation will be one of the primary activities that will achieve the vision and objectives set out in this strategy.

5.4 Making every contact count

If we just take our public sector workforce, whether that is doctors, nurses, fire officers, police officers, social workers, and many others, we have thousands of contacts every day with individuals and families in our city who have health and wellbeing needs. If we broaden this to include the private sector, voluntary sector and most of all our local communities – the opportunity to make a difference to someone's health and wellbeing is there every second of every day. We intend to make the most of these opportunities.

6 GUIDING PRINCIPLES

As you have been reading through this strategy, its guiding principles are hopefully apparent. It is, however, worth spelling them out. They are fundamental to securing the common purpose and approach we are striving for and to delivering the best that we can for our local population:

6.1 Person-centred

This is a fundamental shift. A person-centred holistic approach is central to our approach moving forward. We want to move away from a focus on disease or on the aspects of care and support that we deliver. Instead we want to understand the needs of the individual and their carer(s) and how these are best met.

6.2 Parity of esteem of physical and mental health

Too often we separate mental health from physical health and mental health ends up the runner-up. It is frequently under-resourced and stigmatised. It is time this changed. Physical and mental health are inextricably linked. Both are important in achieving positive wellbeing. This strategy sets us on a path where mental and physical health will be considered together and with the same importance.

6.3 Care which is integrated and seamless

We have worried too much in the past about how we deliver our services and sometimes what makes sense organisationally hasn't made it easy for the individual or their carer(s). We aim to make services much more joined up and make sure there are no gaps for people to fall through. Whilst much of this will be about integrating and making seamless the interaction between different NHS and social care services, it needs to be more than this. It is also about understanding when and how services such as the Police fit. For example, many people who the Police come into contact with have complex health issues. We need to get much better at working constructively together across an individual's life.

6.4 Care which is safe and effective

The safeguarding of both children and vulnerable adults is of primary importance to us and is supported by joint strategic arrangements across partners that safeguard children

and adults in place in the city. It is also our intention that any services delivered to promote health and wellbeing are not only safe but are effective.

6.5   Delivering quality

Whilst we want all services delivered in relation to our population's health and wellbeing to be of good quality, we want our vision of quality to extend beyond service provision. We want it to be embedded throughout our thinking and actions.

7   RESOURCES

To help us to achieve our vision and objectives we will need to use our resources effectively. Money is obviously important to this. We recognise there is no new or specific money to support delivery of this strategy and in fact there may be less. We will, therefore, have to work out how to best use the money that we have to achieve what we want. Additionally, there are other types of resource that we need to develop and support if we are going to meet our aims:

7.1   Community assets

We are keen that this Health and Wellbeing Strategy does not just have a deficit-based approach, focusing on unmet need. We are keen to recognise the assets that we have. Absolutely central to our approach is the positive contribution individuals and communities do and can make to improving health and wellbeing in the city. We are committed to supporting and developing this valuable resource.

7.2   Workforce

Our people are the most important resource that we have. We need to have a responsive and knowledgeable workforce – both formal and voluntary. This goes right from initial training of roles through to development of the existing and established workforce. It is no good having a strategy if its vision and ideals are not embedded and believed by those delivering services and who are not given the necessary skills.

7.3   Quality integrated information and intelligence

Good quality information and intelligence is absolutely central to provide us with the appropriate knowledge and insight to shape what we do to most effectively deliver for local people. How can we have a person-centred approach when we don't really know how people access and use our services or what their experience of them is? We have huge amounts of data but much more needs to be done in terms of how it is shared, analysed and reported to turn this into useful knowledge to help us make the best decisions. Integrating and effectively using our local information is a priority for us.

8   DELIVERING THE STRATEGY

This strategy, as are many strategies, is full of nice ideas and grand plans. The challenge is making them reality. To make them real and to make this strategy deliverable, it will be underpinned by an implementation plan outlining key actions and responsibilities. Progress against this plan will be routinely reported to the Health and Wellbeing Board.

We recognise that this strategy is the start of a long journey. Strides have already been made in the right direction but there is still a long way to go. We do not intend this strategy to be set in stone for the next five years. We will continue to update and review our Joint Strategic Needs Assessment and in turn this Strategy will be fully reviewed and updated as appropriate to take into account the progress made or to reflect changes in policy or priorities.

9   WHERE DOES THE HEALTH AND WELLBEING STRATEGY SIT?

The Health and Wellbeing Strategy does not exist in isolation, it is informed by and informs a range of strategies and plans, particularly those of the members and partners of the Health and Wellbeing Board and other local Boards such as the Safeguarding Children Board. In addition, we need to work to continue to align and join up our plans and strategies within the city, including in relation to issues such as sexual exploitation which impact on health and wellbeing.

The Derby Plan is the overarching strategic plan of the city, and the Health and Wellbeing Strategy remains focussed on delivering the priorities of the Derby Plan.

Figure 2 The relationship between plans and strategies in the city
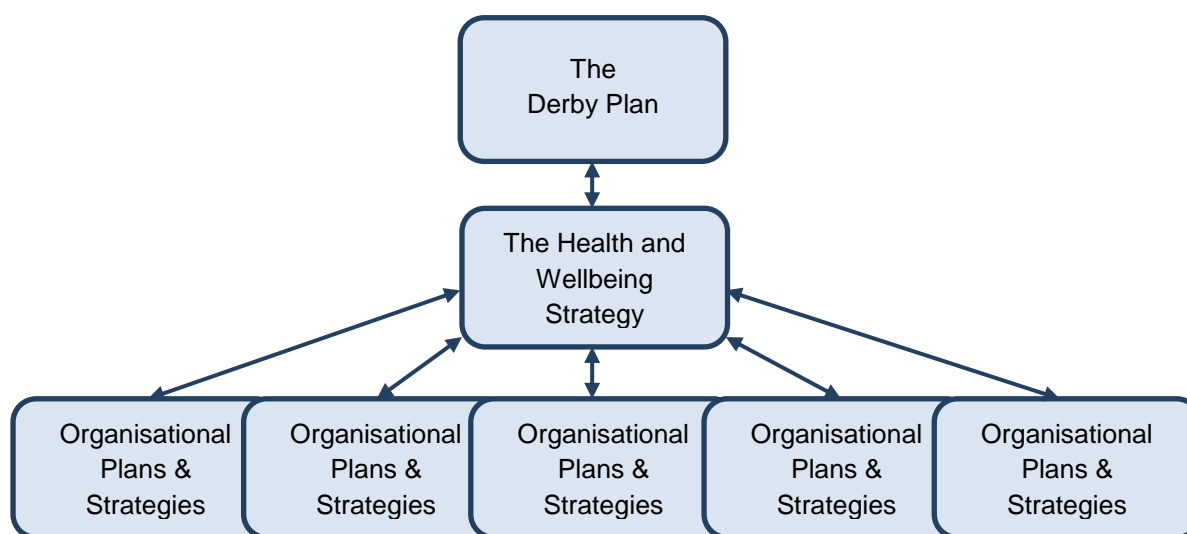
10 DEVELOPMENT

We already had a Health and Wellbeing Strategy in place in the city. This Strategy is therefore not about wholesale replacement of the previous strategy but is intended to be an evolution, a progressive step forward towards where we want to be.

There were four main components to the development of this Strategy:

10.1 Living Well for Longer event

This event showcased Derby's Response to the national call to action to Reduce Avoidable Premature Mortality. In addition to reviewing the work that was already taking place within the city, the event also included a range of workshops:

- **Workshop 1:** *Prevention*
  Focusing on maintaining a healthy population and preventing ill health.

- **Workshop 2:** *Diagnosis*
  Focusing on how we improve early diagnosis.

- **Workshop 3:** *Treatment and care*
  Focusing on how we can reduce clinical variation and improve quality and access.

- **Workshop 4:** *Building a new health care system*
  Focusing on how we improve integration.

The key issues and themes emerging from the workshops have been fed into the development of this Strategy. Over 70 individuals attended the event representing 22 stakeholder groups including commissioners and providers of health and social care services, professional committees, academics and third sector representatives. A full list of groups/ organisations represented can be found in Appendix 2.

10.2 Review of Health and Wellbeing Board member strategies and plans

In a perfect world, the development and publication of stakeholder plans and strategies would be synchronised and neatly follow the process: Joint Strategic Needs Assessment through to Health and Wellbeing Strategy through to Organisational Plan/ Strategy. Unfortunately, we don't live in a perfect world and our local plans and strategies are produced in different timeframes. The majority of the Health and Wellbeing Board stakeholders already have existing plans in place for the next year or two. Given this, it seemed sensible to review the existing plans and identify shared priorities and objectives on which to base the Health and Wellbeing Strategy. The Plans and Strategies reviewed as part of this process are shown in Appendix 3. There were significant consistencies across these plans in relation to priorities and objectives relevant to the Health and Wellbeing Strategy and are therefore incorporated in this document.

10.3 Review of the existing Health and Wellbeing Strategy

The existing Health and Wellbeing Strategy was reviewed in light of the event feedback, review of plans and strategies and direction of travel already set through the vision for the use of the Better Care Fund. While some elements of the Strategy are no longer relevant, much of it is still consistent with our vision for health and wellbeing within the city along with our approach to achieving it.

10.4 Strategy development workshops

To support the collation of information and thinking from the activities outlined above, two workshops were held to shape the structure and content of this Strategy. These workshops included representatives of the members of the Health and Wellbeing Board. The organisations and groups represented within these workshops are shown in Appendix 4.

11 ENGAGEMENT AND CONSULTATION

The priorities and objectives of this Strategy are developed and shared with a range of plans and strategies. These plans and strategies were developed through significant engagement with a wide range of groups and forums, with providers, professionals, public, patients, service users and carers. These included the Clinical Commissioning Group Urgent Care Executive, Integrated Care Board, Carer's Forum, Residential and Home Care Forum, 21st Century HealthCare Consultation, Call to Action and Health Panel Events.

The Strategy was published for formal consultation and additionally went to the Council's Diversity Forum members for feedback. Amendments were made to the draft first published as a result of this consultation.

12 GOVERNANCE

The accountability for the implementation and performance of the Health and Wellbeing Strategy sits with the Health and Wellbeing Board (a list of current Board members can be found in Appendix 5). To support this, a Strategy Implementation Plan will be regularly reviewed by the Board along with regular performance updates. This will ensure that the Board is able to appropriately monitor the progress and performance of the Strategy.

The Health and Wellbeing Board is one of five outcome Boards which have responsibility for the delivery of The Derby Plan. These Boards report to the Derby City and Neighbourhood Partnerships (DCNP) Management Group with oversight through the DCNP Leadership Board. This structure is outlined in Figure 3 below:

Figure 3 The governance structure of the Health and Wellbeing Strategy
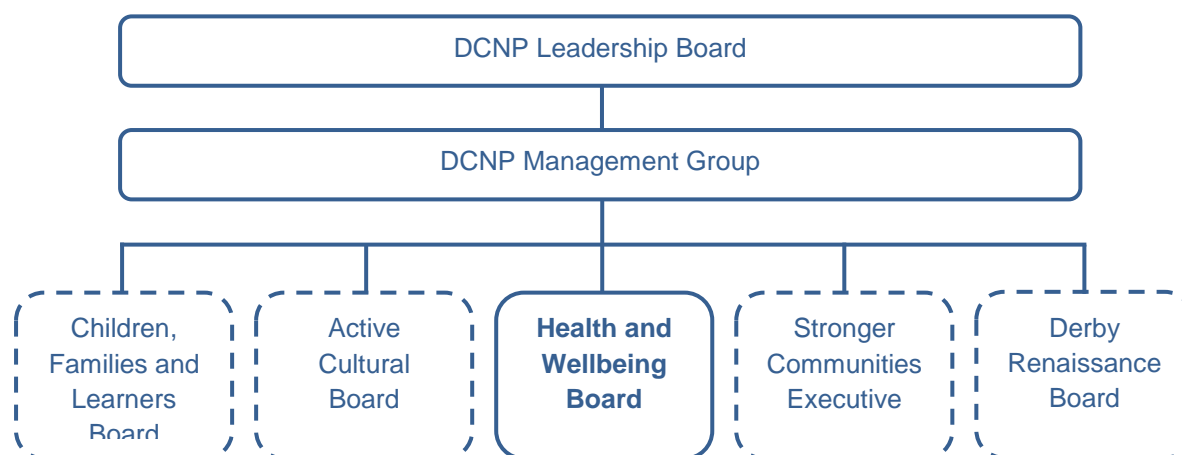
In addition to the Health and Wellbeing Board sitting coherently within the above governance structure and Board arrangements, we also recognise the importance of making sure that the Health and Wellbeing Board sits alongside and links effectively with other key Boards such as the Safeguarding Children Board and Strategic Transformation and Resilience Board.

13 REFERENCES

1. National Institute for Health and Care Excellence (2012) NICE local government briefing: Health inequalities and population health. NICE.

2. Public Health England (2014a) Derby Unitary Authority: Health Profile 2014. Public Health England, produced 12 August 2014.

3. Public Health England (2014b) Public Health Outcomes Framework. Public Health England. Online tool (http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/4/par/E12000004/are/E06000015) accessed 28/10/14)

4. Marmot, M. (2010) Fair Society, Healthy Lives: The Marmot Review. The Marmot Review.

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APPENDIX 1 PLAN ON A PAGE

Vision

Our vision is to improve the health and wellbeing of the people of the city and to reduce inequalities

Objectives

Objective 1: Health and social care system transformation

Transforming how we think about, provide and access services locally.
To do this we will need:
- To have a common purpose
- Strong and effective leadership
- Appropriate ownership and accountability.

Objective 2: To shift care closer to the individual

When care and support is needed, it:
- Is planned by working together and considerate of the individuals needs
- Enables individual choice and control
- Is delivered in a joined up way.

Objective 3: To reduce inequalities

Ending unjust inequalities in health and wellbeing, supporting everyone to live long, healthy lives:
- Tackling social inequalities
- Increasing opportunities for healthy lifestyle choices.

How

Prevention and early intervention
Giving children the best start; promoting healthy lifestyle choices; population immunisation; screening and early diagnosis.

Promoting control, independence and responsibility
Providing suitable and accessible information and appropriate support and education to enable this to happen.

Building strong and resilient individuals and communities
Supporting the development of close and meaningful relationships, strong networks and developing communities.

Making every contact count
Using every opportunity and contact we have with local people every day to make a difference to their health and wellbeing

Enablers

| Effective use of our money | Community assets | A responsive and well-skilled workforce | High quality, joined up information |

Principles

- To be person-centred
- To have parity of esteem of physical and mental health
- To deliver care which is integrated and seamless
- To deliver care which is safe and effective
- To deliver good quality care and services.

APPENDIX 2 LIST OF GROUPS/ ORGANISATIONS ATTENDING LIVING WELL FOR LONGER EVENT

The list below shows the groups and organisations represented at the Living Well for Longer event held in March 2014. Over 70 individuals attended the event representing 22 different organisations/ groups:

Derby City Council

Derbyshire Community Health Services NHS Foundation Trust

Derbyshire County Council

Derbyshire Fire & Rescue Service

Derbyshire Local Pharmaceutical Committee

Derbyshire Police

Healthwatch Derby

Local Medical Committee

NHS England Area Team – Derbyshire and Nottinghamshire

Public Health England – East Midlands Centre

Derby Hospitals NHS Foundation Trust

Southern Derbyshire Clinical Commissioning Group

Southern Derbyshire Voluntary Sector Mental Health Forum (SDVSMHF)

University of Derby

Women's Work

Derbyshire Healthcare NHS Foundation Trust

Relate Derby & South Derbyshire

Children and Young Peoples Network (Derby)

Derby Homes

Derby County Football Club

Public Health England

General Practice

APPENDIX 3 PARTNER PLANS REVIEWED

Adults, Health and Housing Directorate, Derby City Council - *Adults, Health and Housing Directorate Business Plan*

Children and Young People's Directorate, Derby City Council - *Children and Young People's Plan Directorate Business Plan*

Children and Young People's Plan

Derby City and Neighbourhoods Partnership - *Health and Wellbeing Strategy 2012-14*

Derby City and Neighbourhoods Partnership - *The Derby Plan 2013-2015*

Derby City Council - *Council Plan 2014/15*

Derby City Council/ Southern Derbyshire CCG - *Better Care Fund Bid*

Derby Hospitals NHS Foundation Trust - *Annual Plan 2013/14*

Derbyshire Community Health Services NHS Trust - *2 Year Operational Plan*

Derbyshire Healthcare NHS Foundation Trust - *Improving Lives, Strengthening Communities, Getting Better Together*

Healthwatch Derby - *Business Plan 2013-2016*

Neighbourhoods Directorate, Derby City Council - *Neighbourhood Directorate's Business Plan*

Southern Derbyshire/ Erewash CCGs - Draft Strategy Template

APPENDIX 4 INDIVIDUALS ATTENDING STRATEGY DEVELOPMENT WORKSHOPS

Title	Organisation
Acting Medical Director	Derbyshire Community Health Services NHS Trust
Area Manager	Derbyshire Fire & Rescue Service
Assistant Director (Clinical Strategy)	NHS England - Derbyshire and Nottinghamshire Area Team
Assistant Director of Public Health	Public Health, Derby City Council (DCC)
Associate Director of Business Development	Derby Hospitals NHS Foundation Trust
Chief Executive Officer	Healthwatch Derby
Chief Fire Officer	Derbyshire Fire & Rescue Service
Councillor - Allestree Ward; Health & Wellbeing Board Member	Derby City Council
Councillor - Mackworth Ward; Chair of Adults & Public Health Overview & Scrutiny Committee; Disability Champion	Derby City Council
Dean	College of Health and Social Care, University of Derby
Deputy Police and Crime Commissioner	Police & Crime Commissioner's Office
Director of Commissioning	CYP, DCC & Southern Derbyshire CCG
Head of Integrated Commissioning	Adults, Health & Housing, DCC
Head of Integrated Commissioning	Adults, Health & Housing, DCC
Head of Planning – Deputy Director Planning and Primary Care Development	Southern Derbyshire CCG
Head of Transformation & Patient Involvement	Derbyshire Healthcare NHS Foundation Trust
Policy and Research Manager	Police & Crime Commissioner's Office
Service Director: Home First and Direct Services	Adults, Health & Housing, DCC

Note: *individuals attended one or both of the workshops*

APPENDIX 5 CURRENT HEALTH AND WELLBEING BOARD MEMBERS.

Statutory membership

Strategic Director for Children and Young People

Strategic Director for Adults, Health and Housing

Leader of the Council (Chair)

Director for Public Health

GP Chair, Southern Derbyshire CCG (Vice Chair)

Chair, Derby Healthwatch

Non-Statutory membership

Dean, College of Health and Social Care, University of Derby

Cabinet Member for Adults and Health

Cabinet Member for Children and Young People

Third sector representative: Health and Wellbeing Network

Third sector representative: Children and Young People Network (Derby) C.IC.

Chief Executive, Derby Hospitals NHS Foundation Trust

Chief Executive, Derbyshire Community Healthcare Services

Chief Executive, Derbyshire Healthcare Foundation Trust

Chief Operating Officer, Southern Derbyshire CCG

Deputy Chief Fire Officer, Derbyshire Fire and Rescue Service

Derbyshire Police and Crime Commissioner

Medical Director, NHS England Area Team

Ward Councillor

Ward Councillor

Ward Councillor

Ward Councillor