

North East Derbyshire District Council

Cabinet

18 February 2015

North East Derbyshire Health and Wellbeing Approach

**Report No: LR/03/15/SL Councillor Mrs L Robinson, Portfolio Holder with
Responsibility for Community Safety and Health**

This report is public

Purpose of the Report

- To consider the review and republication of the North East Derbyshire Health & Wellbeing Strategy, to be combined with the DCC Locality Public Health Plan
- To consider the objectives, structure and operations of “Healthy North East Derbyshire,” the intended North East Derbyshire Health & Wellbeing Partnership to be supported by the Council
- To consider the submission of an application to become an associate member of Healthy Communities, part of the UK Healthy Cities Network.

1 Report Details

- 1.1 Addressing health inequalities remains a key challenge for local authorities and their partners, who must target their internal resources, work collaboratively and harness arising opportunities to make positive headway against these issues. National and local evidence sources continue to identify disparities based on geography, demographics, or both, with these issues influenced by lifestyle choices, access to and availability of services and social determinants (such as poverty, poor housing, unemployment and social disconnectedness).

Health and Wellbeing Strategy

- 1.2 The Council’s Health and Wellbeing Strategy covered the period 2011 to 2014 and is therefore due for refresh, to ensure that it continues to complement the Corporate Plan and is reflective of the health issues within the district, local strategic priorities, available resources and local service structures.
- 1.3 Any strategy refresh should give particular recognition to the following issues:
- The review of the Corporate Plan and Council priorities, to formalise mid-2015.
 - Changes in the structure and responsibilities of the Senior Management Team and departments, including the loss of the Associate Director of Public Health
 - Embedding of changes in the responsibilities and structures within partner agencies, including the disestablishment of the Primary Care Trusts, transfer of public health responsibilities to Derbyshire County Council and the establishment of the Clinical Commissioning Groups.

- Changes in the resources available to the authority and its partners to address the issues which are either direct or underlying determinants of health.

- 1.4 Although previously led by the Associate Director for Public Health, the loss of the post due to DCC reorganisation and changes to the NEDDC Senior Management Team structure has resulted in the loss of a dedicated officer lead for the Strategy. It is proposed that the Partnership Team lead on the Strategy refresh within the same timescale as NEDDC service plan development, working with the Strategy & Performance Team and other service areas as appropriate. This will ensure that other elements such as Healthy North East Derbyshire and Healthy Communities (see below) are included in the Council's approach to health issues.
- 1.5 As part of the refresh it is proposed that the Strategy includes the Locality Public Health Plan which is currently produced by the DCC Public Health Locality Team for North East Derbyshire. At present the Plan focuses on activity which is commissioned by DCC; following discussions between the Lead Member, Chief Executive, Partnership Team and DCC Public Health Locality Manager with responsibility for North East Derbyshire on 6th January 2015, it is proposed that the Plan forms part of the Health & Wellbeing Strategy and is widened to include actions paid for by core partner budgets and other external project monies as well as the DCC health funding. This would allow for a more integrated and co-ordinated approach to local health provision between the partners involved.
- 1.6 In other areas of Derbyshire DCC have provided the Locality Public Health Plan funding to the local district councils to manage on behalf of partners. It is proposed that this model is followed in North East Derbyshire, with the Partnership Team overseeing this work. Prior to taking on this responsibility clarification will be sought from DCC regarding their existing commitments and aspirations for the Plan, to ensure that it is appropriate for NEDDC to commission the identified actions.
- 1.7 Internally, the cross-departmental NEDDC Public Health Corporate Group was responsible for overseeing the implementation and monitoring of the Strategy although inconsistent representation at the Group and changes to the corporate monitoring structure resulted in a weaker engagement with the Corporate Plan than originally anticipated. Should the Health and Wellbeing Strategy be refreshed, it is important that the actions it includes are re-embedded into service plans and work plans and a clear public health outcomes framework is in place.
- 1.8 In terms of the Locality Public Health Plan activities the Partnership Team will monitor the commissioned projects in partnership with DCC Public Health staff or other appropriate partners as identified through the Healthy North East Derbyshire Partnership (see 1.9-1.13). DCC Public Health would continue to fulfil the role of requesting endorsement of the Locality Public Health Plan from its Local Area Committee which is responsible for approving the strategic focus of the Health Plan.

Healthy North East Derbyshire Partnership

- 1.9 A robust partnership arrangement is required in order to be able to successfully deliver an area-wide Health and Wellbeing Strategy which incorporates the Locality Public Health Plan. Due to the disestablishment of CHART LSP in 2012, there is not currently a partnership framework which convenes agencies to address health issues within North East Derbyshire district. The meeting held on 6th January 2015 considered the Discussion Paper produced by the Strategic Partnership Co-

ordinator on 11th November 2014 (**Appendix 1**), which proposed principles and operating arrangements how such a partnership could work; these were supported at the meeting.

- 1.10 The proposed aim of the partnership is *“To improve the health and wellbeing of people living in North East Derbyshire District”* and to fulfil the following functions:
- Providing DCC Public Health with a framework to better engage with partners in the district on how to target, develop and deliver their Locality Public Health Plan
 - Providing other partners, including the Council, with a framework to engage with partners in the district on how to target, develop and deliver their particular health plans/priorities.
- 1.11 The proposed objectives are to:
- Identify, implement/commission and monitor the impact of locality-specific interventions which address the priority health needs within the North East Derbyshire area by:
 - Reducing the gap in health inequalities
 - Adding value to existing work
 - Addressing gaps in provision which require focus (noting what the evidence, statistics and experience tells us)
 - Identifying required resources and appropriate delivery models to ensure that priorities can be realistically addressed
 - Help implement and monitor the impact of area-wide public health programmes at a locality level through the Health & Wellbeing Strategy and Locality Public Health Plan.
- 1.12 Terms of reference and suggested representation have been proposed, although both may be reviewed as appropriate to ensure the Partnership is fit for purpose. The paper includes how best to structure the meeting in terms of strategic linkages with the Bolsover & North East Derbyshire Clinical Commissioning Group Liaison Group, North East Derbyshire Local Area Committee and the internal strategic and operational structures within the Council and other partners.
- 1.13 It is proposed that the DCC Public Health Team will service and chair the meetings and also provide local health data, with the NEDDC Partnership Team focusing on the contracting, monitoring, performance management and partnership development with the commissioned projects and local communities. In addition, it is proposed that the Member with Portfolio for Community Safety and Health will attend the partnership to ensure direct links with the Council and Cabinet and strategic departmental representatives will represent the Council on a range of issues which link to health and wellbeing (e.g. Leisure, Economic Development, Housing and Environmental Health).
- 1.14 In terms of the Partnership delivering its objectives through the Health and Wellbeing Strategy, it has been recognised that significant value could be added by having a dedicated staffing resource. A budget allocation for three years has been made by DCC in the original Locality Public Health Plan by DCC for a community development worker to develop relationships in target communities to improve health. It is proposed that the worker is located within the Partnership Team to contribute to the Councils “eyes and ears on the ground,” as well as working with a range of partners as part of a ‘virtual team’ who will be focused on the delivery of the Strategy. Discussion held with the DCC Public Health Team on 4th February

2015 agreed that this was a positive way forward, to commence as soon as Cabinet approval is confirmed.

Healthy Communities

- 1.15 Healthy Cities, part of the UK Healthy Cities Network, is a global movement that engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. The Network enables local authorities, towns and cities to access the latest UK and international learning and contribute their learning and experience to the developing pool of knowledge. In recognition that health development is not a city-only issue, the *Healthy Communities* strand was launched to allow county, district/borough and rural unitary areas to participate.
- 1.16 The focus of the UK Healthy Cities Network runs in phases, each with their own priorities. Phase VI covers the period 2014-2018 and has the following four priorities for policy action 2020:
- Investing in health through a life course and empowering people;
 - Tackling the European Region's major health challenges of infectious and non-communicable diseases;
 - Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
 - Creating resilient communities and supportive environments.
- 1.17 Network membership is via an annual subscription and is open to cities, towns and local authorities across the UK. However, as DCC have enrolled Derbyshire as part of the Network, there is no financial cost to districts/boroughs who are encouraged to enrol as associate members. All that is required is an application which shows the commitment from the district area to uphold the principles of the network; it is expected that a local partnership such as the proposed Healthy North East Derbyshire Partnership would provide sufficient evidence to demonstrate that the membership criteria is met.
- 1.18 The benefits of being a member of the UK Healthy Cities Network will add significant value to the local approaches to address health inequalities and include:
- quarterly Network meetings
 - capacity building workshops, master classes and training events
 - sub-groups on Healthy Cities themes and approaches
 - regular e-bulletin and news updates
 - development of a City/Community specific microsite accessible via the UKHCN website
 - dissemination of learning and expertise from WHO, its Collaborating Centres and global leaders in the field
 - access to knowledge and experience drawn from local authorities, towns and cities across Europe active in Healthy Cities/Communities
 - being part of a values-based movement with a strong history of putting the principles of equity, empowerment, partnership and community participation into practice in local settings.
 - Online discussion forum for City/Community co-ordinators

Timescale

- 1.19 In order to maximise the impact which can be made to address local health inequalities, it is proposed that the development of the Health & Wellbeing Strategy and Healthy North East Derbyshire Partnership is undertaken within the same programme as the application to become an associate member of Healthy Communities, on the following timetable:

Action	Date	Comment
Meeting between Lead Member, Chief Executive, Partnership Team and DCC Public Health Locality Manager to discuss the principles which underpin the review and management of the Health & Wellbeing Strategy, the Healthy North East Derbyshire Partnership and submission of Healthy Communities application	6 th January 2015	The principles discussed and supported
Meeting with DCC Public Health Locality Manager to discuss their plans and commitments for the Locality Public Health Plan and the potential duties of the community development worker	4 th February 2015	Details clarified on current contracting arrangements, funding and agreement to employ worker
NEDDC Cabinet considers the proposed Health and Wellbeing approach	18 th February 2015	Note: The following actions are subject to approval by Cabinet
Development of Healthy North East Derbyshire Partnership	February – July 2015	Co-ordinated by Partnership Team
Development of Health & Wellbeing Strategy (consultation, data analysis and production)	February – July 2015	Co-ordinated by Partnership Team
Submission of Healthy Communities application for North East Derbyshire	June 2015	Co-ordinated by Partnership Team
Employment of community development worker, subject to DCC funding	June 2015	Employed in the Partnership Team
Cabinet consideration of refreshed Health & Wellbeing Strategy	August 2015	To be considered
NEDDC Partnership Team becomes responsible for the Locality Public Health Plan monies	September 2015	
Commencement of new Health and Wellbeing approach, with the Healthy North East Derbyshire Partnership overseeing the delivery of the Health & Wellbeing Strategy in line with Healthy Communities principles	September/ October 2015	

2 Conclusions and Reasons for Recommendation

- 2.1 It is important that the Council continues to show and monitor its commitment to the health of its residents, visitors and workers by having a fit for purpose Health and Wellbeing Strategy which complements the Corporate Plan and reflects local health

issues, strategic priorities and local delivery mechanisms. This can be embedded further by including the Locality Public Health Plan for the District.

- 2.2 Managing the Locality Public Health Plan monies for North East Derbyshire through the Partnership Team will provide the Council with greater influence in how and where the funding is allocated to achieve the Health and Wellbeing Strategy aims. The Partnership Team are best placed to fulfil this role for the Council due to their cross-departmental focus and experience of similar work.
- 2.3 Establishing a Healthy North East Derbyshire Partnership for the District will provide a more co-ordinated framework for delivering the Health and Wellbeing Strategy between various partner agencies working to address shared priorities.
- 2.4 Hosting a dedicated North East Derbyshire community development worker would provide the Council with greater influence on the focus of their work to address local health inequalities within the District. This would be subject to DCC funding the role.
- 2.5 Becoming a member of Healthy Communities, part of the UK Healthy Cities Network, will give the Council and its partners access to information, support and best practice enhance the positive impact made against health inequalities.

3 Consultation and Equality Impact

- 3.1 Detailed discussions have been held with the Lead Member, Chief Executive, DCC Public Health staff, NEDDC colleagues and representatives from other district councils who already work under similar arrangements to ensure the appropriate approach is being proposed to Cabinet.
- 3.2 The Partnership Team will co-ordinate the consultation on developing the Health & Wellbeing Strategy, in partnership with the DCC Public Health Team. The Consultation and Community Involvement Coordinator will also be engaged throughout the process to ensure that appropriate stakeholders are engaged and can contribute, through various means including consulting the Citizen's Panel.
- 3.3 Appropriate monitoring of Health & Wellbeing Strategy activity will be continually developed during the delivery of activity to ensure that the most vulnerable residents are supported.

4 Alternative Options and Reasons for Rejection

- 4.1 The Partnership Team does not have sufficient resources to administer all elements of the proposed Healthy North East Derbyshire Partnership and its skills are best utilised in the commissioning, monitoring and partner engagement work rather than clerical support (which DCC can provide - as experienced in other districts).
- 4.2 DCC Public Health initially felt it appropriate to form a Healthy Chesterfield & North East Derbyshire Partnership. Although there are historic working arrangements with Chesterfield through CHART LSP, it was felt more appropriate to have a stand-alone North East Derbyshire partnership which focused on local issues. Activity with other districts will take place on shared priorities, particularly with Bolsover due to the greater links with through shared NEDDC/BDC and DCC Public Health staff and the Clinical Commissioning Group Liaison Group.

- 4.3 DCC has investigated several options regarding potential organisations to employ the community development worker. Discussions held on 4th February 2015 agreed that hosting the worker within the NEDDC Partnership Team would allow for greater direction of the worker's involvement in delivering against Health & Wellbeing Strategy priorities in target communities.

5 Implications

5.1 Finance and Risk Implications

- 5.1.1 An inter-authority agreement will be put in place with DCC regarding the management of the Locality Public Health Plan monies to minimise the risk to the Council.
- 5.1.2 Should NEDDC employing a dedicated North East Derbyshire community development worker post utilising the Locality Health Plan monies, assurances will be sought from DCC to ensure that financial risks and liabilities to the Council are minimised. This could include offering the post on a fixed term contract subject to the DCC funding,
- 5.1.3 Associate membership of the Healthy Communities Programme has no cost implications to the Council, with DCC covering the countywide partnership membership costs until 2018.

5.2 Legal Implications including Data Protection

- 5.2.1 Any funding commissioned through the Locality Public Health Plan will be overseen by formal agreement between the Council and the recipient, monitored by NEDDC and DCC staff.

5.3 Human Resources Implications

- 5.3.1 All support to address this work is delivered through existing resources, such as through front-line service delivery and strategic officers networking with partners. Maximising partnership working as well as better identifying the support delivered through internal processes is essential to the success of addressing this work area.
- 5.3.2 The Partnership Team will focus on the consultation and development of the Health and Wellbeing Strategy and Healthy Communities bid and monitoring of any Locality Public Health Plan projects, whilst DCC Public Health will service and lead the Healthy North East Derbyshire Partnership meetings.
- 5.3.3 Should the Council approve the principle of employing a dedicated North East Derbyshire community development worker and this option be pursued, the scale of the post would be determined through the Council's job evaluation scheme. A memorandum of understanding regarding the expectations upon the post will also be established with DCC (as the funder for the position).

6 Recommendations

That Cabinet:-

- 6.1 Approves the development of a new Health and Wellbeing Strategy which underpins both the Council's corporate approach to addressing health issues and includes the partnership Locality Public Health Plan for the District.
- 6.2 Approves the management of the Locality Public Health Plan monies for North East Derbyshire in partnership with Derbyshire County Council, to be responsibility of the Partnership Team.
- 6.3 Approves support of the establishment of a Healthy North East Derbyshire Partnership for the District.
- 6.4 Requests the Chief Executive Officer uses his delegated authority, following consultation with the Portfolio Member for Community Safety and Health (including Anti-Social Behaviour and Health), to approve the principle to employ a dedicated North East Derbyshire community development worker for Healthy Communities, subject to full job evaluation and Derbyshire County Council funding the position.
- 6.5 Approves the submission of a North East Derbyshire Healthy Communities application on behalf of both the Authority and local partners.

7 Decision Information

Is the decision a Key Decision? (A Key Decision is one which results in income or expenditure to the Council of £50,000 or more or which has a significant impact on two or more District wards)	No
District Wards Affected	
Links to Corporate Plan priorities or Policy Framework	

8 Document Information

Appendix No	Title
1	Discussion Paper: North East Derbyshire Health & Well-Being Partnership
Background Papers (These are unpublished works which have been relied on to a material extent when preparing the report. They must be listed in the section below. If the report is going to Cabinet (NEDDC) or Executive (BDC) you must provide copies of the background papers)	
Report Author	Contact Number
Steve Lee, Strategic Partnership Co-ordinator	01246 (21)7512

Discussion Paper: North East Derbyshire Health & Well-Being Partnership

1. Background

The purpose of this paper is to propose the objectives, structure and operations of the intended North East Derbyshire Health & Well-Being Partnership. This group will fulfil a similar role to the former CHART LSP Health & Well-Being Theme Group and focus on fulfilling the following functions:

- Providing DCC Public Health with a framework to better engage with partners in the district on how to target, develop and deliver their Locality Public Health Plan
- Providing other partners, including the Council, with a framework to engage with partners in the district on how to target, develop and deliver their particular health plans/priorities

2. Proposed Objectives, Structure and Operations

The proposed objectives, structure and operations are identified below and intend to promote discussion on how to best determine the structure and focus of the group.

Proposed Purpose / Aim

To improve the health and well-being of people living in North East Derbyshire District.

Proposed Objectives

- Identify, implement/commission and monitor the impact of locality-specific interventions which address the priority health needs within the North East Derbyshire area
 - *Add value to existing work*
 - *Address gaps in provision which require focus (noting what the evidence, statistics and experience tells us)*
 - *Identify required resources and appropriate delivery models to ensure that priorities can be realistically addressed*
- Help implement and monitor the impact of area-wide public health programmes at a locality level
 - *Via the Locality Public Health Plan (including actions identified at the CCG Liaison Group)*

It is proposed that the Locality Public Health Plan forms the basis of meeting these objectives and is widened in scope to include activities which may be resourced by partner agencies and not just DCC Public Health. This will provide evidence of focus and collaboration from partners seeking to address health and well-being challenges.

Proposed Terms of Reference

A copy of the proposed Terms of Reference is attached in Appendix A. These are similar to the Terms of Reference used by both the Bolsover and CHART LSPs.

Proposed Strategic Linkages & Partnership Structure

With the prime responsibility of leading on the Locality Public Health Plan it is suggested that the Derbyshire County Council Public Health Team (PHT) are the strategic lead for this Partnership, chairing and servicing the meetings. This model emulates the approach taken in several other areas across Derbyshire (e.g. Bolsover, High Peak) and ensures a direct link to the DCC Local Area Committee (LAC) who oversees the Locality Public

Health Plan under the auspices of the Derbyshire Health & Well-Being Board (H&WB Board).

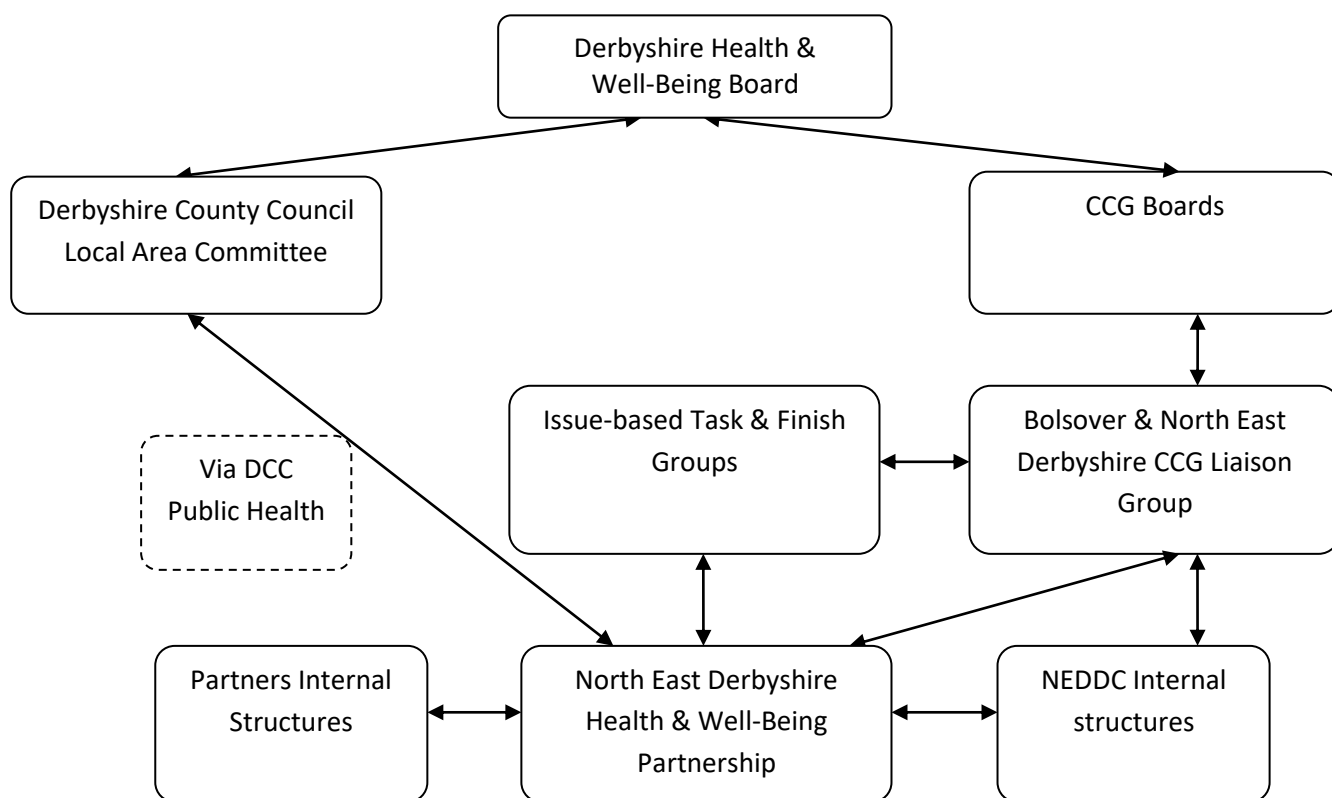
The District Council intends to develop its own Public Health Strategy and Action Plan and the activity from this can be included in the Partnership's discussions, recognising that collaboration will maximise the impact made on areas of focus. The presence of the Member with Portfolio for Community Safety and Health will ensure direct links the Cabinet of NEDDC.

The PHT and District Council also work closely with regards to engagement with the Clinical Commissioning Groups (CCGs) and this joint approach will help develop approaches which complement and inform the work developed through the CCG Liaison Group, which itself links to CCG Boards and the H&WB Board.

In terms of delivery, as well as commissioning and single agency provision, a Task & Finish Group approach will enable the appropriate officers and representatives from partners to convene to address the priority issues, linking with their own organisations, the Partnership and CCG Liaison Group as appropriate to again maximise the impact made.

Proposed Structure

A simplified version of the proposed structure is below:



Proposed Membership

It is suggested that the Partnership is formed from a core group of partners but with the flexibility to include others as the agenda and priorities dictates. It is important to have the appropriate representation of people who have the authority, responsibility and commitment to be able to participate and advise what operational commitment their respective organisations can provide; however, expectations on representation need to be realistic and a happy medium may be required in terms of seniority, understanding of

operational issues and ability to attend regularly. This is a recognition made during the disestablishment of CHART LSP.

It is important that the NED-focused PHT officers are part of the meeting to ensure that there is collective understanding of what is agreed at the Partnership and how this translates into action through the implementation of the Locality Public Health Plan. Experience of the NEDDC Corporate Public Health Group has shown that where locality workers are not involved, understanding of the ways forward and progress will be diminished.

The NEDDC Member with Portfolio for Community Safety and Health will receive officer support from the Partnership Team although other departmental representatives will be present because of the significant contribution that they are able to make to the wider health and well-being agenda.

The initial suggested invitation list is identified in Appendix B. It is recognised that the numbers of attendees may not be conducive to a productive meeting and noted that some organisations may either prefer “associate member” status, only engaging as issues within their remit are raised, or remain more engaged at a delivery level through the Task & Finish Groups.

Recommendation

That the proposals are considered by stakeholders.

Steve Lee
Strategic Partnership Co-ordinator
11th November 2014

NORTH EAST DERBYSHIRE HEALTH & WELL-BEING PARTNERSHIP

TERMS OF REFERENCE

The Group will:

1. Agree and produce a relevant Action Plan which encompasses priorities agreed in the NED Locality Public Health Plan relevant to National and local indicators.
2. Take responsibility for the delivery of targets and priorities identified in the NED Locality Public Health Plan together with other partnership plans and Government targets.
3. Take responsibility for monitoring progress against the NED Locality Public Health Plan, reviewing progress and providing updates to the Local Area Committee, Health & Well Being Board, CCG Liaison Group, the Council and partners as appropriate.
4. Identify opportunities to commission or mainstream services which will avoid duplication, create efficiencies and develop collaborative working, reporting to the appropriate service providers/commissioners.
5. Share and review local, regional and national examples of good practice.
6. Encourage any suggestions/proposals from partners, the Local Area Committee, Health & Well Being Board and CCG Liaison Group, particularly in relation to cross cutting issues.
7. Promote and encourage community and voluntary sector participation within the Group to ensure residents/local people are engaged and supported in their role.

ROLES AND RESPONSIBILITIES OF CHAIR

The elected Chair or Lead Organisation of a Partnership Group must:

1. Take responsibility for organising an effective schedule of meetings which will coincide with the cycle of key partnership meetings .
2. Chair meetings effectively in order to ensure meetings abide by the agreed Terms of Reference.
3. Ensure adequate administrative support is provided from their own organisation or other organisation.
4. Ensure the timely reporting to the CCG Liaison Group, LAC, and partners as appropriate (e.g. District Council Cabinet).
5. Ensure partners provide appropriate information in an accessible format.
6. Ensure the Partnership Group gives priority in ensuring cross cutting issues are promoted and encourage “joined-up” thinking between partner organisations where appropriate.
7. Promote and encourage the development of a cohesive working Action Plan for the Partnership Group, ensuring that there are opportunities to work jointly across the relevant themes. This should be part of, or complement, the Locality Public Health Plan.
8. Encourage the Group to be aware and take account of responsibilities, in relation to monitoring and evaluating performance against the Action Plan.

North East Derbyshire Health & Well-Being Partnership**Proposed Membership**

It is suggested that initial attendees are invited from the list below:

Andrew Jones / other representative	Chesterfield Royal Hospital
Tracy Fern	Chesterfield College Community Engagement
Julie Dixon	Chesterfield Time Bank
Karen Peck	CNEDCU
Craig Jaques-Newton / other rep	DCC Adult Care Group Manager (C/B/NED)
Margaret Blount	DCC Derbyshire Sport
Brenda Towse / other representative	DCC Locality Manager C&YP
Public Health Manager (To Chair)	DCC Public Health
Locality Public Health Worker	DCC Public Health
Sue Piredda	DCC Public Health
Nick Chischniak	Derbyshire & Notts Chamber of Commerce
Russell Dakin	Derbyshire Constabulary Community Safety
Matt Lee	Derbyshire Fire & Rescue Service (DFRS)
Teresa Waldron	Derbyshire Law Centre
Colin Hampton	DUWC
Andy Gregory / other rep	Hardwick CCG
Angela Stansfield	Job Centre Plus (JCP)
James Lee	Links CVS
Phil Morris	NEDCAB
Jane Weston	NEDDC Economic Development
Kelly Massey	NEDDC Health & Well-Being Development
Carl Griffiths	NEDDC Housing Options/Homelessness
Rebecca Slack	NEDDC Housing Strategy
Paul Hackett	NEDDC Joint Executive Director Transformation
Lee Hickin	NEDDC Leisure
Steve Lee	NEDDC Partnership Team
Dawn Raybould	NEDDC Partnership Team
Cllr Lilian Robinson	NEDDC Portfolio Member
Steve Pintus	NHS Derbyshire County
Sharon Gibbs / other rep	North Derbyshire CCG
Jacqui Willis	North Derbyshire Voluntary Action
Heather Summers	Rykneld Homes Ltd Community Involvement
Dave Radford	The Volunteer Centre
Joanne Gordon	TRUST