

# Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

Telephone 01572 722577 Email: [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

Ladies and Gentlemen,

A meeting of the **RUTLAND HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham, Rutland LE15 6HP on **Tuesday, 21st March, 2023** commencing at **2.00 pm** when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews  
**Chief Executive**

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Although social distancing requirements have been lifted there is still limited available seating for members of the public. If you would like to reserve a seat, please contact the Governance Team at [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk). The meeting will also be available for listening live on Zoom using the following link: <https://us06web.zoom.us/j/87488626375>

## **A G E N D A**

### **1) WELCOME AND APOLOGIES RECEIVED**

### **2) RECORD OF MEETING**

To confirm the record of the meeting of the Rutland Health and Wellbeing Board held on the 24<sup>th</sup> January 2023.  
(Pages 7 - 18)

### **3) ACTIONS ARISING**

To review and update the actions arising from the previous meeting.

No.	Ref.	Action	Person
1.	3	Katherine to collate falls data and distribute a briefing to Board members for their information.	<b>Katherine Willison</b>
2.	9	Councillor Harvey to send details of the feedback on the Integrated Care	<b>Councillor Harvey</b>

		Partnership Strategy from the Rutland Health and Wellbeing Board to Sarah Prema.	
<b>3.</b>	9	Sarah Prema to speak to the Clerk regarding report deadlines for the next meeting of the Rutland Health and Wellbeing Board on the 21 <sup>st</sup> March 2023 with regard to the ICB's 5 Year Forward Plan.	<b>Sarah Prema</b>
<b>4.</b>	9	The Clerk to invite NHS England to a meeting of the Health and Wellbeing Board to give an update on the transition of delegated dental services and the overall access of dental services in Rutland.	<b>Jane Narey</b>
<b>5.</b>	10A	The Health and Integration Lead to update members of the Board (via email) with details of the professional stakeholders to be consulted with regard to the Communication and Engagement Plan to ensure all professional stakeholders were included.	<b>Katherine Willison</b>

#### **4) DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

#### **5) PETITIONS, DEPUTATIONS AND QUESTIONS**

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of [Procedure Rule 73](#).

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

**6) QUESTIONS WITH NOTICE FROM MEMBERS**

To consider any questions from Members received under [Procedure Rule 75](#).

**7) NOTICES OF MOTION FROM MEMBERS**

To consider any Notices of Motion from Members submitted under [Procedure Rule 77](#).

**8) ACCESS TO NHS DENTAL SERVICES IN RUTLAND: UPDATE 20 MIN**

To receive a presentation from NHS England – Midlands Region.  
(Pages 19 - 28)

**STANDING AGENDA ITEMS**

**9) JOINT STRATEGIC NEEDS ASSESSMENT: UPDATES & TIMELINE 10 MIN**

To receive an update from Mike Sandys, Director of Public Health for Leicestershire & Rutland, LCC

**10) LEICESTER, LEICESTERSHIRE & RUTLAND (LLR) INTEGRATED CARE SYSTEM: UPDATE**

**A. INTEGRATED CARE BOARD: 5 YEAR FORWARD PLAN 10 MIN**

To receive Report No. 49/2023 from Sarah Prema, Chief Strategy Officer, LLR ICB.  
(Pages 29 - 42)

**B. RUTLAND MEMORIAL HOSPITAL FEASIBILITY STUDY 10 MIN**

To receive a verbal update from Sarah Prema, Chief Strategy Officer, LLR ICB and David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust & Northamptonshire Healthcare NHS Foundation Trust.

**11) JOINT HEALTH AND WELLBEING STRATEGY 10 MIN**

To receive Report No. 53/2023 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care and presented by Katherine Willison, Health and Integration Lead, RCC.  
(Pages 43 - 98)

**12) BETTER CARE FUND 10 MIN**

To receive Report No. 52/2023 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care and presented by Katherine Willison, Health and Integration Lead, RCC.

(Pages 99 - 102)

**13) UPDATE FROM THE SUB-GROUPS**

- A. CHILDREN AND YOUNG PEOPLE PARTNERSHIP 5 MIN  
To receive an update from Councillor David Wilby, Chair of the Rutland Children and Young People Partnership
- B. INTEGRATED DELIVERY GROUP 5 MIN  
To receive an update from Debra Mitchell, Deputy Chief Operating Officer, LLR ICB
- C. RUTLAND MENTAL HEALTH NEIGHBOURHOOD GROUP 5 MIN  
To receive an update from Emma-Jane Hollands, Head of Community Care Services, RCC and Mark Young, Senior Mental Health Neighbourhood Lead, RCC.  
(Pages 103 - 104)
- D. STAYING HEALTHY PARTNERSHIP 5 MIN  
To receive an update from Adrian Allen, Assistant Director - Delivery, Public Health and Mitch Harper, Strategic Lead – Rutland, Public Health.

**14) REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN 5 MIN**

To consider the current Forward Plan and identify any relevant items for inclusion in the Rutland Health and Wellbeing Board Annual Work Plan, or to request further information.

The Forward Plan is available on the website using the following link:

<https://rutlandcounty.moderngov.co.uk/mgListPlans.aspx?RPId=133&RD=0>

(Pages 105 - 108)

**15) ANY URGENT BUSINESS 5 MIN**

**16) DATE OF NEXT MEETING**

The next meeting of the Rutland Health and Wellbeing Board is proposed for Tuesday, 27<sup>th</sup> June 2023 at 2.00 p.m. in the Council Chamber, RCC, Catmose, Oakham, LE15 6HP [date/time TBC].

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**DISTRIBUTION**

**MEMBERS OF THE RUTLAND HEALTH AND WELLBEING BOARD:**

Name	Title
1. Samantha Harvey (Councillor) CHAIR	Portfolio Holder for Health, Wellbeing and Adult Care

2.	VACANT VICE CHAIR	Clinical Place Leader, Rutland Health Primary Care Network
3.	David Wilby (Councillor)	Portfolio Holder for Education and Children's Services
4.	David Williams	Group Director of Strategy & Partnerships Leicestershire Partnership NHS Trust & Northamptonshire Healthcare NHS Foundation Trust
5.	Dawn Godfrey	Strategic Director of Children and Families (DCS), RCC
6.	Debra Mitchell	Deputy Chief Operating Officer, LLR ICB
7.	Duncan Furey	Chief Executive Officer, Citizens Advice Rutland
8.	Ian Crowe	Armed Forces Representative
9.	Janet Underwood (Dr)	Chair, Healthwatch Rutland
10.	John Morley	Strategic Director for Adults and Health (DASS), RCC
11.	Lindsey Madeley- Harland (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
12.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
13.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
14.	Sarah Prema	Chief Strategy Officer, LLR ICB
15.	Simon Barton	Deputy Chief Executive, UHL NHS Trust
16.	Steve Corton	Ageing Well Team Support, NHS England - Midlands

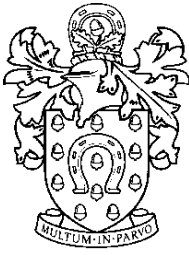
#### OFFICERS ATTENDING:

	Name	Title
17.	Adrian Allen	Assistant Director - Delivery, Public Health
18.	Jane Narey	Scrutiny Officer, RCC
19.	Katherine Willison	Health and Wellbeing Integration Lead, RCC
20.	Mark Young	Senior Mental Health Neighbourhood Lead, RCC
21.	Penny Sharp	Strategic Director for Places, RCC

#### FOR INFORMATION

	Name	Title
22.	Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust

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# Rutland County Council

Catmose Oakham Rutland LE15 6HP  
Telephone 01572 722577 Email: [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland LE15 6HP on Tuesday, 24th January, 2023 at 2.00 pm

## **PRESENT**

1.	Samantha Harvey (Councillor) CHAIR	Portfolio Holder for Health, Wellbeing and Adult Care
2.	David Wilby (Councillor)	Portfolio Holder for Education and Children's Services
3.	David Williams	Group Director of Strategy & Partnerships Leicestershire Partnership NHS Trust & Northamptonshire Healthcare NHS Foundation Trust
4.	Dawn Godfrey	Strategic Director of Children and Families (DCS), RCC
5.	Debra Mitchell	Deputy Chief Operating Officer, LLR ICB
6.	Ian Crowe	Armed Forces Representative
7.	Janet Underwood (Dr)	Chair, Healthwatch Rutland
8.	John Morley	Strategic Director for Adults and Health (DASS), RCC
9.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
10.	Sarah Prema	Chief Strategy Officer, LLR ICB

## **APOLOGIES:**

11.	James Burden (Dr)	Clinical Place Leader, Rutland Health Primary Care Network
12.	Lindsey Madeley-Harland (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
13.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
14.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
15.	Simon Barton	Deputy Chief Executive, UHL NHS Trust

## **ABSENT:**

16.	Duncan Furey	Chief Executive Officer, Citizens Advice Rutland
17.	Steve Corton	Ageing Well Team Support, NHS England - Midlands

## **OFFICERS PRESENT:**

18.	Adrian Allen	Assistant Director - Delivery, Public Health
19.	Emma Jane Hollands	Head of Community Care Services, RCC

20.	Hanna Blackledge	Business Intelligence, Lead Public Health Analyst, Leicestershire County Council
21.	Jane Narey	Scrutiny Officer, RCC
22.	Karen Kibblewhite	Head of Commissioning Health and Wellbeing
23.	Katherine Willison	Health and Wellbeing Integration Lead, RCC
24.	Kim Sorsky	Head of Prevention and Complex Care, RCC
25.	Mitch Harper	Strategic Lead – Rutland, Public Health.

## 1 WELCOME AND APOLOGIES RECEIVED

Councillor Harvey welcomed everyone to the meeting. Apologies were received from Mark Powell, Dr James Burden, Simon Barton, Insp. Lindsey Madeley-Harland, Louise Platt.

## 2 RECORD OF MEETING

The minutes of the Rutland Health and Wellbeing Board meeting held on the 11<sup>th</sup> October 2022 and the special meeting on the 13<sup>th</sup> December 2022 were both approved as accurate records.

## 3 ACTIONS ARISING

Councillor Harvey reported that there were no actions from the special meeting held on the 13<sup>th</sup> December but there were 4 actions from the meeting held on the 11<sup>th</sup> October 2022.

### Action 1

*The Group welcomed the plan for a development session on health inequalities and agreed that Mitch Harper should arrange the development session for a date after the publication of the expected census data.*

Mitch Harper confirmed that a Health Inequalities Development Session had been arranged for the 31<sup>st</sup> January 2023, 1.00 – 4.00 p.m. in the Council Chamber at Rutland County Council.

### Action 2

*Councillor Harvey, Debra, Katherine and John to meet to identify an agreed format for the update reports.*

Councillor Harvey confirmed that a format for the update reports had been agreed.

### Action 3

*Katherine to collate falls data and distribute a briefing to Board members for their information.*

Katherine Willison confirmed that the data was still being analysed to clarify the numbers stated. It was agreed that the action would be carried forward to the next meeting.

**ACTION: Katherine Willison**

### Action 4

*Councillor Harvey, Dr James Burden and Mike Sandys to arrange a joint communication regarding the winter vaccination to give the public clear guidance.*



Councillor Harvey and Mike Sandys stated that they could not recall a joint communication being produced but confirmed that communication regarding the winter vaccination was no longer required.

#### **4 DECLARATIONS OF INTEREST**

There were no declarations of interest declared.

#### **5 PETITIONS, DEPUTATIONS AND QUESTIONS**

- The Clerk confirmed that two questions had been received: one from Mrs Jennifer Fenelon on behalf of the Rutland Health and Social Care Policy Consortium and one from Air Cdre Miles Williamson-Noble on behalf of Rutland First.
- The questions had been approved by the Chief Executive and the Monitoring Officer and had been added to the website and circulated to committee members in advance of the meeting.
- Air Cdre Williamson-Noble could not attend the meeting so had asked Mrs Fenelon to be his representative and present his question to the Board.

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Mrs Fenelon joined the meeting at 2.06 p.m.

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- Mrs Fenelon addressed the Board with the details of the first question and a response was received from Sarah Prema, Chief Strategy Officer at the Leicester, Leicestershire and Rutland Integrated Care Board.
- Mrs Fenelon informed the Board that there was concern that the Joint Strategic Needs Assessment was still not completed and that the Place Strategy remained aspirational. Mike Sandys confirmed that the Joint Strategic Needs Assessment was and would be a continuously working document with chapters published as an ongoing process. Mrs Fenelon addressed the Board with the details of the second question and Councillor Harvey gave a response provided by Katherine Willison, Health and Wellbeing Integration Lead.
- Mrs Fenelon queried if discharging patients directly into care homes was the automatic process and if other methodologies had been considered. John Morley, Strategic Director for Adult Services and Health confirmed that the main priority for Rutland County Council was to return people to their own homes and that the use of care homes was a last resort. Over the past few years, Rutland had excelled in this process due to the excellent communication and teamwork between the Council, NHS health colleagues and the care homes.
- Councillor Harvey confirmed that written responses to both questions would be sent to Mrs Fenelon and Air Cdre Williamson-Noble and would also be published with the minutes of the meeting on the council's website.

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Mrs Fenelon left the meeting at 2.17 p.m.

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#### **6 QUESTIONS WITH NOTICE FROM MEMBERS**

There were no questions with notice from members.

## 7 NOTICES OF MOTION FROM MEMBERS

There were no notices of motion from members.

## 8 JOINT STRATEGIC NEEDS ASSESSMENT: UPDATES & TIMELINE

### A. JOINT STRATEGIC NEEDS ASSESSMENT: OVERVIEW

A verbal update was received from Adrian Allen, Assistant Director – Delivery, Public Health. During the discussion, the following points were noted:

- Two chapters of the Joint Strategic Needs Assessment (JSNA) were being worked on for presentation to the Rutland Health and Wellbeing Board in the spring of 2023: 'Preparing for Population Growth' and 'Substance Misuse'.
- The proposed next chapters were 'Mental Health,' 'Dementia' and 'Learning Disabilities.'
- A refresh would also be done of the 'Military and Veteran Population' chapter aimed specifically at Rutland to support the incoming battalions returning from Cyprus.
- Other chapters to be completed in the future would include: 'Best Start for Life', 'Staying Healthy and Independent', 'Healthy Ageing', 'Equitable Access to Services' and 'Covid-19 Recovery.'
- A clear process plan had been identified but the IDG had requested that the work on the 'Dementia' chapter be brought forward.
- It was proposed that the chapters on 'Dementia' and 'Learning Disabilities' be taken first before the chapter on 'Mental Health'.
- The Strategic Director of Children and Families commented that there was a difference between learning disabilities and learning difficulties and that the chapter on learning disabilities would need to be defined clearly so it was accurate.
- It was noted that there were currently long waiting times for children with learning difficulties to be assessed.

### **RESOLVED**

That the Committee:

- a) **AGREED** to delegate the decision, to take the chapters on 'Dementia' and 'Learning Disabilities' before the chapter on 'Mental Health,' to Councillor Harvey, Mike Sandys, Director of Public Health for Leicestershire & Rutland, LCC and John Morley, Strategic Director for Adult Services and Health (DASS), RCC once learning disabilities had been clearly defined.

### B. HEALTH INEQUALITIES AND END OF LIFE CARE

Report No. 17/2023 on the Health Inequalities and End of Life Care and Support chapters was received from Mitch Harper, Strategic Lead – Rutland, Public Health. During the discussion, the following points were noted:

- A Health Inequalities Workshop would be held on the 31<sup>st</sup> January 2023, 1.00 pm in the Council Chamber at RCC.
- It was noted that the report did not recognise that there was a reluctance particularly by men, to register as a carer. The Chair stated this had been

identified as a priority in the refreshed Joint Carers Strategy 2022-2025, which had been launched week beginning 16<sup>th</sup> January 2023.

<https://www.rutland.gov.uk/adult-social-care/carers/joint-carers-strategy-2022-2025>

- It was confirmed that the Staying Healthy Partnership would be reviewed every six months with an updated report presented to the Rutland Health and Wellbeing Board.
- The Chair requested that the recommendations detailed in section 8 of the End of Life Needs Assessment be cross referenced to the section on Joint Health Strategy to ensure that the recommendations were linked together and completed.

## **RESOLVED**

That the Committee:

- a) **APPROVED** the Rutland Health Inequalities Needs Assessment and proposed governance approach.
- b) **APPROVED** the End of Life Needs Assessment and proposed governance approach.

## C. ORAL HEALTH NEEDS ASSESSMENT

Report No. 18/2023 was received from Hanna Blackledge, Business Intelligence, Lead Public Health Analyst, Leicestershire County Council.

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**Hanna Blackledge joined the meeting at 2.47 p.m.**

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During the discussion, the following points were noted:

- The current issues with access to dental services were not detailed in the report as the data detailed in the report was from 2021.
- It was confirmed that there was currently no oral health promotion service in Rutland.
- The promotion of good oral health amongst young children and the elderly had been carried out.
- The promotion of fluoride varnish and toothpaste had also been undertaken though the fluoridisation of Rutland's water was still to be resolved.
- It was requested that dental access issues should also be investigated for 'children with special/additional needs' as well as those groups detailed on Page 58 of the report.
- The Strategic Director of Children and Families confirmed that there were approximately 302 children in Rutland with an Education Health and Care Plan (EHCP) but there will be more children identified as 'in need' or having 'additional needs'. She agreed there was improvement required with regards to children's oral health and that when numbers are quoted it is important to be clear what these relate to.
- The Armed Forces Representative requested that the phrase 'military' be amended to 'armed forces' in all chapters of the JSNA.

## **RESOLVED**

That the Committee:

- a) **APPROVED** publication of the Oral Health Needs Assessment for the Rutland Joint Strategic Needs Assessment.
- b) **ENDORSED** the Needs Assessment recommendations for the Integrated Delivery Group to consider and progress as required.

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**Hanna Blackledge left the meeting at 3.09 p.m.**

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## **9 LEICESTER, LEICESTERSHIRE & RUTLAND (LLR) INTEGRATED CARE SYSTEM: UPDATE**

A verbal update on the integrated care system was received from Sarah Prema, Chief Strategy Officer, LLR ICB. During the discussion, the following points were noted:

- The Integrated Care Partnership Strategy was discussed by the Health and Wellbeing Board in December 2022. It had since been agreed that the Leicester City and Leicestershire County Health and Wellbeing Boards should also review the strategy before it was sent out for public consultation – timelines to be confirmed. Councillor Harvey confirmed that she would send details of the feedback on the strategy from the Rutland Health and Wellbeing Board to Sarah Prema.

**ACTION: Councillor Harvey**

- The 5 Year Forward Plan would be produced by each Integrated Care Board (ICB) regarding their specified responsibilities and duties. A draft of the plan would be discussed/approved by each Health and Wellbeing Board before it was submitted to NHS England by the 31<sup>st</sup> March 2023. The final plan would then be submitted and published by the 30<sup>th</sup> June 2023. Sarah confirmed that she would speak to the Clerk regarding report deadlines for the next meeting of the Rutland Health and Wellbeing Board on the 21<sup>st</sup> March 2023.

**ACTION: Sarah Prema**

- The responsibility for the commissioning of pharmacy, optometry and dentistry services would move from NHS England to the Integrated Care Board (ICB) on the 1<sup>st</sup> April 2023. Governance arrangements were being discussed ready for approval by the ICB in February 2023.
- The winter period had proved to be another challenging time with the peak in flu and children's respiratory illnesses over Christmas. Strike action by NHS staff had a limited effect on services in the Leicester, Leicestershire and Rutland regions. Additional capacity had been established across services including in A&E departments and additional resources had been added to support services.
- The Chair proposed that NHS England should be invited to a meeting of the Health and Wellbeing Board, following their report/presentation to Rutland's Strategic Overview and Scrutiny Committee on the 13<sup>th</sup> October 2022, to give an update on the transition of delegated dental services and the overall access of dental services in Rutland.

**ACTION: Jane Narey**

## **10 JOINT HEALTH AND WELLBEING STRATEGY**

Report No. 20/2023 was received from Katherine Willison, Health and Integration Lead, RCC. During the discussion, the following points were noted:

- The strategy was progressing and clear and measurable objectives were being identified.
- The next step would be to create an annual review to show what had been achieved and what progress had been made against the priorities in the strategy.
- Work with Public Health continued to improve services that were underperforming.
- The Outcomes Summary Report had identified both good and bad performance areas.
- The Priority Leads and the relevant subgroups needed to focus on the poor performing areas identified in red e.g. vaccination and cancer coverage.
- The Health and Wellbeing Integration Lead reminded the Board that they needed to be mindful of the numbers stated within the reports as the data was skewed due to the low numbers being dealt with and the lack of historical data.
- Deputy Chief Operating Officer, LLR ICB stated that improved access to services and improved local access to services were both priorities for the ICB but there were ongoing issues regarding suitable locations and facilities within Rutland.
- The Group Director of Strategy & Partnerships at Leicestershire Partnership NHS Trust & Northamptonshire Healthcare NHS Foundation Trust confirmed that £1.2 million of refurbishment was ongoing at Rutland Memorial Hospital with the aim of locating more services at the hospital from February 2023 onwards.
- The Chair emphasised to members the importance of officers completing the Delivery Plan updates to the specified deadlines for publication and review by the Rutland Health and Wellbeing Board.

## **RESOLVED**

That the Committee:

- a) **NOTED** the further development of the Joint Health and Wellbeing Strategy (JHWS) Delivery Plan
- b) **NOTED** the latest Rutland Outcomes Report

## **A. COMMUNICATIONS AND ENGAGEMENT STRATEGY AND PLAN**

Report No. 19/2023 was received from Katherine Willison, Health and Integration Lead, RCC. During the discussion, the following points were noted:

- The Health and Integration Lead was working with the Council's Communication Team regarding the publicising and promotion of the Joint Health and Wellbeing Strategy with Rutland residents, patients and agencies and their workforce.
- The Chair requested that the Health and Integration Lead update members of the Board via email with details of the professional stakeholders to be consulted with regard to the Communication and Engagement Plan to ensure all professional stakeholders were included.

**ACTION: Katherine Willison**

## **RESOLVED**

That the Committee:

- a) **NOTED** the content of the report.
- b) **NOTED** the progress of the Health and Wellbeing Communication and Engagement Plan (currently in draft) towards being finalised following input from stakeholders.

## 11 BETTER CARE FUND

Report No. 16/2023 was received from Katherine Willison, Health and Integration Lead, RCC. During the discussion, the following points were noted:

- The Health and Integration Lead confirmed that the Better Care Fund (BCF) Annual Plan had been formerly approved in early January 2023 by NHS England.
- The Adult Social Care Discharge Fund was an addendum to the Annual Plan.
- Rutland County Council had commissioned 4 beds in Rutland Care Village for reablement purposes. These had proved very effective and successful in enabling people to return to their homes.
- Successes included the promotion to hospital staff of the Home First Service and the increased capacity within the discharge hub.
- It was noted that Rutland County Council and its Adult Care Services were a prime example nationally regarding patient discharges from hospital due to its excellent partnership working with health and social care services.
- It was noted that there were issues nationally regarding the recruitment of social workers but Rutland County Council's recruitment programme was proving very positive. Rutland County Council currently had no vacancies within its MiCare, Reablement and Occupational Therapy Services.

### RESOLVED

That the Committee:

- a) **NOTED** the content of the report.
- b) **NOTED** the Rutland 2022-23 Better Care Fund Adult Social Care Discharge Fund planning template, submission of which to the BCF national team on 16 December 2022, was signed off by the Chair of the Health and Wellbeing Board.
- c) **NOTED** the Rutland 2022-23 Better Care Fund Adult Social Care Discharge Fund first report which was submitted to the BCF national team on 6 January 2023.

## 12 UPDATE FROM THE SUB-GROUPS

### A. CHILDREN AND YOUNG PEOPLE PARTNERSHIP

A verbal update was received from Councillor David Wilby, Chair of the Children and Young People Partnership. During the discussion, the following points were noted:

- A meeting of the partnership had been held recently with very good input and attendance from all partners.
- The Partnership's Terms of Reference had been updated and were presented for the Board's approval.
- Ownership of the JSNA sat with the Health and Wellbeing Board so the delegation of responsibilities to the sub-group would not be helpful. Input from the Children and Young People Partnership would be sufficient as and when required.

### RESOLVED

That the Committee:

- a) **APPROVED** the Partnership's Terms of Reference.

## B. INTEGRATED DELIVERY GROUP

A verbal update was received from Debra Mitchell, Deputy Chief Operating Officer, LLR ICB. During the discussion, the following points were noted:

- Updates were received regarding workstreams but officers would be reminded to update reports to meet the specified deadlines.
- A combined risk report would be presented at the next meeting of the Integrated Delivery Group (IDG).
- The Equitable Access workstream would include details of the East Midlands Ambulance Service (EMAS) waiting times, which were longer in Rutland due to the large rural location being covered.
- Ownership of the JSNA sat with the Health and Wellbeing Board so the delegation of responsibilities to the sub-group would not be helpful. Input from the Integrated Delivery Group would be sufficient as and when required.
- It was proposed that the names of members detailed in the Terms of Reference should be removed and just the job titles and relevant organisation detailed and that a standardised template be used for all sub-group terms of reference when they were next reviewed.

### **RESOLVED**

That the Committee:

- a) **APPROVED** the Group's Terms of Reference.

## C. RUTLAND MENTAL HEALTH NEIGHBOURHOOD GROUP

Report No. 15/2023 was received from Mark Young, Senior Mental Health Neighbourhood Lead, RCC and presented by Emma Jane Hollands, Head of Community Care Services. During the discussion, the following points were noted:

- It was proposed that the names of members detailed in the Terms of Reference should be removed and just the job titles and relevant organisation detailed and that a standardised template be used for all sub-group terms of reference when they were next reviewed.

### **RESOLVED**

That the Committee:

1. **APPROVED** the Group's Terms of Reference
2. **APPROVED** for the group to be a formal sub-group of the Health and Wellbeing Board.

## 13 **STAYING HEALTHY PARTNERSHIP**

Report No. 25/2023 was received from Adrian Allen, Assistant Director – Delivery. During the discussion, the following points were noted:

- The report outlined the request for the Staying Healthy Partnership to be a formal sub-group of the Health and Wellbeing Board.

- The proposed membership of the partnership had already met twice to produce the proposed terms of reference.
- Work regarding 'staying healthy' was already ingrained in the Health and Wellbeing Strategy but formal identification was needed of the prevention work being completed.
- Concern was raised regarding the capacity of officers to attend another meeting and take on the extra work resulting from this sub-group. Rather than an additional sub-group, should partners reconsider how best to work together differently and more efficiently.
- Mitch Harper, Strategic Lead – Rutland, Public Health confirmed that the new subgroup and its work was necessary. Without this sub-group, the Health and Wellbeing Board would be just firefighting issues.
- The Board agreed that the different subgroups needed to ensure that they would not duplicate work. There would be some overlap between the sub-groups but colleagues needed to communicate to ensure that there was no duplication of work.
- The Assistant Director – Delivery, Public Health confirmed that the sub-group would be reviewed after 6 months and that all the sub-groups of the Health and Wellbeing Board were reviewed annually to ensure that they were still efficient and effective.
- The Deputy Chief Operating Officer, LLR ICB proposed that the membership of each sub-group should be reviewed to ensure no duplication of group membership.

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**Dawn Godfrey left the meeting at 4.17 p.m.**

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## **RESOLVED**

That the Committee:

- a) **APPROVED** the Staying Healthy Partnership to become a subgroup of the Rutland Health and Wellbeing Board to facilitate action on primary prevention, wider determinants of health and health inequalities.
- b) **APPROVED** the Terms of Reference for the Staying Healthy Partnership, set out in Appendix A, following a review of the membership to ensure no duplication across the sub-groups.

## **14 REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN**

The work plan was discussed and amended accordingly. During the discussion, the following points were noted:

- The vote for a new Vice Chair would be added to the next agenda as Dr James Burden had resigned from his position as the Clinical Place Leader for the Rutland Health Primary Care Network.
- The agenda item of the 'Primary Care Strategic Review / Task and Finish Group Survey' from Joanna Clinton Head of Strategy & Planning, LLR ICB and Advhvit Sheth, Advhvit Sheth Planning Manager, Strategy and Planning Directorate, LLR ICB would be removed from the next meeting agenda and added to the Board's workplan for 2023/2024.
- NHS England would be invited to attend the next meeting to update the Board on how the transition of delegation services was progressing and the overall access of dental services in Rutland.



## 15 ANY URGENT BUSINESS

- The Chair informed attendees that John Morley, the Strategic Director for Adult Services and Health (DASS) at Rutland County Council would be taking retirement in the near future. His last day at the council would be the 22<sup>nd</sup> March 2023 so this was probably his last meeting attending the Rutland Health and Wellbeing Board. The Chair and the Board thanked John for all his hard work and support and noted that he would be greatly missed.

## 16 DATE OF NEXT MEETING

Tuesday, 21<sup>st</sup> March 2023 at 2.00 p.m.

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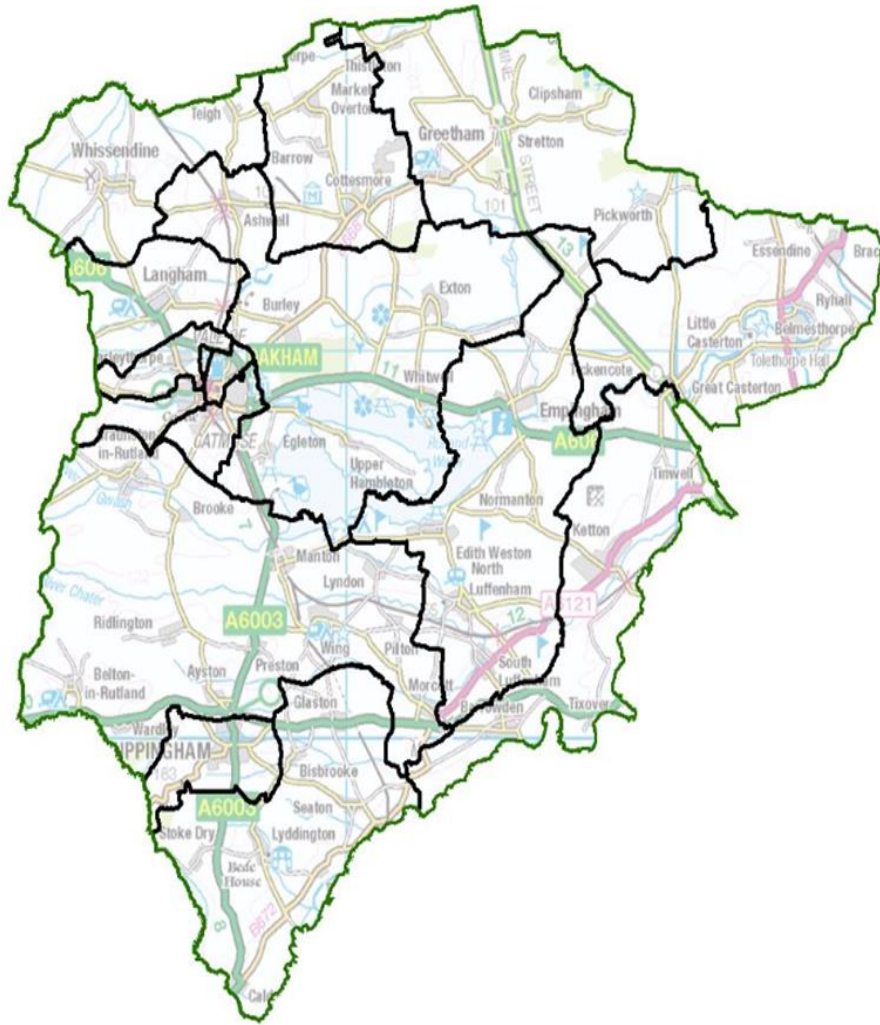
**The Chair declared the meeting closed at 4.28 pm.**

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## SUMMARY OF ACTIONS

No.	Ref.	Action	Person
1.	3	Katherine to collate falls data and distribute a briefing to Board members for their information.	<b>Katherine Willison</b>
2.	9	Councillor Harvey to send details of the feedback on the Integrated Care Partnership Strategy from the Rutland Health and Wellbeing Board to Sarah Prema.	<b>Councillor Harvey</b>
3.	9	Sarah Prema to speak to the Clerk regarding report deadlines for the next meeting of the Rutland Health and Wellbeing Board on the 21 <sup>st</sup> March 2023 with regard to the ICB's 5 Year Forward Plan.	<b>Sarah Prema</b>
4.	9	The Clerk to invite NHS England to a meeting of the Health and Wellbeing Board to give an update on the transition of delegated dental services and the overall access of dental services in Rutland.	<b>Jane Narey</b>
5.	10A	The Health and Integration Lead to update members of the Board (via email) with details of the professional stakeholders to be consulted with regard to the Communication and Engagement Plan to ensure all professional stakeholders were included.	<b>Katherine Willison</b>

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# NHS Primary Care Dental Services in Rutland

# Location of NHS Dental Services



- 6 NHS General Dental Practices
- 1 x Extended Out of Hours and Unplanned Urgent Care site which provides unscheduled dental care site 8:8, 365 days of the year
- 20 Community Dental Service sites providing community and specialised services located within Leicestershire.
- Secondary Care –University Hospitals of Leicester NHS Trust and General Anaesthetic Pathway for children / special care adults
- Orthodontic Services– 1 Practices in Uppingham and 1 Orthodontic Specialist Pathway Practice in Oakham  
Intermediate Minor Oral Surgery (IMOS) – Services located within Leicestershire



## National

- Challenges for NHS Dentistry existed prior to the pandemic
- Access issues
- Profession discontent with current contract

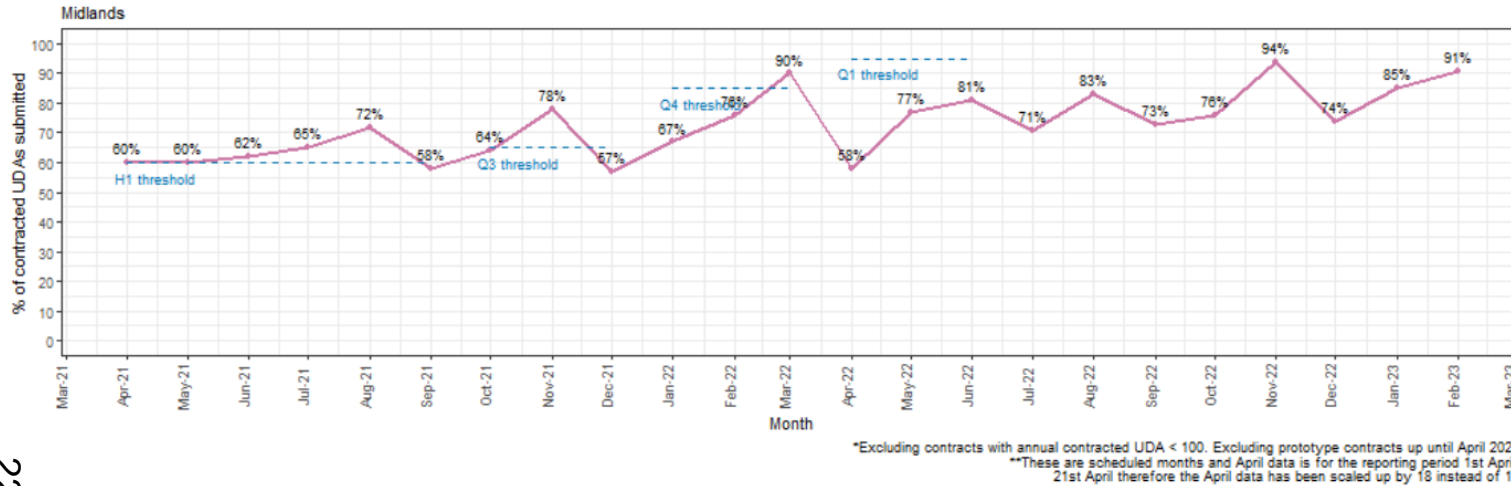
## Rutland

- Access to services – general and orthodontics
- Vulnerable groups
- Contract hand back in Oakham
- 2022/23 contracts at risk of low delivery

# UDA Delivery Trend



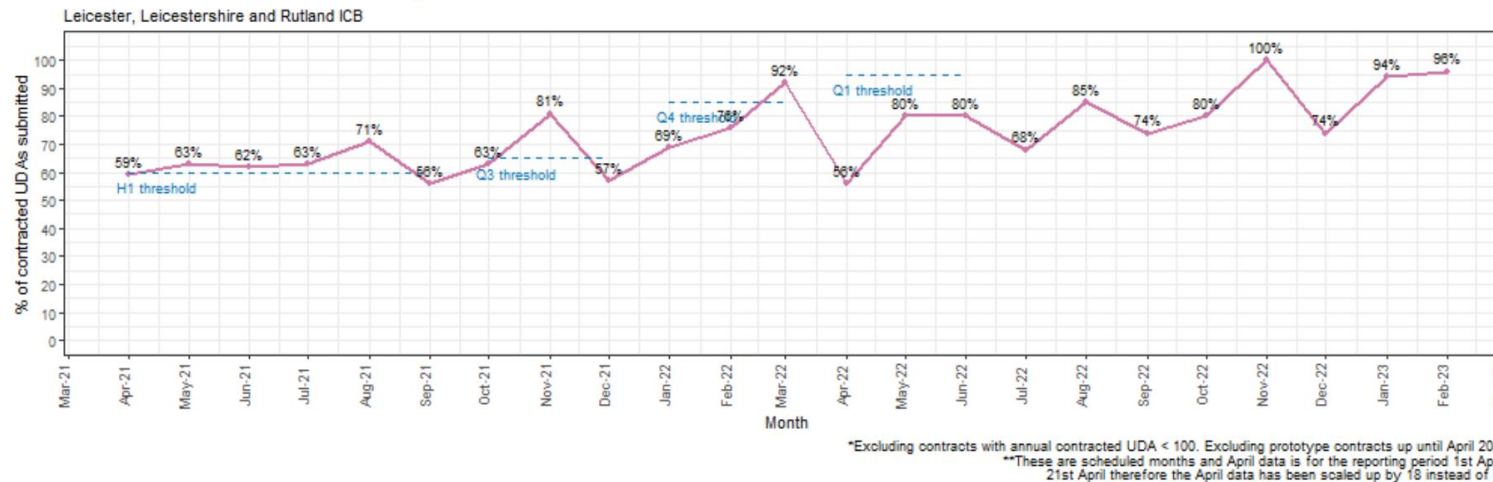
Scheduled monthly percentage of usual annual contracted UDAs submitted across all contracts\* scaled up to 12 months\*\*



22

- This graph shows the average monthly performance of the 1206 GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar and 95% for Apr-Jun 22).

Scheduled monthly percentage of usual annual contracted UDAs submitted across all contracts\* scaled up to 12 months\*\*



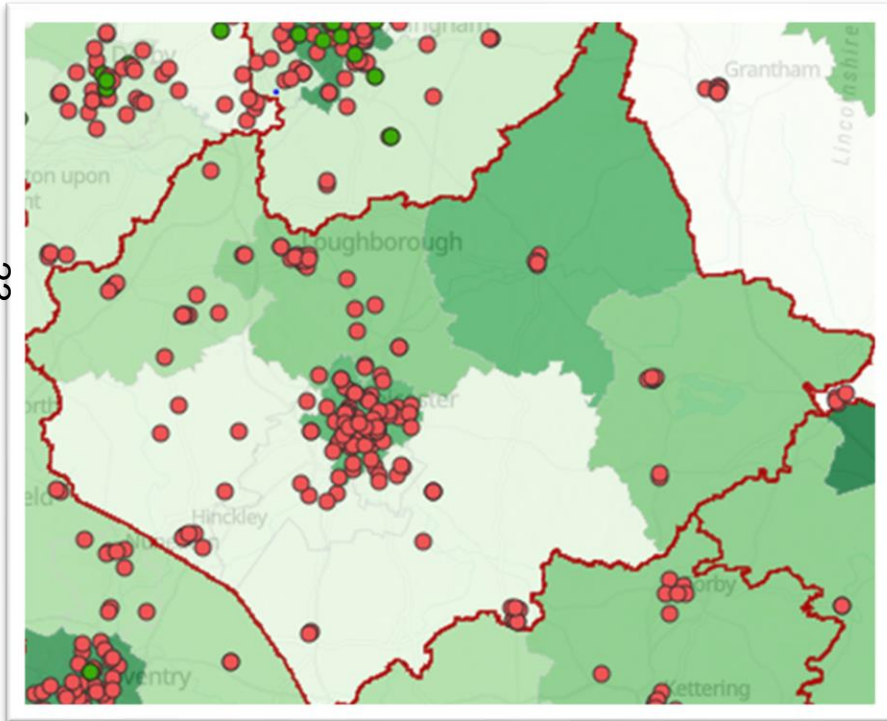
4

- This graph shows the average monthly performance of the 141 GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar and 95% for Apr-Jun 22).

- The number of unique patients seen in last 12 months is currently around 96% of pre-pandemic levels.
- Recruitments impacts on service delivery
- Aspects of care required by higher needs patients

# Dental Access

23



## This is Rutland

### For the total population:

- Dental access rates for the total population from January to June 2022 was **22.06%**, which was **lower than** the national rate of **22.78%**.
- The relative **decrease** in dental access rates from 2019 to 2022 (January to June) was **-16.49%** (national rates decreased by **-22.86%**)

### For 0-17 year olds:

- The dental access rate from January to June 2022 was **42.49%**, which was **higher than** the national rate of **33.62%**
- The relative **decrease** in dental access rates from 2019 to 2022 (January to June) was **-6.96%** for 0-17 year olds (national rates decreased by **-21.24%**)

### For adults:

- The dental access rate from January to June 2022 was **17.51%**, which was **lower than** the national rate of **19.84%**
- The relative **decrease** in dental access rates from 2019 to 2021 (January to June) was **-8.62%** for adults (national rates decreased by **-23.59%**)



# Contract Terminations

- As at March 2023, there has been one contract hand-back and termination in Oakham.
- The dental activity from a terminated contract will not be lost.
- NHSE are continually working with Public Health colleagues to review the dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process.
- NHSE approached providers within Rutland with the offer for additional units of dental activity to support the recommissioning of the activity from the terminated contract. Unfortunately, no interest was received from this process. A second EOI process was conducted capturing additional providers within an increased geographical radius of 15 miles. Four providers were awarded 66% of the activity on an interim non recurrent basis in order to support patient care and access whilst a full procurement plan is being developed.



# LLR Primary Care Dental Initiatives



## Weekend Access Scheme:

- The initiative is to enable dental providers to see and treat more patients than they have capacity for during their normal contractual opening hours.
- Enable participating providers to deliver more face-to-face activity than any nationally agreed dental target for 2022/23.

ICB	Number of Providers	Number of Approved Sessions	Value of Approved Sessions
LLR	6	274	£137,000

25

## Additional Orthodontic Case Starts:

- The initiative is to address lengthy waiting times for orthodontic treatment which have been exacerbated due to the COVID-19 pandemic.
- NHS England – Midlands will be inviting applications from existing NHS orthodontic providers that want to provide additional non-recurrent orthodontic activity during 2022/23. Non-recurrent activity commissioned under this scheme will be added to the providers 2022/23 contract target. Ideally, orthodontic treatment under this scheme will have commenced by the 31 March 2023, however in view of the late notification and the ongoing challenges relating to the COVID-19 pandemic, there will be flexibility for any non-recurrent activity not delivered prior to 31 March 2023 to be carried forward to 2023/24 providing case starts are initiated with appliance fitted prior to 31 March 2024.

## 2022/23 Approved Case Starts

ICB	Number of Case Starts
LLR	694

# LLR Primary Care Dental Initiatives

## Community Dental Services Support Practice Scheme:

- The purpose of this scheme is to relieve pressure on Community Dental Services by securing additional capacity in child friendly CDS Support Practices. This will be to provide Level 1 services for certain defined groups of patients.
- The aim is to free up the specially trained staff in the Community Dental Service so that they can focus on using their skills to deal with the most complex cases and increase access for children.
- Where suitable, paediatric patients will be referred from CDS services into a child friendly CDS Support Practice to receive care.
- Phase 3 due to be launched 2023 in targeted geographical areas

26

ICB	Number of Providers	Number of Approved Sessions per Week
LLR	1	2

# LLR Primary Care Dental Initiatives

## Community Dental Services (CDS) Waiting List Initiative:

- Non recurrent investment of £62,048 to support waiting list initiatives for LLR Community Dental Services during 21/22.
- The waiting list initiatives are to run additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment.
- Prior commitment has been secured for 22/23 to support reducing GA waiting list, subject to securing additional sessions at the hospital trust

## Waiting list initiative - Intermediate Minor Oral Surgery (IMOS):

### 2021/22

- Non recurrent investment to support IMOS providers in reducing waiting times for patients to be seen within 6 weeks of referral into the specialist service.
- At June 2022, there were 3,173 LLR patients accepted onto the IMOS pathway and 2,038 have been waiting over 6 weeks to be treated. This has been reduced by nearly 1,500 patients from June 2021 when the waiting list initiative was launched in 2021/22

### 2022/23

- Non recurrent investment of £119,077.20 has been secured to support IMOS providers to treat patients waiting over 18 weeks into the specialist service
- At April 2022 the number of patients waiting was 682 and at August 2022 this had reduced to 440 patients, a reduction of 242 patients (35%)

**Overall, unfortunately there was no uptake of initiatives to increase access for patients in Rutland in comparison to other systems in the Midlands region. NHSE is working closely with the Local Dental Network Chair and NHS Dental practices within Rutland to understand the reasons for this, at present the main reason appears to be the practice capacity.**

**As part of the development of future initiatives, NHSE will look at how we adapt or create different strategies for those areas where we have low or no uptake and consider the feedback collected from the dental practices as to why they were unable to support the additional access schemes.**

# Future Opportunities & Solutions



**Leicester, Leicestershire and Rutland Oral Health Steering Group** -support the planning and completion of local Oral Health Needs Assessments, and the inclusion of oral health within the Joint Strategic Needs Assessment programme.

**Integrated Care Systems** –Leicester, Leicestershire and Rutland ICB assumed delegated responsibility for Primary Medical Services from 1 July 2022 and for Dental (Primary, Secondary and Community), General Optometry and Pharmaceutical services (including Dispensing doctors) from 1 April 2023.

**NHS Communications Team** have drafted a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. These have been distributed to local authorities, Directors of Public Health and ICSs. We have also engaged with local Healthwatch, and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services.

**Consultants in Dental Public Health** - provide strategic leadership and expertise, in support of oral health and reducing health inequalities, across the NHS and partner organisations and systems.

**LLR Local Dental Network (LDN) Chair** - collaboratively working with Managed Clinical Networks at place and neighbourhood level, Integrated Care Systems, Consultants in Dental Public Health, Commissioners and Health Education England to ensure optimum provision of care for patients.

**Primary Care - Getting it right first time (GIRFT)** to find and share best practice and reduce unwarranted variation in ways of working in Primary Care

**HEALTH AND WELLBEING BOARD**

21 March 2023

**NHS Leicester, Leicestershire and Rutland Integrated Care Board  
5-Year Joint Forward Plan**

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Sam Harvey: Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	Sarah Prema, Chief Strategy Officer, LLR ICB	Email: Sarah.Prema@nhs.net
Ward Councillors		

**DECISION RECOMMENDATIONS**

That the Committee:

1. NOTES the contents of the report and accompanying presentation.

**1. PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to inform the Health of Wellbeing Board of the initial development of the NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) 5-Year Joint Forward Plan.
- 1.2 A PowerPoint Presentation providing further detail is appended.
- 1.3 The LLR ICB is required to submit and publish its final plan by 30th June 2023. The next meeting of the Rutland County HWB is on 27<sup>th</sup> June 2023 and is therefore out of this timeframe. As such, further mechanisms are being sought to ensure that the statement of the final opinion is received.

**2. BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1. NHS England published Guidance on developing the joint forward plan in December 2022. As such the LLR ICB is expected to produce and publish its plan for healthcare by June 2023. The purpose of the plan is to **Deliver on Four Core Purposes of an ICS:**

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.

- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

2.2. Guidance also stipulates that ICBs, and their partner trusts have a general legal duty to involve each local HWB to ensure that HWBs are assured that the draft plan takes proper account of/and be informed by, existing strategies and plans at system, place and neighbourhood levels, such as Joint Health and Wellbeing Strategies and associated delivery plans and the Integrated Care Strategy.

2.3. The final joint forward plan must include a statement of the final opinion of each HWB consulted.

2.4. Any future iterations/refreshes of the plan should be sent to each relevant HWB.

### **3. CONSULTATION**

3.1. A full engagement plan is being developed that will include wider stakeholders such as patients, public, Healthwatch etc. The draft plan will be brought back to the Health and Wellbeing Board members.

### **4. ALTERNATIVE OPTIONS**

4.1. There are no alternative options.

### **5. FINANCIAL IMPLICATIONS**

5.1. The plan has been developed within existing resources.

### **6. LEGAL AND GOVERNANCE CONSIDERATIONS**

6.1. NHS England published Guidance on developing the joint forward plan in December 2022.

6.2. The full guidance can be found on the NHS England website: <https://www.england.nhs.uk/publication/joint-forward-plan/>

### **7. DATA PROTECTION IMPLICATIONS**

7.1. A Data Protection Impact Assessment (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.

### **8. EQUALITY IMPACT ASSESSMENT**

8.1. Not applicable.

### **9. COMMUNITY SAFETY IMPLICATIONS**

9.1. Not applicable.

### **10. HEALTH AND WELLBEING IMPLICATIONS**

10.1. Not applicable

### **11. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 11.1. The LLR ICB is required to submit and publish its final plan by 30th June 2023.
- 11.2. The final joint forward plan must include a statement of the final opinion of each HWB consulted.
- 11.3. Any future iterations/refreshes of the plan should be sent to each relevant HWB.

## **12. BACKGROUND PAPERS**

- 12.1. NHS England: Guidance on developing the joint forward plan - <https://www.england.nhs.uk/publication/joint-forward-plan/>

## **13. APPENDICES**

- 13.1. Appendix 1: 5-Year Joint Forward Plan presentation

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577**

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# Update on the Leicester, Leicestershire and Rutland Integrated Care Board 5-Year Joint Forward Plan (JFP)

## Rutland's Health and Wellbeing Board

Tuesday 21<sup>st</sup> March 2023  
Version 1.0

A proud partner in the:



Leicester, Leicestershire  
and Rutland  
Health and Wellbeing Partnership

# Background and Context

## LLR Integrated Care System

### LLR Health and Wellbeing Partnership (ICP)

Required to produce and publish an initial **Integrated Care Strategy** by December 2022 (deadline not mandated).

<sup>34</sup>[Guidance on the preparation of integrated care strategies](#)  
(July 2022)

#### Key Focus Areas:

Reducing Health Inequalities  
Preventing illness and staying well  
Championing Integration  
Fulfilling our role as 'Anchor' organisations  
Action on the Cost of living  
Making it easier for people to access the services they need

Strategy informs Integrated Care Board  
5-year Joint Forward Plan

### LLR Integrated Care Board (ICB)

Required to produce and publish **5-year Joint Forward Plan** (JFP) for healthcare by end June 2023.

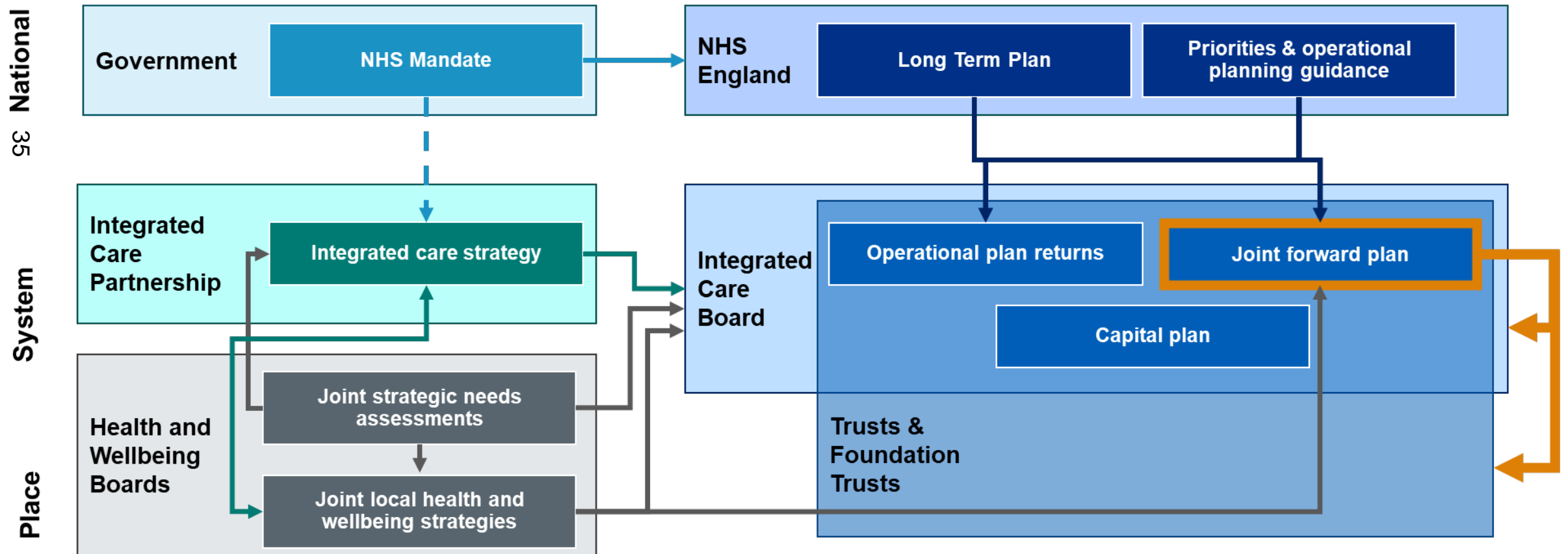
[Guidance on developing the joint forward plan](#) (December 2022)

#### Deliver on Four Core Purposes of an ICS

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
  - Enhance productivity and value for money
- Help the NHS support broader social and economic development

“The JFP is expected to set out steps for delivering the integrated care strategy.”

# Relationship of the JFP with other strategies and plans

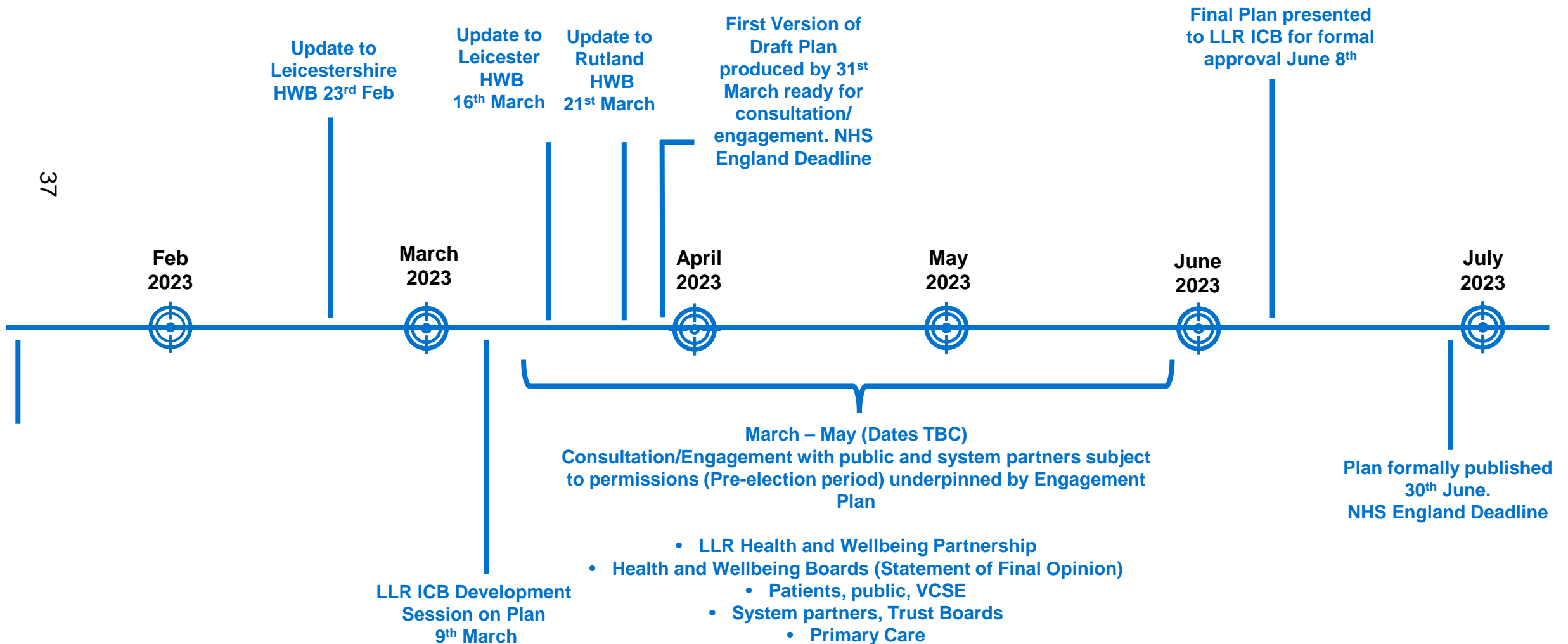




# Joint Forward Plan Guidance

- It is a Joint plan of ICB and partner NHS trusts (UHL and LPT)
- Sets how the ICB and its partner trusts, working with their wider partners, intend to arrange and/or provide NHS services to meet their population's physical and mental health needs
- Includes how the ICB will deliver the universal NHS commitments; yearly Operational Planning Guidance; and the NHS Long Term Plan
- Should address the ICSs' four core purposes
- Three key Principles in the development of the plan:
  - Fully aligned with the wider system partnership's ambitions
  - Building on existing local strategies and plans
  - Delivery focused, including specific objectives, trajectories and milestones
- Flexibility on scope, development and structure
- Review/refresh before the start of each financial year (recognition that 22/23 is a transition year)

# Timelines





# Key Role of LLR Health and Wellbeing Boards

- ICBs and their partner trusts have a general legal duty to involve each local HWB
- HWBs need to be assured that the draft plan takes proper account of/and be informed by, existing strategies and plans at system, place and neighbourhood levels, such as Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies and associated delivery plans and the Integrated Care Strategy
- The final JFP must include a statement of the final opinion of each HWBs consulted
- The plan will need to refreshed annually and whenever the local JSNA is updated. Any iterations/refreshes of the plan should be considered by each relevant HWB



# Role of the Health and Wellbeing Partnership (ICP)

What is the role of the ICP in development of JFPs?

*‘The ICP is a joint committee of the ICB and its partner local authorities in the ICS. While the Act does not require the ICP to comment on the JFP – unlike the Health and Wellbeing Boards – we expect that there will be ongoing dialogue between partners and encourage systems to position the JFP as the system’s delivery plan of the ICP’s integrated care strategy’.*

2023/24 NHS Planning Frequently Asked Questions (FAQs) Version 1.0, 16 January 2023

The Health and Wellbeing Partnership, the LLR Integrated Care Partnership, will be involved as part of the engagement programme for the development of the plan

# Emerging Focus Areas

Emerging consensus on the following key focus areas:

- Mental Health and Dementia
- Learning Disability and Autism
- Right Place, Right Time, Right Service including primary care and urgent care
- Management of Long Term Conditions (LTCs), frailty & multimorbidity
- Integrated health and social care teams (Hubs)
- Women's health
- Prevention
- Optimal pathways for elective care
- Children and Young People





# Engagement

A supporting engagement plan is being finalised to ensure appropriate and timely engagement on the LLR ICB Five Year Forward View. This will include engaging with:

41

- LLR Heath and Wellbeing Partnership
- Primary care providers
- Local authorities and each HWB
- NHS collaboratives, networks and alliances
- The voluntary, community and social enterprise sector
- People and communities that will be affected by specific parts of the proposed plan
- People for whom the ICB has core responsibility: i.e. those registered with a GP practice associated with the ICB or unregistered patients who usually reside in the ICB's area (as described in the ICB constitution)



# Next Steps

- Ongoing development of plan
- Engagement
- Return to Health and Wellbeing Boards in May/June (Dates TBC) for statement of final opinion

## RUTLAND HEALTH AND WELLBEING BOARD

21 March 2023

## JOINT HEALTH AND WELLBEING STRATEGY

### Report of the Portfolio Holder for Health, Wellbeing and Adult Care

Strategic Aim:	Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	John Morley, Strategic Director for Adult Services and Health	01572 758442 jmorley@rutland.gov.uk
	Mike Sandys, Director Public Health RCC	0116 3054259 mike.sandys@leics.gov.uk
	Debra Mitchell, Deputy Director of Integration and Transformation, LLR CCGs	07969910333 debra.mitchell3@nhs.net
Ward Councillors	n/a	

### DECISION RECOMMENDATIONS

That the Board:

1. Notes the further development of the JHWS Delivery Plan.
2. Notes the latest Rutland Outcomes Report.

## 1 PURPOSE OF THE REPORT

- 1.1 The Joint Health and Wellbeing Strategy (JHWS) is a statutory responsibility of the Health and Wellbeing Board (HWB) and falls under its governance.
- 1.2 The purpose of this report is to update the board on progress of the JHWS Delivery Plan.
- 1.3 The report also highlights elements of the Rutland Outcomes Report for consideration.

## 2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The overall aim of the joint strategy is ‘people living well in active communities.’ It aims to ‘nurture safe, healthy and caring communities in which people start well and thrive together throughout their lives’. In order to achieve its objectives, the Strategy is structured into seven priorities following a life course model.
- 2.2 Appendix A provides a **high-level summary of progress across the JHWS’s priorities**. This includes activities to achieve all elements of the strategy, the lead, the timescale, how success will be measured and also importantly also risks, mitigations and issues for escalation and discussion. The leads also use coloured rating to show whether or not progress is on target and where activity is yet to start and where outcomes have been achieved and the action can be closed. Note this is an evolving plan and will be updated and amended as required.
- 2.3 The following are some highlights from the progress reported:
- New mental health pathway in place which directs people to the most relevant service route to deal with their need. This includes use of the Central Access Point for dealing with crises and use of the RISE service for Mental Health Care Management and Social Prescribing. (Priority 7a Mental Health)
  - Armed Forces survey has been commissioned for personnel and families arriving from Cyprus in Summer 23 to understand health and wellbeing needs. (Priority 7b Inequalities)
  - Specialist palliative care virtual ward commenced on 27<sup>th</sup> February. It will provide enhanced medical and nursing monitoring, assessment, and intervention. This includes remote monitoring, holistic support and follow-up for patients admitted to hospital with a clinical specialist palliative diagnosis or exacerbation of their palliative condition, who could be at risk of deterioration after discharge. (Priority 6 Dying Well)
  - All Additional Roles Reimbursement Scheme (ARRS) roles have been recruited to and there is an additional digital transformation lead role which will support local digital developments (Priority 4 Equitable Access)
  - The Hospital Team assisted with 34 discharges from hospital in January. A new measure within the strategy plan to demonstrate prompt and safe hospital discharges has enabled the following data to be highlighted: 25 of the 34 discharges took place within 48 hours of the patient being medically fit while 12 left on the same day as becoming medically fit. The January average delay per person was 2.1 days. (Priority 3 Ageing Well)
- 2.4 **Next steps** include completion of an annual review to identify what has been achieved by end of the first 12 months of the strategy delivery and what progress looks like over the coming 12 months.
- 2.5 Appendix B is an **Outcomes Summary Report** which provides additional context by setting out the most recent Public Health data available for indicators relevant to each of the Strategy’s priorities. It highlights whether Rutland rates are below, similar to or above either national rates or the rates in a group of 16 similar areas of the country, offering greatest detail on indicators of concern. These data are released with a time lag, so the impact of the early work undertaken to deliver the strategy will not initially be reflected here. The reports will be used ongoing by priority teams in their targeting and prioritisation.
- 2.6 The report highlights many areas where Rutland performs well in comparison to

other similar areas:

- Highest ranked areas within Priority 1 include A&E attendances for 0 to 4 years, Year 6 prevalence of overweight, hospital injuries caused by unintentional and deliberate injuries in both age categories of 0 to 4 years and 0 to 14 years. Within Priorities 2 and 3 respectively, Rutland performs well in Cancer screening for bowel cancer and for Emergency hospital admissions due to falls in people over 65 years. Within Cross Cutting Themes, Mental Health, Rutland Performs well for Admissions for alcohol related harm and Emergency admissions for intentional self-harm. (No change from previous HWB report)
- There are also areas where Rutland is performing comparatively poorly. The following are areas where there are worsening indicators:
  - i. Proportion of children receiving a 12-month review - Rutland is ranked 16th out of 16 in 2021/22. The proportion of children receiving a 12-month review has decreased from 37.0% in 2020/21 to 29.7% in 2021/22 (Priority 1).
  - ii. Population vaccination coverage for HPV (one dose) for 12-13 years old (Females) - Rutland is ranked 16th out of 16 in 2020/21. The latest value for Rutland is 61.2%, which is below the benchmarking goal of 80% (Priority 1)
  - iii. Percentage of school pupils with social, emotional or mental health needs (Priority 1) and cancer screening coverage for breast cancer (Priority 2).

2.7 **Next steps:** commence work with priority leads to devise strategies to make improvements to these areas demonstrating worsening indicators.

### **3 ALTERNATIVE OPTIONS**

3.1 The JHWS is a statutory responsibility and has been consulted on publicly.

### **4 FINANCIAL IMPLICATIONS**

4.1 In common with previous JHWS, the strategy brings together and influences the spending plans of its constituent partners or programmes (including the Better Care Fund), and will enhance the ability to bid for national, regional or ICS funding to drive forward change.

### **5 LEGAL AND GOVERNANCE CONSIDERATIONS**

5.1 The JHWS meets the HWB's statutory duty to produce a JHWS, and the ICS duty for there to be a Place Led Plan for the local population.

5.2 JHWS actions will be delivered on behalf of the HWB via the CYPP and IDG.

### **6 DATA PROTECTION IMPLICATIONS**

6.1 Data Protection Impact Assessments (DPIA) will be undertaken for individual projects as and when required to ensure that any risks to the rights and freedoms of natural persons through proposed changes to the processing of personal data are appropriately managed and mitigated.

## **7 EQUALITY IMPACT ASSESSMENT**

- 7.1 Equality and human rights are key themes in embedding an equitable approach to the development and implementation of the Plan. An RCC high level Equality Impact Assessment (EqIA) has been completed and approved.
- 7.2 The initial Equality Impact Assessment sets out how the Strategy, successfully implemented, could help to reduce a wide range of inequalities. It is acknowledged that the strategy and delivery plan are high level and therefore additional equality impact assessments will be completed as appropriate as services are redesigned or recommissioned within the life of the strategy.

## **8 COMMUNITY SAFETY IMPLICATIONS**

- 8.1 Having a safe and resilient environment has a positive impact on health and wellbeing. National evidence has also shown that more equal societies experience less crime and higher levels of feeling safe than unequal communities. The JHWS has no specific community safety implications but will work to build relationships across the Community Safety Partnership and to build strong resilient communities across Rutland.

## **9 HEALTH AND WELLBEING IMPLICATIONS**

- 9.1 The JHWS is a central tool in supporting local partners to work together effectively with the Rutland population to enhance and maintain health and wellbeing.

## **10 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 10.1 The JHWS provides a clear, single vision for health and care with purpose of driving change and improving health and wellbeing outcomes for Rutland residents and patients. The progress against the plan set out in this paper supports the HWB in tracking and steering delivery.

## **11 BACKGROUND PAPERS**

- 11.1 There are no additional background papers.

## **12 APPENDICES**

- 12.1 Appendices are as follows:
- A. JHWS Delivery Plan February 2023
  - B. JHWS Outcomes Summary Report March 2023

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**

**Priority 1: The Best Start for Life**

Senior Responsible Officer (on HWB)  
Responsible Officer (on IDG)

Dawn Godfrey  
Bernadette Caffrey

GREEN = On Track  
AMBER = Off track but mitigations in place to recover  
RED = Off track and at risk  
GREY = Not Started  
BLUE = Complete

Ref	What Do We Want To Achieve?	How Are We Going To Do It?	Lead Organisation	Timeframe for Delivery (Month/Year)	Level (System, Place or Neighbourhood)	How Will Success Be Measured?	Progress for January 2023	Progress for February 2023	Key Identified Risks	Mitigations	January 2023 Project RAG Status
1.1	Healthy child development in the 1,001 critical days (conception to 2 years old)										GREEN
1.1.1		Clear 'Start for Life' offer for parents. The Family Hub programmes will be critical to bring activity together and ensuring an integrated offer across the 0 to 19 (25) years pathway. Information sharing agreements to be agreed. Watch - Family Hub programme receiving oversight from the Rutland CYP Partnership.	RCC/PH /Mina Bhavsar (ICB commissioning officer). Sham Mahmood. Public Health.	2022-24	Place and system	Family Hub operating 0 to 19, (25 yrs. SEND), clear, accessible, seamless and integrated services for families in place and achieving positive outcomes for children and young people. Quantitative, qualitative feedback from parents on feeling supported through 1,001 critical days. NHS provider meeting KPIs in 0 to 11 years Healthy Child contract and offer.			Engagement		GREEN
1.1.2	47	Healthy lifestyle information and advice for pregnant women or those planning to conceive, including: a) implementation of MECC+ healthy conversations across prevention services b) Targeted communication campaigns c) Increase awareness of postnatal depression and social isolation through midwifery and 0-10 children's public health service d) Immunisations in pregnancy (flu/covid) e) Ensuring women are also reached who have chosen to give birth out of area. Link to 2.1.1 Communications 2.2.3 Healthy conversations 7.1.1 Perinatal mental health support.	LPT/UHL	2022-23	Place and system	* Women healthier during pregnancy: reduction in overweight/obese or smoking. * Improved rates of immunisation for mothers (notably flu/Covid). * Women aware of the risk of Post Natal Depression and isolation. Better able to prevent and seek support where required. * Wherever women give birth, they have access to information about health in pregnancy and access to support.			Lack of capacity and increased demand in key partner agencies		GREEN
1.1.3		Local implementation of the Maternity Transformation Programme considering: Improving quality and safety for mother and babies. Improving quality of pathway Implementing neonatal critical care review, improving access to perinatal health services. Link to above actions. LLR LMS Transformation Funding	LPT/UHL	2023-24	Place and System and Neighbourhood. Working toward 6% perinatal access to increase access from 6% to to 10% by March 2023	Mothers in Rutland are happy with the services available to them. Positive change in longer term trends around low birth weights and infant Mortality. · Maternity service patient satisfaction surveys · Qualitative feedback re maternity service access, including cross border · Location of Rutland births · Low birth weight for term babies · Infant mortality					GREEN

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1.1.4		Implementation of 0-19 Healthy Child Programme, to support Rutland's Family Hub Programme. Including: 0-10year mandated child development checks (including 3-4month and 3.5year checks), a digital offer, evidence-based interventions for children (antenatal, breastfeeding, dental care and peer support for developing active, resilient children, awareness around shaking and head trauma (ICON)), and safeguarding. Consideration of accessibility of related health health services, including dental. Specific consideration for military population.11plus Public Health Teen Health contract and Offer for young people in Rutland	Public Health Rutland	From Sept 2022	Place and system	Positive development of children 1-10, in areas covered by the dashboard metrics .New Born Visits within 14 days <ul style="list-style-type: none"> <li>Breast milk is baby's first feed</li> <li>Breastfeeding initiation and continuation rates</li> <li>2.5 year development checks (fine, gross and motor skills)</li> <li>Healthy Together 2.5 year development checks (communication, fine and gross motor skills)</li> <li>Early Years Foundation Stage Progress Check between 2-3 years of age, including communication and language, physical development and personal, social and emotional development</li> <li>Attainment of a Good Level of Development (GLD) at the end of reception year, taking into consideration children eligible for Free School Meals (FSM)</li> <li>Immunisation rates in under 2years</li> <li>School readiness at the end of foundation year (especially those receiving Free School Meals)</li> <li>Children with visibly obvious tooth decay at age 5years</li> <li>A&amp;E attendance for children aged under 1years and aged under 4years.</li> <li>Qualitative feedback from parents on feeling supported through 1,001 critical days</li> </ul>					GREEN
1.1.5		Further investigation into -High proportion of low birth weights at term in Rutland. -Children and Young People's dental care in Rutland, including dental education and access to services.	Rutland Public Health	2022-23	Place	Better understanding of the factors contributing to these patterns. Stronger evidence base for next steps to tackle these issues. Oral Health JSNA chapter .Low birth weight for term babies - Infant mortality <ul style="list-style-type: none"> <li>Children with visibly obvious tooth decay at age 5years</li> </ul>					GREY
1.2	Confident families and young people										GREEN
1.2.1		Implementation of 0-19 Healthy Child Programme, 11-19year element, which supports the Rutland Family Hub programme - including face to face offer for families, a digital offer, health promotion campaigns including via schools, health behaviours survey, safeguarding, evidence-based interventions for healthy, active resilient children and young people who are able to transition effectively into adulthood. Specific work on transitions for children with LD (up to the age of 25years.) Integrated offer that include a whole family approach,( fathers/grandparents), and is supported by local and vountary groups and communities. 1.4 for vaccinations 2.1 communication campaigns 4.4.1 Digital inclusion 7.1.3 Children and Young People's mental health needs	Rutland County Council	From Sept 2022	Place and system	Happy and successful young people 11-19, receiving support and interventions early and when and where they need it. Provider meeting the KPIs. * Immunisation uptake (Covid, HPV, school leavers booster especially for those in care) * Proportion of children at a healthy weight (NCMP data at reception and year 6) * Under 18year conceptions * Health behaviour survey results indicating positive lifestyle choices and access to a trusted adult * A&E attendance for under 18years * Rate of hospital admissions caused by unintentional and deliberate injuries (Children aged 0-14yrs) * Educational attainment * Proportion of young people not in education, employment or training * Specific split of data from those with LD including qualitative feedback on transition from CYP service to Adult Services for those with additional needs.			Capacity within key partner organisaitions to engage in and deliver programme.		GREEN



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1.2.2		Targeted, coordinated support for Rutland's most disadvantaged or vulnerable children, representative of Rutland's demographic, to access their Early Years and Inclusion Offer and provision. Reduce the impact of Adverse Childhood Experiences on children and their families by embedding a 'trauma informed approach' to the workforce. Integrated Early Help, SEND, Health and Social Care offer	RCC,	2022-23	Place	Families who are disadvantaged or with additional needs have their needs identified early, and feel supported, and less likely to need specialist services. Adverse Childhood Experiences have less impact on children and families - through prevention and support to manage/recover. * 0-5 year development indicators specifically for target groups * Healthy lifestyle indicators reviewed for specific groups including immunisation uptake for SEND in over 14years * Proportion of annual Looked After Child Reviews carried out by Looked after Children Nurses * Proportion of Strengths and Difficulties Questionnaires (SDQ) undertaken for Looked After Children * Proportion of Education and Health Care Plans completed					GREEN
1.3	Access to health services										GREEN
1.3.1		Increase health checks for SEND children aged 14years and over ensuring that status is built into the education and health provision set in a Child's Education and Health Care Plan. Funding RCC - DSG HNF. CHC CCG	ICB /LPT	2022-23	Place	Children with SEND are having their health checks in a timely fashion. This is helping those working with them to do this more successfully. * Immunisation uptake especially in SEND over 14s * Proportion of SEND Health check completed					GREEN
1.3.2	49	Increase immunisation take-up for children and young people where this is low, including identifying sub-groups where take-up is lower and understanding why.	ICB/ LPT	2022-23	Place and system	It is clear where immunisation take-up is lower than average (including among which demographics), and changes to delivery help to increase take-up to match or exceed comparator averages. * Review into immunisation uptake across Rutland * Immunisation uptake rates (Covid, HPV, school leavers' booster especially for those in care)					GREEN
1.3.3		Coordinated services for children and young people with long term conditions (LTCs) and SEND. Long term condition support for children and young people with asthma, diabetes and obesity including access to appropriate medication, care planning and information to self-manage their conditions, and to relevant support services. To include learning from the Leicester City CYP asthma review and take-up of Tier 3 weight management services. 3.2 Integrated care for LTCs 7.1 Integrated Neighbourhood Team development ND Pathway programme, and Key Worker programme. To explore early planning for ASD/ADHD families between GP and schools.	LPT	2022-24	Place and system	* Report with review of Leicester City Evaluation in context of Rutland needs					GREEN

**Priority 2: Staying Healthy and Independent: Prevention**

Senior Responsible Officer (on HWB) **Mike Sandys**  
 Responsible Officer (on IDG) **Adrian Allen**

GREEN = On Track  
 AMBER = Off track but mitigations in place top recover  
 RED = Off track and at risk  
 GREY = Not Started  
 BLUE = Complete

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2.1	Supporting people to take an active part in their communities											GREEN
2.1.1	Ensure residents are fully aware of the community and health and well-being offer in Rutland and understand how to access it.	Communication of Rutland's community and health and wellbeing offer including: a) Develop and implement a multi-channel communication plan to enhance information for signposters and for the public, including distinctive groups. This will also align with the work of the HWB and cater for those that are digitally excluded or use cross border services. b) To include enhancing the reach and scope of the Rutland Information Service (RIS) via multiple channels (web, social media, print). c) Updating the RIS online platform to meet accessibility standards and be more usable on mobile devices as this is how most users access it. d) Enhancement of online functionality for clearer routes into preventative services.	RCC-Public Health (RIS)	Jun-23	Place	* Completed Health and Wellbeing Communication plan aligned with the HWB * Reach of communication campaigns including social media followers, posts and shares * RIS monthly visitor figures * Qualitative feedback on awareness of and access to service across Rutland	Working Group re-established with good reach of stakeholders. Group aware that finalisation of plan is required. Quality Improvement Officers have been assigned actions including engaging with community groups, digital improvements.					GREEN
2.1.2	Working in collaboration with the VCF sector to further strengthen relationships across the sector.	a) The VCF forum coordinated by Citizens Advice Rutland (CAR), also working with wider bodies and services e.g. Parish Councils, and statutory and commissioned services. Sharing intelligence, skills and resources; mutual aid; joint responses to community needs and funding opportunities. b) VCF groupings with a shared focus e.g. deprivation, armed forces. c) Community development encouraging the formation and confident operation of new groups in Rutland for shared interests. d) Mapping of the Rutland voluntary and community sector to understand its strengths and areas for development. e) Collaboration, with statutory and commissioned services, around sustainable improvement for households with multiple and/or complex needs impacting health and wellbeing.	CAR, RCC	Jun-23	Place	* VCF forum participants * Collaborations including events, shared resources, joint services, grants obtained * Mapping of Rutland voluntary and community sector	VCF forum ongoing and CAR providing support to the VCF sector. Research underway into the development needs of the VCF sector to support commissioning of this service from 2022-23. Recent proposal put together by VCS partners to better support individuals calling on many services and reduce ongoing need - however only partially funded as yet. Attendees at neighbourhood monthly meeting increasing.	* Monthly VCF meeting held, NHS VCS alliance website promoted and voluntary sector groups encouraged to sign up. * Cooperation mechanisms established with Primary Health Care, Rise Team, Safer Rutland partnership agreed and signed off (shared calendar created ( <a href="https://teampup.com/ksjakfkk2bhunra2a">https://teampup.com/ksjakfkk2bhunra2a</a> ) in series of pop up stalls in markets and community events where multiple agencies working together to promote events in the community. * Community Development Officer visited a number of hyper local events and promote services and signposted in small rural community spaces. * Rutland Health and Inequalities report using 2021 census data shared with 180+ voluntary sector partners across County.	low uptake of survey by VCSE groups	CAR have allowed a 3 month data collection period and we will invest staff and volunteer time to drive up participation.		GREEN
2.1.3	Increase the level of volunteering across the county.	Working through the Citizens Advice Rutland (CAR) volunteering marketplace, making sure we are building on positive experiences in the pandemic.	CAR	Sep-23	Place	* Number of volunteers registered * Number of matches made * Number of hours of volunteering committed	Volunteering site is in place and actively promoted, range of opportunities increasing. Celebrated volunteers week at the end of May. Main current challenge is numbers of volunteers coming forward.	* Volunteer Plus Website continues to have traffic with 60 vacancies posted. * Collaboration with Local radio station Rutland and Stamford Sounds to promote the site ongoing. * Site will be promoted at 5 pop up events in the year. * A welfare and Benefits Focus Group will be convened in March to improve coordination and links between portioners RCC and Primary Health care. * Event held at Langham Village Hall Coffee Morning, Rutland Safety Partnership, Neighbourhood Policing, RISE Team, AGE UK. Promoted Farming Community Network and Bereavement Help Points literature. Attended by 27 residents aged 64+	The demand for volunteers is not met as numbers of available volunteers is lower than needs of VCSE sector.	CAR are running an ongoing campaign on social media, local radio, pop up stalls and monthly VCSE calls to try to increase the number of volunteers in county.		GREEN
2.1.4	Building Community Conversations	Explore the potential application of innovative models to empower individuals and communities, including: the Healthier Fleetwood model in which facilitated conversation spaces enable communities/groups with a common interest to meet informally to discuss opportunities and issues and progress improvements; and Camerados, an approach designed around people looking out for each other.	CAR	Mar-24	Place	* Feasibility study on implementation of potential community models in Rutland * Qualitative feedback that community conversations are taking place * Number of participants in the model	Community conversations work to be planned in. Neighbourhood lead in post and attendance at new neighbourhood meetings increasing.	Survey on VCF sector across Rutland has now passed Beta Testing. Database of 800 VCS organisations has been compiled and Survey will live in mid-March, results published in May 2023. Leading to VCSE strategy development phase, draft strategy ready by August 2023.				GREY
2.2	Looking after yourself and staying well in mind and body											GREEN
2.2.1	Supporting residents to live more active lives	a) Increasing exercise on referral and promotion of active opportunities – helping people to increase activity positively in ways that work for them – personalised approach building on strengths. Also targeting groups such as patients on waiting lists, with mental ill health or living with dementia or cancer, people isolated or unable to travel. b) Local progress of the LLR Active Together strategy, including engaging organisations including businesses, care homes and schools in facilitating active lives. c) Secure funding for the active referral scheme following leisure contract review. Consider feasibility of subsidised participation for people on lower incomes. d) Secure funding via PCN to develop a wider offer e.g. hip, knee and back school.	Active Rutland, Active Together, PCN RISE	Mar-24	Place	* Exercise referrals made * Exercise referral service user numbers * Reduction in the proportion of adults overweight or obese * Increased proportion of physically active adults * Increased proportion of adults engaging in active travel (cycling or walking) at least 3 days a week * Proportion of health checks completed	New funding and a service model has been agreed for the continuation of Active Referral from April 23. The programme will be coordinated by the Active Rutland team based at Rutland County Council.					GREEN

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2.2.2	Supporting residents in health awareness and ensuring they can self-care where appropriate.	a) Providing information to increase awareness of changing health needs, and confidence to self-care. b) Clear prevention 'front doors' for additional support (See 2.2.4 Social Prescribing). c) Increase uptake of Weight Management Rutland service for adults, and family-focused support programmes, including Holiday Activities and Food Programme. Encourage take-up of NHS health checks and ongoing blood pressure monitoring for early diagnosis of cardiovascular risk. d) Review Chlamydia screening across Rutland to identify reasons for low level of Chlamydia detection and screening.	RCC (incl RISE, Public Health, PCN, VCF sector)	Mar-24	Place	* Communication measures on health awareness campaigns and RIS webpages (reach, shares, posts etc.) * Uptake of prevention services * Uptake of NHS health checks and numbers of referrals to prevention services * No. of blood pressure checks in the community * Improvement in Chlamydia screening rate and understanding of detection rate	The Rutland weight management service will be mainstreamed funded from April 1st this will provide more opportunities to promote the service and increase take up of the offer to Rutland residents. Linking into the MECC, Active Rutland, and the newly commissioned health checks. Alterations made to the health checks service are designed to improve the invite and take up process. Sexual health services are currently out to consultation and the results of which will inform the					GREEN
2.2.3	Ensure our workforce are trained and empowered to have healthy conversations	a) Implement Healthy Conversations training (Making Every Contact Count Plus – MECC+) to empower Rutland's diverse front line staff to discuss health and wellbeing with service users and signpost them. b) To include professionals working with housebound and digitally excluded people, and those who struggle to travel. c) Accessible signposting resources.	RCC, PH, LPT	Jun-23	Place and System	* Numbers trained in MECC+, train the trainers and super trainers in Rutland * Data on source of referrals to prevention services * Reach of RIS website * Qualitative feedback and evaluation of MECC+ training package	Paper going to the Health & Wellbeing Board in March on MECC+ rollout in Rutland.  Train the Trainer dates agreed for March 23.					GREEN
2.2.4	Increase and enhance social prescribing for wellbeing, focussing on personalised, strengths-based care assessment and planning via the joint RCC and PCN 'RISE team' and other local providers.	a) Promote clear routes for wellbeing enquiries/ requests for support through Rise front door and RIS.Link to 'prevention front door.' b) Enhance social prescribing tools by developing: * Consistent assessment frameworks for use across agencies. * Social prescribing signposting network. * Service maps for consistent referral. * Social prescribing platform managed by RISE, aiding referral between agencies and monitoring of pathways and outcomes.	RCC (RISE), PCN	Jun-23	Place	* Increased social prescribing referrals * Social prescribing platform users and activity * Development of signposting network * Number of groups/activities referred to by RISE team * Patient changes to ONS4 scores (a 4 element self-assessed measure of wellbeing) * Evaluation of the impact on social prescribing including understanding the impact on GP practices by service users						GREEN
2.3	Encourage and enable take up of preventative health services											GREEN
2.3.1	Increase uptake of immunisation and screening programmes.	a) Completion of a health equity audits on immunisation and screening programme uptake across Rutland. (Including childhood immunisations.) See 1.1 and 1.2. b) Targeted communications campaigns using behavioural science to support increasing uptake. (See 2.1) c) Use the Health and Wellbeing Coach, healthy conversations (MECC+), Core20Plus5 and other routes to increase cancer screening uptake including mammograms, bowel scope screening and cervical screening [see 2.2] d) Considering how services could be delivered closer to home (for example breast and bowel scope screening) See 4.2.	PH/ PCN/ NHS England	Mar-23	Place and System	* Health Equity audits completed on areas of concern. Results/ recommendations reported to HWB and LLR Health Protection Board. * Uptake of specific immunisation and screening programmes. Specifically reviewing vulnerable or under-served groups. * Including offer/ uptake of health checks (including those for LD), uptake of screening programmes (including breast and bowel scope screening), uptake of screening programmes closer to home.	Health Check programme procured from 1st April for Health Checks new payment schedule will support increased activity. Monitoring will happen through existing governance structures.					GREEN
2.4	Maintaining and developing the environmental, economic and social conditions to encourage healthy living for all											GREEN
2.4.1	To have a focus on health and equity in all policies.	Focus will include the economic, social and environmental contributions to health (wider determinants of health). a) Aiming for an overall commitment of relevant organisations in Rutland to building in consideration of health and equity in all that they do. b) Health Impact Assessments (HIA) or Integrated Assessments for decision making and policy development. Health Impact Assessment (HIA) of individual policies/investments, considering social value. c) Produce a wider determinants review with partners for Rutland. The review will explore existing work across Rutland, identifying any gaps to consider additional action across partners. Focus will include the built environment; open and green spaces; active travel; fuel poverty; air quality; and healthy housing.	RCC PH	Mar-24	Place	* Organisations committed to a Health and Equity in all Policies approach. * Evidence that organisations have embedded a process to systematically consider health, wellbeing and equity in everything they do. * Evidence of enhanced designs/decisions from HIAs * Development of wider determinants review.	Some initial Health in all Policies work has started, including focus on a training package covered in action 5.3.1. This will lead onto a more formalised approach once learning from pilots is complete.					GREEN

**Priority 3: Living Well with Long Term Conditions and Healthy Ageing**

Senior Responsible Officer (on HWB)

John Morley

Responsible Officer (on IDG)

Emma Jane Perkins

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RED = Off track and at risk

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3.1	Healthy ageing, including living well with long-term health conditions, and reducing frailty and over 65s falls										
3.1.1	Empower people towards self care	1. Development of new digital front door	PH/rcc	Dec-24	p	Number of people accessing front door	await new meeting to discuss - Kevin Quin	Development of a self-assessment portal for Therapy Services is in final stage development. The portal will be accessed via the Rutland County Council website and will direct members of the public and professionals to complete an on-line self-assessment for therapy services. The portal aims to seamlessly direct referrals to the right therapy offer including those accessed via our social prescribing platform Joy. This ensures the right professionals are involved in the persons care and support from the start, preventing duplication and telling your story twice. Access to an efficient self-directed referral could also reduce the demand on our therapy duty offer and enable our therapy resource to be focused where most needed. This focus of resource will also assist in futureproofing against the ever-increasing demand on services	funds to progress this project buy in from across partners		amber
		2. Full use of the Joy social prescribing platform as the referral route to Rise	pcn/rise	Mar-23	p	number of rise referrals against target for year of 507 from PCN	Joy being used for all GP referrals - further onboarding of the market place taking place this month	referrals from GP still high Gp recoded 46 referrals for Feb 2023 - total 414/507 of the pcn target for the year to date. Rise referrals of 72 for jan - 10 being self referrals			GREEN
		3. Rutland prehab pilot	icb/pcn/active rutland/voi sector	Jul-23	p	number of residents engaging in prehab activities prior to below the waist operations	meeting with health to discuss bringing the pilot being undertaken in the county to Rutland - small numbers going to Leicester - 11 waiting Knees replacement and 6 waiting for hips. Group have discussed other routes to obtain the prehab update needed from comms group - charlie S	UHL Fk4Surgery team have a business case currently being considered by the ICB to provide a consistent service across LLR for orthopaedic surgery and that should this be approved, we would discuss how we could work together to implement this.			GREEN
	also in health plan	4. Recruit dedicated Digital Inclusion and Communications resources to support development, access, and navigation of e.g., Patient Online System/NHS App services/remote consultations/ practice websites (22/23)	pcn	22/23	p	Number of patients accessing ppointment online		Rutland Health PCN have now recruited to a digital transformation lead in conjunction with the Additional Roles Reimbursement Scheme. I have held a preliminary meeting with Dave Rowson who is the ICB comms and marketing lead to discuss the possibility of maximising use of patient online services and guides to downloading the NHS app that can be made available to the Rutland practice websites and other information portals.			GREEN
3.1.2	Proactive care pilot (formally anticipatory care)	1 Monitoring deterioration in a persons health using -Collaboration between Rutland PCN, Rutland County Council, Leicestershire Partnership NHS Foundation Trust and local VCSE organisations Project is co-ordinated by MDT Facilitator (fixed-term, 10 month post until September 2023) Focuses on patients with identified memory loss/issues with cognitive functioning – but no formal diagnosis of dementia – approximately 200 patients identified Patients will be invited to MDT Clinic, where they can access a range of health specialisms and wider services – location will depend on where patients are clustered Carers will be invited to a follow-up event, tailored to needs of carers Carers will bring in photos of the patients home, so environmental issues can be identified An 'proactive care action plan' will be developed for each patient Clinics will take place in March 2023	pcn	Apr-24	p	number attending clinics		memory clinic in contact with a venue to bring the memory assessment clinic into Rutland - poss from beginning of April 2023. PCN cleansing list of 200 patients identified in this cohort. Planning for events will take place once we know where and how many patients	recruitment of MDT facilitator	further funding to enable initial advert for a 12 month rather than 8 month contract - seek to make this longer using BCF funding	GREEN
	also in health plan	1. Whzan – NEWS2/Restore Mini	Pcn/rcc	Mar-23	p	Number of people admitted to acute from a care home	9 rutland homes all on board and starting to use the Whzan boxes - initial evaluation is highlighting the long waiting times for homes to recruiting to MDT facilitator	peer support group established with those homes taking part in the rutland whzan pilot - will extend the monitoring inot the falls app linked to the blue box	homes not using the box	peer support group established ad taking place monthly	GREEN
	also in health plan	2. Population health management Embed operational population health management approach through Multi-Disciplinary Teams to jointly manage frail, complex and high-risk patients	Pcn/rcc	Jun-23	p	Number of MDTs from neighbourhood facilitator	MDT meetings taking place at agreed intervals Increase in identification of patient cohorts Rutland Health PCN to increase the number of BP monitors to support Hypertensive patients to self monitor at home.	Rutland neighbourhood meeting to be held in March to reestablish group and formalise the MDT framework approach to working in Rutland	recruitment to MDT facilitator	seek more and longer term funding for this role - as above	GREEN
	also in health plan	3. Increase the number of Blood Pressure monitors available for Hypertensive patients to self-monitor (Blood Pressure @ Home) (22/23)	pcn	Dec-22	p	Monitor the use of the BP machines and Review and evaluate based on: Reduced rate of hip fractures. Increase number of patients with frailty flag using the electronic frailty index. Increased uptake of shingles vaccination. Number of completed structured medication reviews. Number of completed care plans including RESPECT where appropriate. Number of patients referred to Steady Steps and falls prevention services.	nicola - pcn to update	Rutland have secured the maximum amount of BP machines available within 2022/23 and they are being well utilised. Additional equipment is being made available through the role out of the community diagnostics work.			GREEN
	also in health plan	4. Implement a proactive framework for identifying and managing frailty, using care coordinators to target support for Housebound and/or frail patients in collaboration with RISE team (22/23) action from strat health plan We aim to implement a proactive framework for identifying and managing frailty, using care coordinators to ensure that all patients are offered: 1.Shingles vaccination 2.Screening for dementia 3.Structured Medication Review 4.Referal to integrated care coordinator 5.Falls prevention advice and referral 6.Proactive management of long term conditions and care planning	pcn	Apr-23	p			meeting with Ellith to update progress 2.Health Inequalities a.Long Term conditions review b.Shingles Vaccination c.Falls Assessment d.Memory Assessment			GREEN

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		2. Monthly Rise /asc/pcn in each of the 4 Gp practices			p	Number of cases discussed at weekly MDT		this is continuing to take place - linking this to a more formalised MDT neighbourhood meeting will be discussed at the next neighbourhood meeting- lin to new LLR draft MDT framework			GREEN
		3. Full use of the Joy social prescribing platform			p	number of partners using Joy Outcomes of individuals – ONS4 + qualitative		increased activity to put all activities onto the market place is taken place			GREEN
		4. Weekly DN board rounds			p						GREEN
	also in health plan	5. Neighbourhood monthly meetings			p	Professional experience of MDT working		continuing			GREEN
		6. expansion of housing MOT to support people with digital access	longhurst/rcc	22/23	p	number accessing services digitally		The Housing MOT service continues to successfully deliver against our Health and Wellbeing priorities and the contract has been extended to September 2024.			GREEN
		7. fire service home safety checks	rutland and melton fire	22/23	p	target of 650 oakham 50 upingham home safety checks completed each year safer					GREEN
3.2.2	MDT access to resident records/information	1. Case management taking place on Joy platform and informing asc LL & PCN S1	Rise	22/23	p	Number of cases on joy platform					GREEN
	also in health plan	2. Use of LLR electronic shared care record when available	lhis	22/23	p	number of professionals using the LLR shared care record " • Ensuring all pilot users can access the LLRCR			too few professionals engaged with this project reduces the gain of using the system		GREY
3.2.3	prompt safe hospital; discharge	1. Minimise hospital stay	Rcc hospital team	22/23	p	Length of stay 14+ days length of stay 21+ days	Numbers for Dec are: We discharged 34 people, 10 of whom left on the same day as becoming medically fit. Of the 34 discharged in Dec we supported 21 discharges within 48 hours. For Dec our average discharge delay per person was 2.3 days.	Numbers for Jan are: We discharged 34 people, 12 of whom left on the same day as becoming medically fit. Of the 34 discharged in Jan we supported 25 discharges within 48 hours. For Jan our average discharge delay per person was 2.1 days.	measurement to show the outcomes delays are not attributable to RCC but the acute process	continue to discuss at LLR discharge meetings	GREEN
		2. Discharge to home first	Micare and therapy reablement	22/23	p	Discharge to usual place of residence	micare holding 18 cases	As demands upon health and social care services continue to rise, delivering the right services at the right time and supporting people to go home and stay home after a hospital stay is a National Challenge. Rutland's Hospital and Reablement Team plays a vital role facilitating discharges home from hospital, preventing crisis admission and is an essential tool in managing the demand on care capacity. The team focuses on a home first approach, with individuals returning home to receive assessment, care and support and achievement of individualised goals. As a measure to address winter pressures, from January to April 2023 four beds will open at Rutland Care Village, to support individuals who are leaving hospital but are not quite ready to return home and require additional support first.	MiCare ability to recruit carers and therefore there might be insufficient capacity to support timely discharge.	full recruitment in place including a new video	green
		3. assessment on discharge to right size support	Rcc hospital team	22/23	p	numbers on D2A	all cases on D2A receive a first visit to rightsize package of care and provide the correct support from Micare	38 D2A cases on micare in Dec 2022			BLUE
	54	4. Increased reablement following hospital discharge			p	Reablement – effectiveness 91 days still at home	ave length of stay is 15 days	dec ave stay on reablement is 15 days	Staffing: Ageing Well monies have been used to employ Therapists to cover weekend working, but unlikely to get repeat funding next year. No weekend OTs may impact on timely flow through Reablement.		GREEN
	also in health plan	5. Implement Ageing Well Urgent Crisis Response 7-day therapy new ways of working in Rutland (22/23)	Rcc hospital team	22/23	p			Delivered at the right time, reablement can reduce, delay, or remove the need for ongoing care and support. For the last 2 years a 7-day reablement services has been operational with a qualified therapist available to ensure the right decisions are made and the right services are accessed. An individual receives an assessment within 48 hours of returning home from hospital. The effectiveness of Rutland reablement service can be seen by the following data: April to November 2022, 78 individuals received home based reablement. Of those 78, 75 individuals left the service with no ongoing support needs. The success in our home first approach of go home and stay home can be seen by the following data: 63 out of 68 individuals who accessed this service remained at home 91 days after discharge from hospital. The national average is 79.1%. Rutland have exceeded this from April – November 2022, attaining over 90% for 4 of the 8 months.			GREY
	also in health plan	Enhancing the end-of-life discharge pathway through testing an integrated EOL social care bridging and co-ordination offer (22/23)	Rcc hospital team	22/23	p			Phase One of a new Virtual Ward for Specialist Palliative Care was launched on Monday 27th February 2023. The first phase of the new service will be for referrals made by a University Hospitals of Leicester (UHL) Palliative Care nurse or medic only, to support early discharge from UHL acute inpatient settings. The new virtual ward service will provide enhanced medical & nursing monitoring, assessment, and intervention. This includes remote monitoring, holistic support and follow-up for patients admitted to hospital with a clinical specialist palliative diagnosis or exacerbation of their palliative condition, who could be at risk of deterioration after discharge.	Concern raised with regards to end of life patients who may not be admitted to UHL in the first instance.	Greater clarity has been sought with regards to additional phases of the virtual ward scheme to establish when this will be available to other out of county acute providers.	GREEN
3.3	Support, advice, and community involvement for carers										
3.3.1	support for carers	1. Identifying carers Identification of carers to be improved through distribution of information, improved online content and face to face engagement activities across the county to raise awareness and recognition of carers, their rights, needs and support available. This will include raising awareness with carers themselves, professionals and the wider public.	Rcc	22/23	p	Increase number known to RCC/PCN	ASC Carers Team, Young Carers, Admiral Nurses and Co-production are already working together to plan this year's Carers Week events (in June) which will promote carer awareness, carer friendly communities and provide recognition of carers.	Month by month increase numbers of carers supported			GREY


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		2. Providing support Support to be provided for adult carers of adults directly through RCC's Carers Team and additional support available for carers of those living with dementia through the Admiral Nursing service. Support includes information, advice and signposting to other agencies, eg local voluntary partner agencies. Contingency planning with carers, to ensure alternative plans are in place to provide care, if there carer is unable to continue. This provides peace of mind and a sense of security for carers.	rcc		p	Satisfaction and carers ability to care	Rutland ASC's Improvement Officer is reviewing Personalisation surveys to support with ensuring feedback gathered is meaningful. Contingency planning is completed by the Carers Team, with all carers who have any level of intervention from the team and who consent.	ASC pilot started in January 2023. Carers worker part of the new contact and response team. Supports first part of carer's assessment and specialist support with information and guidance - more timely discussions for carers needing support.			GREY
		3. Carers Passports to be available to carers of all ages to support with accessing services and valuing carers.					the number of Carers Passports issued to adult carers which will support with monitoring progress of carer identification. (Young Carers Passports are separate to this.) Carers Delivery Group CDG partners are working to develop the carer passport scheme across hospital settings. Total 253 Carers' passports issued as of January				
		4. RCC to explore signing up with Carefree to offer free short breaks to adult carers of carers.					Memorandum of Understanding with Carefree is being worked on by ASC and Data Protection	Still in progress			
		5. Launch of new carers support group – Oakham 'together we care'	carers centre	22/23	p	numbers attending group	Carers Team contacting carers' groups to gauge usage levels	Still in progress			blue
3.4	Healthy, fulfilled lives for people living with learning or cognitive disabilities and dementia										
3.4.1	supporting people with LD and autism	1. Annual health checks (rationale for this to be added)	Rcc	22/23		% Number of LD health checks completed			Need to develop link for reporting this data across Health and ASC Partners		AMBER
	55	2. Sharing Leder findings (rationale for this to be added)	rcc	23/24	s	Learning Into Action	Preparing CPD to share learning from Aspirational Pneumonia Thmatic Analysis as identified at the Leder Steering Group				GREEN
		3. Providing specialist care close to home		22/23	p	Qualitative feedback from this cohort number being carered for out of county			Needs discussion and planning		GREY
		4. Supporting people with LD/autism to access vol/work/education opportunities		22/23	p	% Number in employment			Needs discussion and planning		GREY
3.4.2	supporting people with dementia/cognitive impairment	1. Increase in identification of people likely to develop dementia through anticipatory care project – using Aristotle PHM tools	PCN	22/23	p	Number of people identified at risk of developing dementia					GREY
		2. Increase diagnosis rate for Rutland population	icb memory clinic	23/24	s	Number of people with a diagnosis of dementia		LLR Dementia Programme Board meets bi-monthly to ensure best practice across all areas of dementia care. Memory assessment services workshops in place, looking at improving waiting times diagnosis assessment.			GREY
		3. Equity in access to admiral nurse	Admiral Nurses		p	Admiral Nurse service availability % number of people supported by admiral nurses					AMBER
		4 increase support opportunities for families/carers/people with dementia	vol sector	22/23	s	number attending sailing club sessions					GREY





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4.3.1	Improve access to primary and community health care: In primary care, take steps to increase the overall number of appointments in comparison to a baseline of 2019 and to ensure an appropriate balance between virtual and face to face appointments. (NB dependency on premises constraints). Increase uptake of community eye scheme provided by local optometrists and monitor usage. In community health, understand and work to reduce waiting lists/wait times for key services such as dementia assessment, community paediatrics and mental health.	Increase the understanding locally of the extended primary care team and the many ways in which an appointments can be booked . Implemented enhanced access locally. More appointments in total in comparison to 2019 but acknowledgement of the wide range of appointment types available. Increase in the number of patients accessing the community eye scheme in comparison to baseline. Increase referrals to the community pharmacy referral scheme. A review of key services and waiting lists/times and put appropriate and deliverable plans in place to address whilst maximising the use of out of county providers and provision of more local services where possible.				<ul style="list-style-type: none"> <li>Increased access to GP practice appointment in comparison to 2019</li> <li>Appropriate proportion of appointments delivered face to face in comparison to Aug 21 baseline</li> <li>Qualitative feedback on GP practice access across Rutland</li> <li>Identified waiting lists/wait times reduced</li> </ul>			Phlebotomy blood collections	The ICB has been in negotiation with UHL for additional weekend blood collections. A paper has gone to SCG in December and it is hoped that PCN's can start to deliver a full Saturday phlebotomy service from January.	AMBER
4.3.2	Informing patients. Review PCN and practice website developments and online tools including review of usage data analysis to inform further website enhancements and engagement with registered population.	Standardised format for all 4 PCN practices making navigation easier. Recruitment of a digital inclusion officer (subject to funding) to work with patients to educate on the use of NHS app and websites. How to book appointments online, online consultations. Direct work carried out with the patients and public of Rutland to communicate the many services/clinics available and the varied roles. The role of care navigators and reception staff. Informing patients when appointments are released.	PCN	Apr-23		<ul style="list-style-type: none"> <li>Evaluation of PCN and practice websites and future developments.</li> </ul>					GREEN
4.3.3	Review local pathways, with focus on: a)Satellite clinics nearer to Rutland – e.g. Joint injections at RMH being explored to manage local backlog b)Community Pharmacy Consultation Service (CPCS) pilot to support increase in referrals in key areas and reduce pressures in Primary care. This will be supported by the Rutland Pharmaceutical Needs Assessment.	Reduction in the number of patients waiting for joint injections. Increase in the number of patients being referred to community pharmacy and reduction in appointments in primary care that relate to conditions within the remit of CPCS.	ICB	Mar-24	Place	<ul style="list-style-type: none"> <li>Review of joint injections pathway</li> <li>Reduced joint injection backlog</li> <li>Reduced pressure on primary care</li> <li>Review of community pharmacy services</li> <li>PNA complete for October 22</li> </ul>					AMBER
4.3.4	Maximisation of clinical space utilisation within primary care including existing primary care premises.	Undertake a clinical estates strategy. Seek to increase clinical consultation rooms at Oakham Medical Practice via S106 investment. Explore potential Increase in designated clinical space at Uppingham Surgery.	PCN	Jun-23	Place	<ul style="list-style-type: none"> <li>Practices with increased consulting spaces</li> <li>Increased appointment capacity</li> </ul>					AMBER
4.3.5	Review of GP registrations in the context of seldom heard or under-served groups to increase coverage where required for communities such as the travelling community, veterans and armed forces families (i.e. health equity audit learning from Leicester City Approach).	Establish links with primary care providers for military personnel. Identification of seldom heard or under-served groups and increase in uptake of services via targeted comms and engagement.	ICB	Mar-24	Place	<ul style="list-style-type: none"> <li>Health equity audit on GP registrations</li> </ul>					GREEN
4.3.6	Ensuring full use of specialist primary care roles tailored to needs (e.g. practice pharmacist, muscular-skeletal first contact, health coach).	Increase in number of ARRS roles year on year Increase in the number of patients being seen by these roles. Maximisation of ARRS allocation Increase in staff undertaking training and further development.	PCN	Mar-23	Place	<ul style="list-style-type: none"> <li>Employment and delivery of specialist primary care roles in Rutland</li> <li>Impact on primary care capacity of specialist roles</li> </ul>					GREEN
4.3.7	Engage with local Armed Forces Defence Medical Services (DMS) to better understand to improve local health and social care interactions with regards to local service offers and and pathways. facilities to inform changes in local Health and Care services including referral processes/documentation e.g. RMH provision.	Establish links with primary care providers for military personnel. Identification of seldom heard or under-served groups and increase in uptake of services via targeted comms and engagement. Reduction in barriers to referral to secondary care services.	Put in inequalities section links to service movements			<ul style="list-style-type: none"> <li>Qualitative feedback that local services better reflect the needs of the military population</li> </ul>					AMBER
4.3.7	Develop a single point of contact for the Armed Forces community, offering support and guidance to navigate the (local) NHS systems and prevent disadvantage	Develop and outline LLR wide model to act as a single point of contact embedding key elements of the due regard framework. Due regard for the armed forces in health referral e.g. duty to consider this population in pathway navigation and communicating appropriate health offers locally.	ICB	Sep-24	System	National and local pilot evaluation. Metrics to be agreed.					GREEN
4.3.8	Development of a Rutland wide partnership community transport project to look at demand and response bus service models with outline of enabling financial models. This will include current pilots e.g. Community Transport pilot in Uppingham.	<b>**Identify lead for this**</b>	RCC			<ul style="list-style-type: none"> <li>Pilot evaluation report of findings and recommendations</li> <li>Options appraisal of community transport models including collaborative financial strategy with Parish Councils</li> </ul>					AMBER
4.4	<b>Improving access to services and opportunities for people less able to travel, including through technology</b>										AMBER
4.4.1	Decrease digital exclusion and Increase digital inclusion by targeting people who want to use technology to improve access to services and/or reduce social isolation. a. Collaborative approach across involved agencies and services. Identify reasons for digital exclusion e.g. affordability, skills, confidence, connectivity, choice. Support to take up digital services e.g. access to medical record, booking appointments, virtual appointments, prescription ordering. b. Fit for purpose local internet infrastructure and access across Rutland including access to high speed broadband within community setting such as libraries. Advice to support household choices.	Increase number of people booking on line and using the practice websites. Increase in number of patients being seen virtually. Increase number of patients with digital access to their health care record. Provision of digital enablement sessions - training on how to use the NHS app and practice websites. Promotion of online access at local events Consideration of a digital transformation lead within the PCN. Increase in number of location public access points for high speed broadband. Standardisation of the practice websites so they all have the same navigation for ease of use. Consideration of services that may be able to be offered virtually. Monitoring of website usage and collection of patient feedback.				<ul style="list-style-type: none"> <li>Number of people digitally enabled.</li> <li>Residents in Rutland have the option to subscribe to high speed broadband</li> <li>No. of public access points for high speed broadband</li> <li>Number of people with access to their GP record</li> <li>Numbers of people using the NHS app to order repeat prescriptions and make GP appointments against the baseline comparator.</li> <li>Practice website usage data and feedback</li> <li>Number of people attending NHS App training sessions</li> </ul>			Originally a business case was going to be written for consideration against BCF underspend for the digital enablement element of this work but this is no longer available.	Instead this will be taken forward through the work of the comms and engagement group, linking in with key stakeholders, local volunteers and linking with the PCN Digital Transformation Lead.	AMBER

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4.4.2	Identify existing issues and routes /modes to improve physical access to services from rural areas by working with RCC Transport Plan team (including through further travel time mapping for different modes of transport and times of day, to support wider planning, also considering out of area access to services and ambulance response times).	<b>**Confirm Reporting Lead for this element**</b>				•Review of current transport routes and health inequalities needs assessment •Rutland travel time and bus route napping including costs					AMBER
4.4.3	Delivering commissioned services within Rutland. Encouraging LLR services commissioned from third party providers to be offered directly in Rutland including through venue support.	Review which third party services are provided and consider whether they are able to be delivered locally in Rutland. Increase in number of venues identified that can be used for health and social care service delivery. Identification of services that can be offered locally that were originally accessed external to Rutland.	ICB	Apr-24	Place	•More services delivered within Rutland wherever possible					AMBER
4.5	Enhance cross boundary working across health and care with key neighbouring areas										AMBER AMBER
4.5.1	Undertake an Out of Area contract review of LLR CCG commissioned services	Identify key contracts that are used by Rutland out of area.				•Review of cross boundary working across health and care					AMBER
4.5.2	Phase 2 of electronic shared care records including sharing with organisations not on the LLR Care Record system, notably out of area providers and other specialist providers including Defence Medical Services. Dependency on national shared care record programme. Explore potential for future digital referral routes from out of area.	<b>** Update from Sharon Rose Required**</b>				Electronic shared records implemented across a range of health and care providers					AMBER
4.5.3	Maintain close operational working with neighbouring CCGs, Councils and associate commissioners in Lincolnshire, Northamptonshire, Peterborough and Cambridgeshire with an initial focus on Primary Care impact on local provision, and implications of UHL restructure on demand for out of area services. Consider representation on respective governance groups.	Establish links with neighbouring commissioners and providers and establish regular dialect.	ICB	Mar-23	Place	Clear links with local CCGs and LAs re cross boundary working					GREEN


  
 New Enhanced Access service resulting in more appointments available a minimum of two weeks in advance and available in person face to face and remote (22/23)  
 Consider a local Enhanced Access service (part of review of access to primary and urgent and emergency care) encompassing same day access for Primary Care, Urgent Care, including (Minor Injuries), and Frailty Care  
 Recruit dedicated Digital Inclusion and Communications resources to support development, access, and navigation of e.g., Patient Online System/NHS App services/remote consultations/ practice websites (22/23)  
 Review GP registrations in the context of unique or under-served groups to increase registration for Health Services e.g., Armed Forces Families and Traveller Community (22/24)  
 Develop an enhanced access model that supports access to same day appointments. (22/23)  
 Review Minor Injury Service provision and Urgent Treatment Centre provision to ensure that it meets the needs of the local population and reduces the need for presentation at ED. (22/23)  
 Identify the highest utilised ED's out of county and across borders in relation to Rutland residents looking at reasons for presentation and reviewing associated pathways (22/23)  
 Expand the number of Clinical Pharmacists working locally who can treat Minor illness such as coughs, UTIs and Cellulitis and Long Term Conditions. (22/23)

Priority 5: Preparing for our Growing and Changing Population  
 Senior Responsible Officer (on HWB)  
 Responsible Officer (on IDG)

Sarah Prema  
 Jo Clinton / Advait Sheth

GREEN - On Track  
 AMBER - Off track but mitigations in place to recover  
 RED - Off track and at risk  
 GREY - Not Started

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5.1	Planning and developing 'fit for the future' health and care infrastructure										AMBER
5.1.1	Work with local/ neighbouring Integrated Care Systems (ICS) partners to share information to ensure in border and cross border population health impacts are consistently understood	<ul style="list-style-type: none"> <li>• LLR CCGs PCES Population Model that shows impact on health infrastructure as a result of growth in the Rutland border</li> <li>• Documented population health impact of Stamford North Housing Developments outside of the border shared with partners</li> <li>• Routine joint dialogue between partners</li> <li>• Initial baseline of Non Local plan impact by Rutland LSQA</li> <li>• Ongoing 6 monthly reviews and updates of latest LSQA level impact vs initial baseline position</li> <li>• RCC and Neighbouring LPA approach to prioritisation and CL allocation plans is in place and visible to partners</li> <li>• Agreed population model with robust methodology that can be used to support dynamic impact modelling by LSQA</li> <li>• Work with Rutland County Council to facilitate development of a set of options for a Health Campus /Medi-tech trials facility</li> </ul>	RCC/ICB	Apr-24	Place	<ul style="list-style-type: none"> <li>• Aligned fit for the future plans with neighbouring ICS's</li> <li>• Healthcare is confirmed as priority for infrastructure funding and received adequate support in line with growth and impact</li> <li>• Understanding of current CL funding including trajectory of allocations and any unallocated funding</li> <li>• Understand where Healthcare sites in wider prioritisation of Infrastructure support</li> <li>• Agreed updated information requirements and timely sharing with health partners to inform dynamic modelling</li> <li>• RCC to undertake a Community Infrastructure Levy (CIL) policy review with due consideration of enabling greater support for local healthcare infrastructure to ensure this is a key priority area of support going forward</li> <li>• Health Strategic Partners Involvement in CL review process and receipt of report on new policy implications</li> </ul>					AMBER
5.1.2	Work with in county and out of county providers and commissioners to cross share plans for Healthcare to inform future local service provision	<ul style="list-style-type: none"> <li>• Routine joint dialogue between partners on latest plans and possibilities for joint solutions</li> <li>• Aligned fit for the future plans with neighboring Places to inform local commissioning in and out of county provision in the future</li> <li>• Agreed LLR representation on North Place Alliance</li> <li>• Ongoing Engagement with ODA senior transformation leads for Primary Care and Planned Care Transformation</li> <li>• Cross sharing of latest LLR and ODA CDC plans with understanding of timelines and key service offers to plans impacting Rutland residents</li> </ul>	ICB	Apr-24	Place	<ul style="list-style-type: none"> <li>• Aligned fit for the future plans with neighboring Places to inform local commissioning in and out of county provision in the future</li> <li>• Documented population health impact of Stamford North Housing Developments outside of the border shared with partners</li> <li>• Understanding of emerging options for joint solutions on the Stamford and Rutland border</li> <li>• Joint messaging around direction of travel for cross border developments in place and evolving over time</li> </ul>			Local Primary Care Project Provider for LLR Wave 1 programme has been de commissioned and a new provider to take fwd is being identified. This will result in delay to development of Rutland PCN Clinical and Estate Strategy		AMBER
5.1.3	Enable a fit for the future local healthcare	<ul style="list-style-type: none"> <li>• Documented PCN Clinical and Estates Strategy to inform how future clinical strategy can be supported to deliver going fwd.</li> <li>• Business Cases development and approvals for future Estate solutions</li> <li>• Undertake strategic site feasibility review of local Health Estates including Rutland Memorial Hospital</li> </ul>	ICB	Apr-23	System and Place	<ul style="list-style-type: none"> <li>• Identified PCN clinical priorities and recommendations for future sustainable solutions that are documented and that can inform the delivery of the Healthcare Plan</li> <li>• Quantified understanding of available space on site at Rutland Memorial Hospital within existing medical facilities' appropriateness for clinical activity against criteria</li> <li>• Develop a Business Case for RMH based on feasibility findings</li> </ul>			Local Primary Care Project Provider for LLR Wave 1 programme has been de commissioned and a new provider to take fwd is being identified. This will result in delay to development of Rutland PCN Clinical and Estate Strategy		RED
5.2	Health and care workforce fit for the future										RED
5.2.1	Develop training for new ways of working	<ul style="list-style-type: none"> <li>• Ensure appropriate local development opportunities are being accessed by all roles where available i.e. Community Pharmacy Academy development programme - for Occupational Therapy, Clinical Pharmacist, Paramedic connected to Network, muscular-skeletal first contact staff and health coach</li> </ul>	PCN/RCC	Apr-23	Place	<ul style="list-style-type: none"> <li>• Completion of PCN training courses and evaluation of training and impact on patient outcomes</li> </ul>					RED
5.2.2	PCN continue to expand on its Additional Roles Reimbursement Scheme	<ul style="list-style-type: none"> <li>• Recruitment of all ARRS roles outlined in the 2022/23 workforce plan for Rutland Health PCN</li> <li>• Looking at care co-ordination and clinical pharmacists' capacity</li> </ul>	PCN/RCC	Apr-23	Place						RED
5.2.3	Develop Career Development Structures	<ul style="list-style-type: none"> <li>• Mat to advise whether to remain, be changed or removed</li> <li>• Consider projects to increase career development and satisfaction for retention e.g. via delegation of health tasks</li> </ul>	RCC			<ul style="list-style-type: none"> <li>• Carer development and increased potential for workforce</li> <li>• Proportion of health and care staff remaining in work after 55</li> </ul>					RED
5.2.4	Promote local Career Opportunities	<ul style="list-style-type: none"> <li>• Mat to advise whether to remain, be changed or removed</li> <li>• Increase engagement with local young people around careers in health and care, including through collaboration with schools and opportunities for work experience</li> </ul>	RCC			<ul style="list-style-type: none"> <li>• Sustainable health and social care workforce</li> <li>• Increase in proportion of staff in health and care sector locally</li> </ul>					RED
5.3	Health and equity in all policies, in particular developing a healthy built environment aligned for projected growth										RED
5.3.1	Embed Health and Equity in all strategies and policies across Rutland County Council and then partner organisations	<ul style="list-style-type: none"> <li>• Core partnership working group established to take this forward in an agreed timeline</li> <li>• To consider their impact on mental and physical health, health inequalities and climate change. This will include Health and Equity impact assessment development and training. See 2.4.</li> <li>• Public Health and Health Strategic partners to support the Planning Authority on the RCC Local Plan development to maximise the opportunity for a healthy built environment aligned to projected growth in Rutland.</li> <li>• Work will utilise the national evidence base combined with locally developed resource, for example the 'Active Together – Healthy Place Making' toolkit.</li> <li>• Completion of a Health Impact Assessment of the Local Plan at the appropriate point of development with clear recommendations for mitigation and/or enhancement.</li> </ul>	PH (Mitch Harper)	TBC	Place	<ul style="list-style-type: none"> <li>• Completion of a Local Plan Health Impact Assessment with clear and achievable recommendations</li> <li>• Progress against identified recommendations in the Local Plan development</li> <li>• Health and Equity in all policies embedded across Rutland</li> <li>• Completion of a Health Impact Assessment of the Local Plan at the appropriate point of development with clear recommendations for mitigation and/or enhancement.</li> </ul>	<p>Training on Health in all Policies via an e-learning package is being piloted throughout February in other areas. Outcomes and learning will be assessed to determine an approach for Rutland to take forward.</p> <p>Engagement with the Planning team at RCC continued throughout the Issues and Options stage. A Health Impact Assessment policy has been included for developers meeting set thresholds. Further work is needed on this in further Local Plan development stages.</p>			GREEN	

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**Priority 6: Ensuring People are Well Supported in the Last Phase of Their Lives**  
**Senior Responsible Officer (on HWB) James Burden**  
**Responsible Officer (on IDG) Charlie Summers**

GREEN = On Track  
 AMBER = Off track but mitigations in place top recover  
 RED = Off track and at risk  
 GREY = Not Started  
 BLUE = Complete

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6.1	Each person is seen as an individual										
6.1.1											
6.1.2											
6.2	Each person has fair access to care										
6.2.1		Refresh our JSNA and LLR all age end of life strategy (22/23)									
6.2.2											
6.2.3											
6.3	Maximising comfort and wellbeing										
6.3.1		Strengthen our community palliative and end of life care offer (22/23)									
6.2.2		Support more people to die in their place of choice through increased identification of people in their last year of life via increased use of RESPECT planning (22/23)									
6.2.3											
6.3	Care is coordinated										
6.3.1		Improve access to end-of-life care provision through design and mobilisation of a 24/7 advice line for patients, carers, and professionals (23/24)									
6.3.2		Enhancing the end-of-life discharge pathway through testing an integrated EOL social care bridging and co-ordination offer (22/23)									
6.3.3		Increase advance End of Life Care Planning by using risk data tools to identify people reaching last years of their life (22/23)									
6.4	All staff are prepared to care										
6.4.1		Quality and co-production review of patient and carer experiences at end of life. Ensure end of life remains everyone's business through appropriate training and support (22/23)									
6.4.2											
6.5	Communities are prepared to help										
6.5.1		Raise local awareness to Integrated Community Specialist Palliative Care Service, specialist nursing, virtual day therapy, befriending support (22/23)									
6.5.2											
6.5.3											
6.5.4											

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**Priority 7a: Cross Cutting Themes - Mental Health**  
**Senior Responsible Officer (on HWB) - 7a Mental Health**  
**Responsible Officer (on IDG) - 7a Mental Health**

**Mark Powell**  
**Mark Young**

GREEN = On Track  
 AMBER = Off track but mitigations in place top  
 RED = Off track and at risk  
 GREY = Not Started  
 BLUE = Complete

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Ref	What Do We Want To Achieve?	How Are We Going To Do It?	Lead Organisation	Timeframe for Delivery (Month/Year)	Level (System, Place or Neighbourhood)	How Will Success Be Measured?	Progress for January 2023	Progress for February 2023	Key Identified Risks	Mitigations	January 2023 Project RAG Status
7.1	<b>Supporting good mental health</b>										GREY
7.1.1	Increase access to perinatal Mental health support services, wherever Rutland women have chosen to give birth.	1.2.2 Healthy lifestyle information for women pregnant or planning to conceive (c) mental health.	LPT	2022/23	System						GREY
7.1.2	Understand the gaps in service reported by service users where children and young people need help with their mental health but have not reached the thresholds for mainstream mental health services, or have reached thresholds but are on waiting lists for CAMHS services, and ways to address these, including via new local services and low level/interim support offers delivered through library and wider commissioned and community services. Factor in anticipated future changes e.g. end of Resilient Rutland funding for children and young people's counselling in 2023.		LPT, PH	2022/24	Place and System						GREY
7.1.3	Increasing local resource to respond to children and young people's mental health need through implementation of Key Worker role, Mental Health support workers support in Schools, contribution of Resilient Rutland programme (funding ending Jan 23). Support to families on waiting lists and for those requiring support but not reaching CAMHS thresholds. Parallel support for parents and carers of children and young people with mental health needs.		LA, VCS, CCG	2022/23	Place						GREY
7.1.4	Transformation project for Rutland- Ensuring Mental Health services are delivered in Rutland including: a) Supporting services via funding bids: (Mental Health VCS grant scheme – crisis café - second round June 2022, Small grants - £3k - £50k - second round to open June 2022, OPCC commissioner safety fund – up to £10k) b) A clear co-designed approach to supporting farmers' and other individuals' needs linked to rurality c) A clear co-designed approach to better meeting veterans' and armed forces families' mental health needs d) A clear local plan to better coordinate care across neighbouring service areas		LPT/ CCG/ RCC	2022/23	Place and System						GREEN
7.1.5	Increased response for low level mental health issues. Promotion of recognised self-service self-help tools and frameworks notably Five ways to wellbeing. Expansion of capacity in local low level mental health services and closer working between involved local agencies and services, including in the voluntary and community sector and peer support, so more people access help sooner in their journey. Opportunities to develop resilience skills, e.g. through the Recovery College.		PCN, LPT, RCC, VCS	TBC	Place						GREEN
7.1.6	Deliver on the Long-term plan objectives for mental health for the people of Rutland: a) Move towards an integrated neighbourhood based approach to meeting mental health needs in Rutland b) Annually assessing the physical health needs of people with Serious Mental Illness (SMI) in Rutland c) Ridding people with serious mental illness into employment d) Delivering psychological therapies (IAPT - VitaMinds) for individuals as locally as possible to Rutland		LPT, PCN, RCC, VitaMinds	2022/23	System and Place						GREEN

**Priority 7b: Cross Cutting Themes - Inequalities**  
**Senior Responsible Officer (on HWB) - 7b Inequalities**  
**Responsible Officer (on IDG) - 7b Inequalities**

**Mike Sandys**  
**Adrian Allen**

GREEN = On Track  
 AMBER = Off track but mitigations in place to recover  
 RED = Off track and at risk  
 GREY = Not Started  
 BLUE = Complete

Ref	What Do We Want To Achieve?	How Are We Going To Do It?	Lead Organisation	Timeframe for Delivery (Month/Year)	Level (System, Place or Neighbourhood)	How Will Success Be Measured?	Progress for January 2023	Progress for February 2023	Key Identified Risks	Mitigations	January 2023 Project RAG Status
7.2	<b>Reducing Health Inequalities</b>										
7.2.1	Complete a needs assessment to understand the current health inequalities in Rutland. The assessment will apply a rural lens, considering hidden deprivation and the resultant needs, calling on wider sources of intelligence across the community, voluntary and faith sector. The assessment will also focus on geographical inequality, inclusion health and vulnerable populations.		PH	2022/23	Place		This is now complete	This is now complete			BLUE
7.2.2	Embedding a proportionate universalism approach to service delivery including principles of the CORE 20 PLUS 5 and HEAT tool. Targeted support based on need including for families and communities who experience the worst health outcomes across Rutland e.g. military, rurally isolated, carers, SEND, LD children in care etc.		All	2024/25	Place and System		Not yet underway.	Not yet underway.			GRAY
7.2.3	Strengthen leadership and accountability for health inequalities including health inequalities training with senior leaders and use of the Inclusive Decision Making framework		ICB, PH, LLR Academy	2023/24	System		Not yet underway.	Not yet underway.			GRAY
7.2.4	Embed Military Covenant duties across all key organisations across the system but specifically in Rutland (due regard for armed forces in health, housing, and education).		RCC, ICB, Providers	2022/23	Place and System		Ongoing	Mapping has been completed to identify partner progress on due regard for armed forces.			GREEN
7.2.5	Complete military and veteran health needs assessment to understand the inequalities facing this group	Refresh Insights data to reflect Rutland. Qualitative piece for current personnel and people coming back from Cyprus.	ICB, PH	2022/23	Place and System		Work is underway to plan for a survey to be undertaken of the next rotation of personnel coming in from Cyprus with a refresh of the data also.	Work is underway to plan for a survey to be undertaken of the next rotation of personnel coming in from Cyprus with a refresh of the data also.			GREEN
7.2.6	Mapping Rutland community assets, including its voluntary and community sector.		RCC	2022/24	Place		CAR are mapping Voluntary Sector currently with results being shared once available	CAR are mapping Voluntary Sector currently with results being shared once available			GREEN
7.2.7	Role of anchor institutions in reducing health inequalities. Working with key Rutland organisations considering how they can support reducing health inequalities through employees, resources and estate.		System and RCC	2024/25	System		Not yet underway.	Not yet underway.			GRAY
7.2.8	Ensuring complete and timely datasets. Collecting data on protected characteristics (including ethnicity and disabilities) to support future service needs and development		All providers	2024/25	System		Not yet underway.	Not yet underway.			GRAY

**Priority 7c: Cross Cutting Themes - Covid Recovery**

Senior Responsible Officer (on HWB) - 7c Covid Recovery  
Responsible Officer (on IDG) - 7c Covid Recovery

Mike Sandys  
Adrian Allen

GREEN = On Track  
AMBER = Off track but mitigations in place top  
RED = Off track and at risk  
GREY = Not Started  
BLUE = Complete

Ref	What Do We Want To Achieve?	How Are We Going To Do It?	Lead Organisation	Timeframe for Delivery (Month/Year)	Level (System, Place or Neighbourhood)	How Will Success Be Measured?	Progress for January 2023	Progress for February 2023	Key Identified Risks	Mitigations	January 2023 Project RAG Status
7.3	<b>Covid recovery and readiness</b>										GREY
7.3.1	Build into the commissioning processes of the authority including the EHRIA considerations, the consideration of Covid intelligence to ensure that any additional demand or shift in service access requirements are fully considered.	Ensure that the appropriate steps are built into the commissioning cycle and are identified for commissioners to consider and respond to accordingly.	RCC, PH	Ongoing	Place						GREY
7.2.2	Consider the service offer for patients with long Covid linked to longer term health issues, including accessibility.	Monitoring of deaths data for individuals with co morbidities that have been highlighted as linked to Covid. Review the access arrangements for patients needing support with long covid.	LPT/PH	Ongoing	Place						GREY
7.2.3	Making certain that the intelligence from HSA gets reported into the HWB via the Health Protection Team including an annual Health Protection Report which includes an horizon scan of any future threats to the health & wellbeing of residents	An annual report from the Health Protection Team delivered yearly to the HWB with any relevant HSC reporting being delivered on an ad hoc basis where necessary	PH	Ongoing	Place and System						GREEN

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# **Joint Health and Wellbeing Strategy 2022-2025: Outcomes Summary Report**

## **Rutland**

March 2023

**Victoria Rice**

Research and Insight Manager- Public  
Health

Business Intelligence Service  
Chief Executive's Department  
Leicestershire County Council  
County Hall, Glenfield  
Leicester LE3 8RA

Tel                0116 305 6059  
Email            [victoria.rice@leics.gov.uk](mailto:victoria.rice@leics.gov.uk)

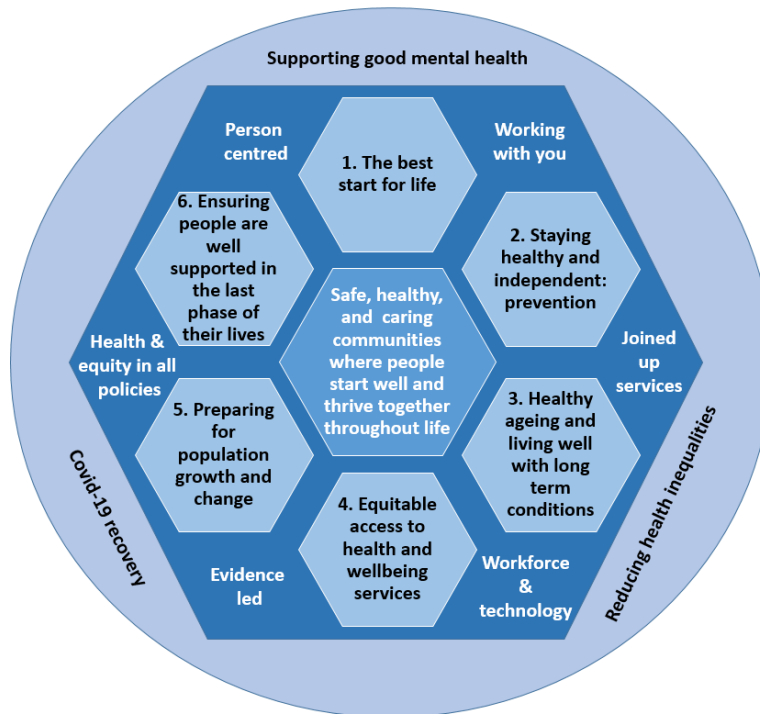
Produced by the Business Intelligence Service at Leicestershire County Council.

Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.

# Purpose of Report

In line with the Rutland Joint Health and Wellbeing Strategy (2022-2025), this report has been produced to support and monitor the performance of indicators that are linked to each priority area within the strategy. A dashboard of indicators has also been developed to aid discussion and monitor progress.

The Rutland Joint Health and Wellbeing Strategy has six priority areas for action, with three cross cutting themes. The diagram below summarises the priorities and principles:



The outcomes summary report and dashboards will be updated on a quarterly basis to support the delivery of the Rutland Joint Health and Wellbeing Strategy. It is important to note that the dashboard will continue to be developed as the strategy evolves and the delivery plan is developed.

The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A RAG rating of 'green' shows those that are performing better than the England value or benchmark and 'red' indicates worse than the England value or benchmark.

Appendix 1 provides more details on the similar areas to Rutland.

# Priority 1: Enabling the best start in life

## Performance Summary

- Out of all the comparable indicators presented for the enabling the best start in life priority, seven are green, 13 are amber and four are red. Two indicators have no comparison, and two indicators are lower than national.
- Rutland performed significantly worse than England/benchmark for the following four indicators:

**Proportion of children receiving a 12-month review** - Rutland is ranked 16<sup>th</sup> out of 16 in 2021/22. The proportion of children receiving a 12-month review has decreased from 37.0% in 2020/21 to 29.7% in 2021/22.

**Children in care immunisations** - Rutland is ranked 16<sup>th</sup> out of 16 in 2021. The proportion of children in care for at least 12 months whose immunisations were up to date increased from 56.0% in 2020 to 62.0% in 2021. Rutland has performed significantly worse than England since 2019.

**Population vaccination coverage for HPV (one dose) for 12-13 years old (Females)** - Rutland is ranked 16<sup>th</sup> out of 16 in 2020/21. The latest value for Rutland is 61.2%, which is below the benchmarking goal of 80%.

**Population vaccination coverage for HPV (one dose) for 12-13 years old (Males)** - Rutland is ranked 16<sup>th</sup> out of 16 in 2020/21. The latest value for Rutland is 62.5%, which is below the benchmarking goal of 80%.

- Of the seven green indicators, Rutland ranks 1<sup>st</sup> (best performing) when compared to its similar neighbours for the following indicator:  
**Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years).**
- There are currently five indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Proportion of children receiving a 12-month review
  - Children in care immunisations
  - HPV Vaccination coverage for one dose (12-13 year) (Females)
  - HPV Vaccination coverage for one dose (12-13 year) (Males)
  - Percentage of 5 year olds with experience of visually obvious dental decay

Source:

\*NHS Outcomes Framework

\*\* Office for National Statistics (ONS)

# Rutland Joint Health and Wellbeing Strategy - Priority 1: The best start for life

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
C04 - Low birth weight of term babies	P	>=37 weeks g..	2021	2.4	10/16	1.6	2.8	2.8	▶	●
C09a - Reception: Prevalence of overweight (including obesity)	P	4-5 yrs	2021/22	20.3	5/16	17.3	25.5	22.3	▶	●
New referrals to secondary mental health services, per 100,0..	P	<18 yrs	2019/20	4,602.8	4/16	2,966.6	10,475.9	6,977.4	▬	●
A&E attendances (0-4 years)	P	0-4 yrs	2019/20	397.6	4/16	316.1	679.0	659.8	▶	●
Admissions for lower respiratory tract infections in infants ag..	P	<1 yr	2020/21	Null	Null	Null	Null	94.9	▶	●
Neonatal mortality and stillbirth rate	P	<28 days	2020	7.4	13/16	3.3	8.8	6.5	▶	●
Proportion of children receiving a 12-month review	P	1 yr	2021/22	29.7	16/16	97.4	29.7	81.9	▼	●
C05a - Baby's first feed breastmilk	P	Newborn	2018/19	77.6	3/16	79.6	63.0	67.4	▬	●
Children in care immunisations	P	<18 yrs	2021	62.0	16/16	100.0	62.0	86.0	▬	●
General fertility rate	F	15-44 yrs	2021	45.4	1/16	45.4	63.2	54.3	▬	●
Proportion of infants receiving a 6 to 8 week review	P	6-8 weeks	2021/22	83.7	12/16	97.6	7.6	81.5	▬	●
Estimated number of children and young people with mental d..	P	5-17 yrs	2017/18	752.2	1/14	752.2	9,588.2	Null	▬	●
Average Attainment 8 score	P	15-16 yrs	2020/21	54.3	2/16	56.7	48.4	50.9	▬	●
C06 - Smoking status at time of delivery	F	All ages	2021/22	6.8	3/16	5.6	12.4	9.1	▬	●
C07 - Proportion of New Birth Visits (NBVs) completed within ..	P	<14 days	2021/22	88.8	6/16	94.8	32.7	82.6	▶	●
C08a - Child development: percentage of children achieving a ..	P	2-2.5 yrs	2021/22	81.3	11/16	90.1	43.5	81.2	▬	●
C09b - Year 6: Prevalence of overweight (including obesity)	P	10-11 yrs	2021/22	30.2	2/16	28.4	39.1	37.8	▶	●
Children in care	P	<18 yrs	2021	43.0	5/16	37.0	111.0	67.0	▶	●
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	F	12-13 yrs	2020/21	61.2	16/16	98.3	61.2	76.7	▼	●
E02 - Percentage of 5 year olds with experience of visually obv..	P	5 yrs	2018/19	25.3	10/11	13.1	31.9	23.4	▬	●
B02a - School readiness: percentage of children achieving a go..	P	5 yrs	2021/22	70.9	3/16	71.8	63.8	65.2	▬	●
C11a - Hospital admissions caused by unintentional and delib..	P	0-4 yrs	2020/21	84.5	1/16	84.5	145.3	108.7	▶	●
C11a - Hospital admissions caused by unintentional and delib..	P	<15 yrs	2020/21	49.6	1/16	49.6	97.5	75.7	▶	●
E01 - Infant mortality rate	P	<1 yr	2018 - 20	3.4	11/16	2.4	6.4	3.9	▬	●
Hospital admissions as a result of self-harm (10-24 years)	P	10-24 yrs	2020/21	309.9	2/16	304.2	794.5	421.9	▶	●
Hospital admissions for mental health conditions	P	<18 yrs	2020/21	127.4	12/16	72.9	251.0	87.5	▬	●
School pupils with social, emotional and mental health needs: ..	P	School age	2021	2.4	7/16	1.9	3.5	2.8	▲	●

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

# Priority 2: Staying healthy and independent: prevention

## Performance Summary

- Out of all the comparable indicators presented for the staying healthy and independent: prevention priority, five are green, three are amber and two are red.
- Rutland performed significantly worse than England/benchmark for the following indicators:

**Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check** – Rutland is ranked 14<sup>th</sup> out of 16 in 2017/18-2021/22. The latest value for Rutland is 38.6%, which is significantly worse than the national average of 44.8%.

**Population vaccination coverage (shingles) for 71 years** – Rutland is ranked 16<sup>th</sup> out of 16 in 2019/20. The latest value for Rutland is 31.4%, which is significantly worse than the benchmark of 50%.

- Of the four green indicators, Rutland ranks 1<sup>st</sup> (best performing) when compared to its similar neighbours for the following indicators:  
**Percentage of physically active adults.**  
**Cancer screening coverage-cervical cancer (aged 50 to 64 years)**
- There are currently four indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Loneliness: Percentage of adults who feel lonely often/always or some of the time
  - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check
  - Self-reported wellbeing: people with a high anxiety score
  - Population vaccination coverage – Shingles vaccination coverage (71 years)

## Rutland Joint Health and Wellbeing Strategy - Priority 2: Staying healthy and independent: prevention

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
B19 - Loneliness: Percentage of adults who feel lonely often or always or some of the time	P	16+ yrs	2019/20	24.8	14/16	13.9	26.7	22.3		
C16 - Percentage of adults (aged 18+) classified as overweight or obese	P	18+ yrs	2020/21	59.5	2/16	59.0	68.3	63.5		
C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	P	40-74 yrs	2017/18 - 21/22	38.6	14/16	82.0	34.8	44.8		
C28d - Self reported wellbeing: people with a high anxiety score	P	16+ yrs	2021/22	29.2	16/16	16.8	29.2	22.6		
<b>71</b> C17a - Percentage of physically active adults	P	19+ yrs	2020/21	74.0	1/16	74.0	64.4	65.9		
C24a - Cancer screening coverage: breast cancer	F	53-70 yrs	2022	71.4	8/16	78.9	54.1	64.9		
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	F	25-49 yrs	2022	74.4	9/16	77.0	67.6	67.6		
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	F	50-64 yrs	2022	79.5	1/16	79.5	73.2	74.6		
C24d - Cancer screening coverage: bowel cancer	P	60-74 yrs	2022	77.5	2/16	77.6	71.0	70.3		
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)	P	71	2019/20	31.4	16/16	56.8	31.4	48.2		

Statistical Significance compared to England or Benchmark:

Better  
 Worse  
 Higher  
 Similar  
 Not compared  
 Lower

Direction of Travel:

Decreasing  
 Decreasing and getting better  
 Decreasing and getting worse  
 Increasing  
 Increasing and getting better  
 Increasing and getting worse  
 No significant change  
 Cannot be calculated

# Priority 3: Healthy ageing and living well with long term conditions

## Performance Summary

- Out of all the comparable indicators presented for the healthy ageing and living well with long term conditions priority, one is green, two are amber and one is red.
- Rutland performed significantly worse than England/benchmark for the following indicator:







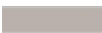

**Excess winter deaths index** – Rutland is ranked 16<sup>th</sup> out of 16 in Aug 2019- Jul 20. The latest value for Rutland is 50.2%, which is significantly worse than the national average of 17.4%. Previously, the percentage of excess winter deaths in Rutland had remained statistically similar to the national average since 2001/02.

- There are currently two indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Hip fractures in people aged 65 and over
  - Excess winter deaths index



## Rutland Joint Health and Wellbeing Strategy - Priority 3: Healthy ageing and living well with long term conditions

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
C23 - Percentage of cancers diagnosed at stages 1 and 2	P	All ages	2020	57.2	1/15	57.2	49.4	52.3		
C29 - Emergency hospital admissions due to falls in people aged 65 and over	P	65+ yrs	2020/21	1,536.2	1/16	1,536.2	2,437.6	2,023.0		
E13 - Hip fractures in people aged 65 and over	P	65+ yrs	2020/21	608.4	15/16	425.4	647.5	528.7		
E14 - Excess winter deaths index	P	All ages	Aug 2019 - Jul 2020	50.2	16/16	9.1	50.2	17.4		

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Statistical Significance compared to England or Benchmark:

■ Better  
■ Worse  
■ Higher  
■ Similar  
■ Not compared  
■ Lower

Direction of Travel:

▼ Decreasing  
▼ Decreasing and getting better  
▼ Decreasing and getting worse  
▲ Increasing  
▲ Increasing and getting better  
▲ Increasing and getting worse  
▶ No significant change  
▬ Cannot be calculated

# Priority 4: Ensuring equitable access to services for all Rutland residents

## Performance Summary

- The one indicator presented below for the ensuring equitable access to services for all Rutland residents priority is the Access to NHS dental services – successfully obtained a dental appointment indicator.
- The percentage of people who successfully obtained an NHS dental appointment in the last two years has decreased from 94.6% in 2019/20 (where Rutland performed in the 2<sup>nd</sup> best quintile nationally) to 77.7% in 2020/21, where Rutland now performs in the middle quintile. Rutland is ranked 8<sup>th</sup> out of 16 when compared to its nearest neighbours.

Source:

\*NHS Outcomes Framework

\*\* Office for National Statistics (ONS)

# Rutland Joint Health and Wellbeing Strategy - Priority 4: Equitable access to health and wellbeing services

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
75 Access to NHS dental services - successfully obtained a dental appointment	P	18+ yrs	2020/21	77.7	8/16	85.4	65.0	77.0		

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- Cannot be calculated

# Priority 5: Preparing for our growing and changing population

## Performance Summary

- Out of all the comparable indicators presented for the preparing for our growing and changing population priority, one is green and four are amber. Three indicators were not suitable for comparison.

## Rutland Joint Health and Wellbeing Strategy - Priority 5: Preparing for population growth and change

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Air pollution: fine particulate matter (historic indicator)	N/A	Not applicable	2020	6.2	8/15	4.8	7.3	6.9		
Average weekly earnings	P	16+ yrs	2021	551.3	4/16	575.3	402.7	496.0		
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	P	16-64 yrs	2021/22	6.8	5/16	-0.5	14.4	9.9		
B12b - Violent crime - violence offences per 1,000 population	P	All ages	2021/22	17.3	1/16	17.3	38.9	34.9		
B15a - Homelessness: households owed a duty under the Homelessness Reduction Act	N/A	Not applicable	2021/22	6.1	2/15	4.6	14.9	11.7		
B17 - Fuel poverty (low income, low energy efficiency methodology)	N/A	Not applicable	2020	11.9	9/16	6.7	16.7	13.2		
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2021/22	27.0	6/16	38.4	16.0	28.0		
Percentage of adults cycling for travel at least three days per week	P	16+ yrs	2019/20	1.1	11/16	4.4	0.6	2.3		

Statistical Significance compared to England or Benchmark:

Better  
 Worse  
 Higher  
 Similar  
 Not compared  
 Lower

Direction of Travel:

Decreasing  
 Decreasing and getting better  
 Decreasing and getting worse  
 Increasing  
 Increasing and getting better  
 Increasing and getting worse  
 No significant change  
 Cannot be calculated

# Priority 6: Ensuring people are well supported in the last phase of their lives

## Performance Summary

- Out of the four comparable indicators presented for the ensuring people are well supported in the last phase of their lives priority, one is amber, two are higher and one is lower.
- Rutland performed significantly higher than England/benchmark for the following indicators:

**Percentage of deaths that occur at home** – Rutland is ranked 16<sup>th</sup> out of 16 in 2021. The proportion of deaths that occur at home (all ages) has decreased from 33.9% in 2020 to 33.6% in 2021, which is significantly higher than the national average of 28.7%.

**Percentage of deaths that occur in care homes** – Rutland is ranked 15<sup>th</sup> out of 16 in 2021. The proportion of deaths that occur in care homes (all ages) has increased from 27.5% in 2020 (where it performed statistically similar to England) to 28.0% in 2021, which is significantly higher than the national average of 20.2%.

- Rutland performed significantly lower than England/benchmark for the following indicator:

**Percentage of deaths that occur in hospital** – Rutland is ranked 1<sup>st</sup> out of 16 in 2021. The proportion of deaths that occur at hospital (all ages) has increased from 33.9% in 2020 to 35.5% in 2021. Rutland has performed significantly lower than England for this indicator since 2019.

## Rutland Joint Health and Wellbeing Strategy - Priority 6: Ensuring people are well supported in the last phase of their lives

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Percentage of deaths that occur at home	P	All ages	2021	33.6	16/16	25.0	33.6	28.7		
Percentage of deaths that occur in care homes	P	All ages	2021	28.0	15/16	15.1	30.3	20.2		
Percentage of deaths that occur in hospital	P	All ages	2021	35.5	1/16	35.5	48.5	44.0		
Temporary Resident Care Home Deaths, Persons, All Ages (%)	P	All ages	2021	39.8	9/16	29.6	50.8	39.6		

Statistical Significance compared to England or Benchmark:

■ Better  
■ Worse  
■ Higher  
■ Similar  
■ Not compared  
■ Lower

Direction of Travel:

▼ Decreasing  
▼ Decreasing and getting better  
▼ Decreasing and getting worse  
▲ Increasing  
▲ Increasing and getting better  
▲ Increasing and getting worse  
▶ No significant change  
▬ Cannot be calculated

# Cross Cutting Themes:

## Supporting Mental Health

### Performance Summary

- Out of all the comparable indicators presented for supporting mental health, four are green, six are amber and four are not comparable.
- Of the four green indicators, Rutland ranks 1<sup>st</sup> (best performing) when compared to its similar neighbours for the following indicators:
  - Percentage of physically active adults**
  - Emergency Hospital Admissions for Intentional Self-Harm (Persons)**
  - Emergency Hospital Admissions for Intentional Self-Harm (Females)**
  - Admission episodes for alcohol-related conditions (Broad): New method**

Source:

\*NHS Outcomes Framework

\*\* Office for National Statistics (ONS)



# Rutland Joint Health and Wellbeing Strategy - Mental Health Indicators

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
90535 - Depression and anxiety among social care users: % of social care users	P	18+ yrs	2018/19	44.5	2/15	43.9	58.8	50.5	▬	●
B11 - Domestic abuse related incidents and crimes	P	16+ yrs	2021/22	24.1	4/16	23.0	40.6	30.8	▬	●
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	P	18+ yrs	2021/22	39.5	10/16	47.2	34.8	40.6	▬	●
		65+ yrs	2021/22	31.8	3/16	27.3	46.4	37.3	▶	●
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2021/22	27.0	6/16	38.4	16.0	28.0	▬	●
		65+ yrs	2021/22	26.3	8/16	16.7	35.3	28.8	▬	●
C14b - Emergency Hospital Admissions for Intentional Self-Harm	P	All ages	2020/21	127.4	1/16	127.4	333.7	181.2	▶	●
	F	All ages	2020/21	141.7	1/16	141.7	490.3	238.3	▶	●
	M	All ages	2020/21	110.1	9/16	85.5	178.4	126.4	▶	●
C17a - Percentage of physically active adults	P	19+ yrs	2020/21	74.0	1/16	74.0	64.4	65.9	▬	●
C28d - Self reported wellbeing: people with a high anxiety score	P	16+ yrs	2021/22	29.2	16/16	16.8	29.2	22.6	▬	●
Depression: QOF prevalence (18+ yrs)	P	18+ yrs	2021/22	11.2	1/16	11.2	14.9	12.7	▲	●
Mental Health: QOF prevalence (all ages)	P	All ages	2021/22	0.7	4/16	0.6	1.2	1.0	▶	●
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fra..	P	All ages	2020/21	1,018.8	1/16	1,018.8	1,659.5	1,499.8	▶	●

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Statistical Significance compared to England or Benchmark:

■ Better  
■ Worse  
■ Higher  
■ Similar  
■ Not compared  
■ Lower

Direction of Travel:

▼ Decreasing  
▼ Decreasing and getting better  
▼ Decreasing and getting worse  
▲ Increasing  
▲ Increasing and getting better  
▲ Increasing and getting worse  
▶ No significant change  
▬ Cannot be calculated

# Reducing Health Inequalities

## Performance Summary

- Out of all the comparable indicators presented for reducing health inequalities, three are green and one is amber.
- Of the three green indicators, Rutland ranks 1<sup>st</sup> (best performing) when compared to its similar neighbours for the following indicators:  
**Healthy life expectancy at birth (Males)**  
**Life expectancy at birth (Males).**

# Rutland Joint Health and Wellbeing Strategy - Cross Cutting Theme: Reducing health inequalities

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG	
83	A01a - Healthy life expectancy at birth	F	All ages	2018 - 20	66.8	9/16	68.2	62.0	63.9		
		M	All ages	2018 - 20	74.7	1/16	74.7	61.9	63.1		
	A01b - Life expectancy at birth	F	All ages	2018 - 20	85.0	3/16	85.4	83.2	83.1		
		M	All ages	2018 - 20	83.2	1/16	83.2	79.0	79.4		

Note: For A01b - Life expectancy at birth for males, the Worst/Highest value should be 79.2, not 79.0.

Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

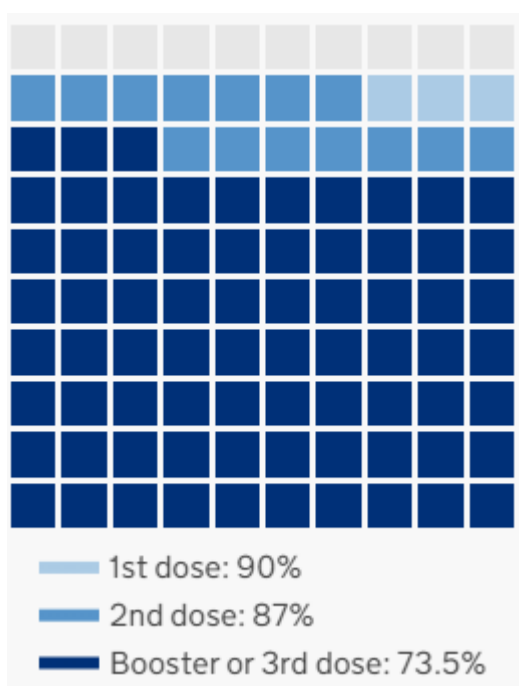
- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

# Covid Recovery

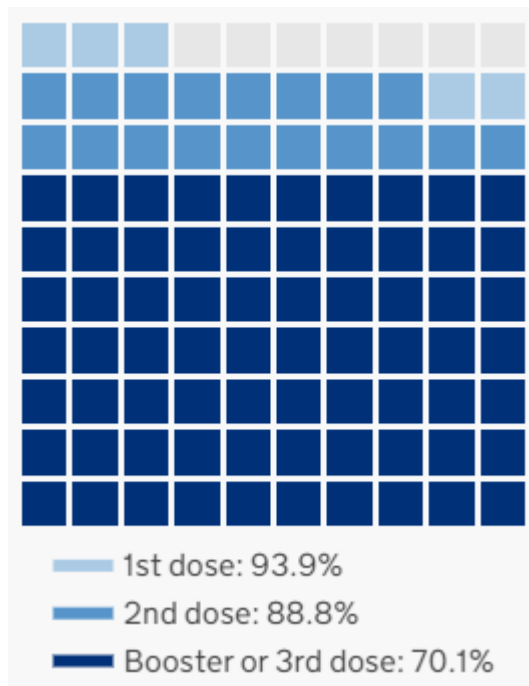
- **COVID-19 vaccinations (% Uptake)**

The Covid-19 vaccination uptake in Rutland is higher than England for booster/dose 3 for those aged 12 and over, as of 2<sup>nd</sup> March 2023. The percentage uptake for dose 1 and dose 2 in Rutland is lower in comparison to the national average for those aged 12 and over.

**Covid-19 Vaccination Uptake in Rutland (12+)**



**Covid-19 Vaccination Uptake in England (12+)**



Source: Coronavirus (COVID-19) in the UK dashboard (<https://coronavirus.data.gov.uk/>)

- **COVID-19 Deaths\*\***

As of week 7 in 2023, there have been a total of 110 Covid-19 deaths in Rutland. Of the total deaths involving Covid-19 in Rutland, 57 (51.8%) were in a hospital setting and 43 (39.1%) were in a care home setting.

Since the beginning of the pandemic (week 12, 2020) there have been a total of 1,262 deaths (all causes) in Rutland.

Based on the average mortality data for 2015-19, we would expect 1,119 deaths in Rutland for this period. This reveals an excess of 143 deaths from any cause in Rutland during this period.

Source:  
\*NHS Outcomes Framework  
\*\* Office for National Statistics (ONS)

# Appendix 1

## Similar areas to Rutland

The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between Local Authorities. The nearest neighbours to Rutland are listed below.

Nearest CIPFA neighbours to Rutland available from fingertips include:

- Bedford
- Buckinghamshire UA
- Central Bedfordshire
- Cheshire East
- Cheshire West and Chester
- Cornwall
- Dorset
- East Riding of Yorkshire
- Herefordshire
- North Somerset
- Shropshire
- Solihull
- South Gloucestershire
- West Berkshire
- Wiltshire

Source:

\*NHS Outcomes Framework

\*\* Office for National Statistics (ONS)



If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા યત્ન કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔ 0116 305 6803

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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County Hall  
Glenfield  
Leicester  
LE3 8RA  
[ri@leics.gov.uk](mailto:ri@leics.gov.uk)  
[www.lsr-online.org](http://www.lsr-online.org)

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<sup>87</sup> Rutland County Council

# Rutland Health and Wellbeing Board within LLR

Katherine Willison – Health and Wellbeing Integration Lead

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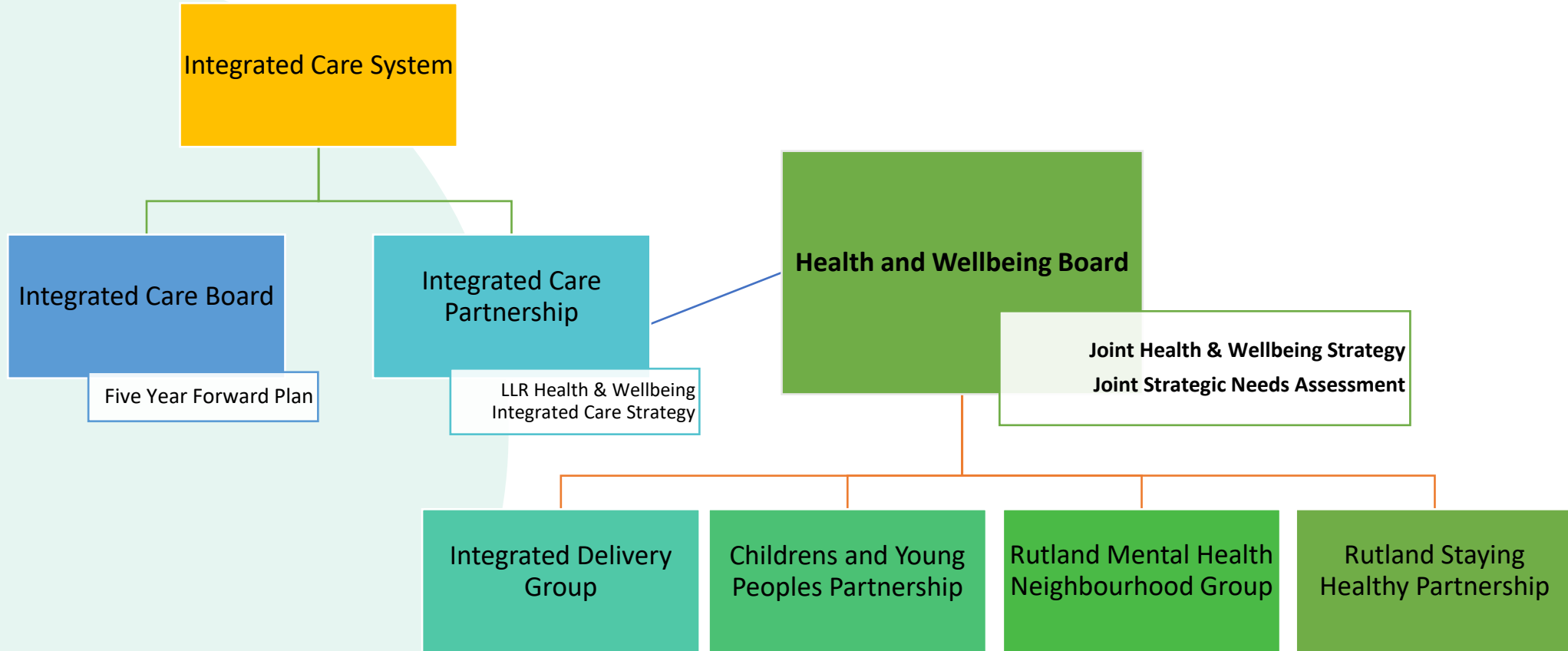
## Contents

- Structure chart
- Integrated Care System
- Integrated Care Board
- Integrated Care Partnership
- Linkage
- Health and Wellbeing Board
- Joint Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- Sub-Groups of the Health and Wellbeing Board



# Structure

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## Integrated Care System

Integrated care systems (ICSs) '*Leicester, Leicestershire and Rutland ICS*' are partnerships that bring together NHS organisations, local authorities and others to take **collective** responsibility for:

- **planning and delivering** joined up health and care services
- **improving health and reducing inequalities** across geographical areas

**The aim is to improve the lives of people who live and work in their area.**

The 2022 Health and Care Act formalised ICSs as legal entities with statutory powers and responsibilities, previously being informal.

Statutory ICSs comprise two key components:

- Integrated Care Board '*NHS LL&R ICB*'
- Integrated Care Partnership '*LL&R Health and Wellbeing Partnership*'

## Integrated Care Board

**Integrated care boards (ICBs):** statutory bodies that are responsible for **planning and funding** most NHS services in the area

The role of ICB is to develop a **plan** to meet the health needs of the population and to arrange and manage the budget for the provision of NHS services

**LLR ICB 5 Year Forward Plan** - Areas of **focus** include but not limited to:

- Mental health and dementia
- Integrated health and social care teams
- Improving pathways for elective care
- Management of long- term conditions
- ❖ There is an overriding focus on **prevention**

Members of the ICB are senior leaders from NHS organisations and local authorities in Leicester, Leicestershire and Rutland. The ICB has oversight of the whole health system, sets the strategic direction and works jointly with the Health and Wellbeing Partnership to agree what needs to be done to meet the priorities for the ICS.

## Integrated Care Partnership

**Integrated care partnerships (ICPs):** statutory committees jointly formed between the ICB and a broad set of system partners (including local government, the voluntary, community sector, NHS organisations and others).

Concerned with improving the care, health and wellbeing of the population.

The ICP is tasked with developing a **strategy** to address the health, social care and public health needs of their system, and being a forum to support partnership working.

### **LLR H&W Strategy key areas of focus:**

- Reducing health inequalities
- Preventing illness and helping people to stay well
- Championing integration
- Fulfilling our role as Anchor organisations

### ***Additionally for 2022-24:***

- Coordinated action on the Cost- of- Living crisis
- Making it easier for people to access the services they need

## Linkage



- The ICB and local authorities will have to have regard to ICP strategies when making decisions
- The ICB and ICP will also have to work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as ‘place-based’ planners,
- The ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWSs) produced by HWBs.

## Health and Wellbeing Board

The Rutland Health and Wellbeing Board (HWB) is a **formal statutory committee of the local authority.**

**Aim:** improve the health and wellbeing of our local population and reduce health inequalities.

**Statutory duty:** with the Integrated Care Board (ICB) to produce:

- Joint strategic needs assessment
- Joint health and wellbeing strategy

**Chair:** Portfolio Holder for Health, Wellbeing and Adult Care.

**Membership:** includes representation from the local authority, health, public health, police and from the Voluntary and Community Sector.

Rutland as a **Place** falls within the wider health and care footprint of the Leicester, Leicestershire and Rutland (LLR) Integrated Care **System** (ICS)

## Joint Health and Wellbeing Strategy: The Rutland Based Plan 2022-2027

**Vision: Nurture safe, healthy and caring communities in which people start well and thrive together throughout their lives**

The strategy has seven priority areas for action:



**Rutland Health and Wellbeing Delivery Action Plan** is a working document with a range of activities to achieve the outcomes of the strategy.

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## Joint Strategic Needs Assessment (JSNA)

The JSNA assesses needs based on local intelligence and insight, with clear recommendations for action. The Rutland Health and Wellbeing Board has responsibility for assessing the health and wellbeing needs of their population and publishing the JSNA.

Chapters are produced on a rolling basis, aligned to the priorities set out within the Joint Health and Wellbeing Strategy.

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Throughout 2022/23, the following JSNA chapters have been completed and approved by the board:

- Health Inequalities in Rutland
- End of life care
- Oral Health

An updated Pharmaceutical Needs Assessment was also completed and approved by the board in July 2022, which is a statutory duty.



## Subgroups of the HWB

### Integrated Delivery Group (IDG)

Purpose: Provide leadership, direction, and assurance, on behalf of the Rutland HWB, so that the vision for integrated health and care in Rutland is delivered.

Functions: include proposing the scope for the programmes, driving forward, and leading on monitoring the delivery of the Joint Health and Wellbeing Strategy.

Supports the development of the Rutland Better Care Fund (BCF) Plan and associated metrics. HWB approves the BCF expenditure plan and leads on delivery.

### Children and Young People's Partnership (CYPP)

Purpose and Aim: Supports the development and improvement of services for children and young people in Rutland; ensures that children and young people are happy, safe, and successful and empowered to be the best they can be.

Reports to the HWB to ensure that the needs of children, young people, and families in Rutland influence planning for health and wellbeing improvements. It proposes scope for plans and oversees their delivery on behalf of the HWB.

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## Sub-Groups continued

### **The Staying Healthy Partnership**

Aim: Progress workstreams within the Rutland Health and Wellbeing Strategy delivery plan relating to primary prevention, the wider determinants of health and health inequalities. Work has progressed on the health inequalities workstream, including the development of a Health Inequalities Needs Assessment and Board development session.

### **Rutland Mental Health Neighbourhood Group**

Aim: Lead on driving, coordinating, and enabling mental health transformation, working with the HWB, local authority, local VCS partners and local health organisations.

Objectives: include the creation of a local plan to better coordinate care and deliver an improved response for low level mental health issues. Next steps for the group are to deliver an integrated neighbourhood approach to ensure that mental health needs in Rutland are met.

**RUTLAND HEALTH AND WELLBEING BOARD**

21 March 2023

**BETTER CARE FUND**

**(INCLUDING THE ADULT SOCIAL CARE DISCHARGE FUND)**

**Report of the Portfolio Holder for Health, Wellbeing and Adult Care**

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	John Morley, Strategic Director for Adult Services and Health	01572 758442 jmorley@rutland.gov.uk
	Katherine Willison, Health and Wellbeing Integration Lead	01572 758409 kwillison@rutland.gov.uk
Ward Councillors	NA	

**DECISION RECOMMENDATIONS**

That the Committee:

1. Notes the content of the report.
2. Notes the Rutland 2022-23 Better Care Fund Adult Social Care Discharge Fund fortnightly reports which have been submitted to the BCF national team since 6 January 2023.
3. Notes preparations undertaken for 2023-24 BCF programme plans.

**1 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to update the Health and Wellbeing Board (HWB) on the 2022-23 Better Care Fund Adult Social Care Discharge Fund (BCF ASC) reporting and preparation undertaken for 2023-24 BCF programme plans.

**2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The annual 2022-23 BCF Plan was signed off by the HWB chair and was submitted

to the national BCF team on 29 September 2022. The BCF ASC is an addendum to this 2022-23 BCF Plan.

2.2 On 22 September 2022, the government announced its 'Plan for Patients' which committed £500 million for the rest of the financial year, to support timely and safe discharge from hospital by reducing the number of people delayed in hospital awaiting social care. The funding has been distributed to local authorities and ICBs to pool into the local BCF. In line with usual BCF requirements, the use of both elements of this funding must be agreed between local health and social care leaders. The funding must complement plans for improving discharge outcomes under condition 4 of the main BCF plan.

2.3 BCF National condition 4: 'implementing the BCF objectives' requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes against the fund's 2 policy objectives. These are: enable people to stay well, safe and independent at home for longer; people have the right care at the right place at the right time.

ASC DF **funding conditions** include:

- Funding should only be used on permitted activities that reduce flow pressure on hospitals...by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support
- Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing the bed days lost
- Local areas should submit fortnightly reports setting out what activities have been delivered in line with commitments in the spending plan

2.4 Health and social care partners across Leicester, Leicestershire and Rutland (LLR) worked together to agree schemes which would benefit discharge processes at both Place and System levels. There are also schemes specific to Rutland at Place level.

2.5 The BCF ASC DF **plan** was submitted to the national BCF team on 16 December 2022. The plan is a record of planned expenditure for a number of schemes to facilitate discharge from hospital, in line with the requirements of the 11 funding conditions.

2.6 The first **report** was submitted to the national BCF team on 6 January 2023. This detailed information including the number of discharges from hospital, number of hours of domiciliary care commissioned and the amount of the BCF ASC DF spent over the previous 14 days.

2.7 Further **reports** have been submitted at 14-day intervals. These have reported BCF ASC DF expenditure including:

- Reablement beds commissioned at Rutland Care Village
- Overtime payments for staff to facilitate hospital discharges over bank holidays.
- Retention bonuses through fuel allowances for MiCare domiciliary care staff

- These schemes have contributed to the flow of Rutland residents being discharged from hospital in a timely manner to appropriate discharge destinations. This has promoted their health and wellbeing and has aided the health system to free up much needed hospital beds for further patients.

## 2.8 Income:

Funding for 2022-23 ASC DF is set out in Table 1.

**Table 1: BCF budget for 2022-23**

Source of Funds	(£)
ICB	155,271
LA Grant	113,100
<b>Total</b>	<b>268,371</b>

## 2.9 Expenditure:

Planned spend on the ASC DF is £286,371. Rutland's BCF ASC DF plan was approved by John Morley on behalf of the Council. All three LLR plans went to the LLR ICB Executive Management Team on for ICB approval. The HWB Chair approved the Rutland plan on behalf of the Rutland Health and Wellbeing Board prior to its submission on 16/12/22.

- 2.10 **2023-24 BCF budget levels** are starting to be received from NHSE. It is hoped that full budgetary information and criteria for use of BCF monies will be received soon. In preparation, budget holders for 2022-23 have begun to review their schemes and are considering best use of funding for the next period.

## 3 CONSULTATION

- 3.1 Not applicable at this time.

## 4 ALTERNATIVE OPTIONS

- 4.1 Not applicable at this time.

## 5 FINANCIAL IMPLICATIONS

- 5.1 As in previous years, local partners have proceeded to deliver the current year's BCF programme 'on trust', based on consensus across the Council and ICB, pending national publication of guidance. This continues to be the case with this ASC DF.

## 6 LEGAL AND GOVERNANCE CONSIDERATIONS

- 6.1 The plans have been produced with involvement and input from ICB. The plans received sign off by the Executive Team at the ICB.

## 7 DATA PROTECTION IMPLICATIONS

- 7.1 There are no new Data Protection implications. The annual report contains only anonymised data.

## **8 EQUALITY IMPACT ASSESSMENT (MANDATORY)**

8.1 Not applicable to the annual report.

## **9 COMMUNITY SAFETY IMPLICATIONS**

9.1 There are no identified community safety implications from this report.

## **10 HEALTH AND WELLBEING IMPLICATIONS**

10.1 The Better Care Fund programme is an important element of Rutland's response to enhancing the health and wellbeing of its population. This report sets out that Rutland continues to be committed to improving the outcomes of the population.

## **11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS (MANDATORY)**

11.1 The Committee is recommended to note the Rutland 2022-23 Better Care Fund Adult Social Care Discharge Fund report fortnightly submissions and preparations undertaken for the 2023-24 BCF programme plans.

## **12 BACKGROUND PAPERS**

12.1 There are no additional background papers to the report.

## **13 APPENDICES**

13.1 There are no appendices to the report.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

## **Rutland Mental Health Neighbourhood Group: Update – 21 March 2023**

- We have worked with the Mental Health Neighbourhood group recently to create our strategy, which defines our vision and how we will identify the priority groups to work with. There are many key areas we have discussed that will be set as actions, which will require new and continued engagement with our local VCS partners, local authority and health organisations. We continue to grow as a group and have included members recently from the armed forces and farming community as these are some of the key areas we will look at supporting.
- There have been recent community engagement events where several VCS organisations, as well as the Police, have attended local villages to engage with residents to promote our services and support available. This is part of helping us to deliver an integrated neighbourhood approach to ensure mental health needs in Rutland are met, as it imperative to understand from a local perspective the issues our population face.
- We have also supported local organisations who have shown an interest in becoming the first Crisis Café based in Rutland, as the second round of applications is currently live and closes on the 10<sup>th</sup> of March. These are part of Leicestershire Partnership NHS Trust's local support for people who need immediate help with their mental health. The cafes are drop-in centres for anyone to come and talk to us about their mental health with no appointment needed. This is another key objective and deliverable we are looking to achieve, as we want to ensure there is increased access available for people who require support with their mental health.
- We have worked on a mental health pathway, to give a clearer map of who to go to and when for mental health support. This will be distributed with our partners once complete.

Mark Young  
Senior Mental Health Neighbourhood Lead  
Community Care Services  
Rutland County Council

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## Rutland Health and Wellbeing Board Work Plan 2022-23

STANDING AGENDA ITEMS	AUTHOR
JSNA: Update & Timeline	Mike Sandys, Public Health
LLR Integrated Care System: update	Sarah Prema, Chief Strategy Officer, LLR ICS
Joint Health and Wellbeing Strategy	Katherine Willison, Health and Integration Lead, RCC.
Better Care Fund	Katherine Willison, Health and Integration Lead, RCC.
Update from the Sub-Groups:  a) CYPP b) IDG c) Rutland Mental Health Neighbourhood Group d) Staying Healthy Partnership	Councillor David Wilby Debra Mitchell Emma Jane Hollands / Mark Young Adrian Allen / Mitch Harper

MEETING DATE	PROPOSED ITEM	AUTHOR	PURPOSE
<b>12/07/22</b>	Election of Vice-Chair	Chair	Decision
	JSNA Scope and Plan (statutory)	Hannah Blackledge & Viv Robbins, Public Health	Decision
	Pharmaceutical Needs Assessment Report - consultation (statutory)	Andy Brown Public Health	Discussion
	Rutland Memorial Hospital a) Health Plan Update  b) The Levelling Up Fund	Sarah Prema, LLR CCG Penny Sharp, RCC Places	Discussion
	Reducing Health Inequalities - Core20Plus5	Sarah Prema, Executive Director for Strategy & Planning, LLR CCGs	Discussion

<b>11/10/22</b>	JSNA: a) Health Inequalities in Rutland b) End of Life Needs Assessment	Mike Sandys, Public Health	Discussion
	<del>Local Plan Issues and Options: consultation feedback</del>	<del>RCC Places</del>	<del>Discussion</del>
	Health Plan Update: <ul style="list-style-type: none"> <li>• Primary Care Access inc. Primary Care Access T&amp;F Group report,</li> <li>• Diagnostics, Outpatients and Elective Care Services</li> <li>• RMH Upgrades: Update from LPT</li> </ul>	Dr James Burden  Helen Mather	Discussion

		Mark Powell, LPT	
	Winter Vaccination Programme: Update	Dr James Burden	Discussion
	Cost of Living Crisis: Community and Company Involvement	Emma Jane Perkins / Duncan Furey	Discussion
	<b>For Information Only</b> Pharmaceutical Needs Assessment Report (statutory)	Andy Brown Public Health	For Noting
	<b>For Information Only</b> JSNA Demographics - Census 2021 Initial Results	Andy Brown	For Noting

<b>13/12/22 SPECIAL MEETING</b>	Health and Wellbeing Partnership – Draft Integrated Care Strategy: review	Sarah Prema, Chief Strategy Officer, LLR ICS	Discussion
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<b>24/01/23</b>	<b>JSNA: Update &amp; Timeline</b> JSNA Overview (statutory)	Hannah Blackledge & Adrian Allen, Public Health	Decision
	Oral Health Needs Assessment	Andy Brown	
	Staying Healthy Partnership	Adrian Allen / Mitch Harper	Discussion
	Primary Care Task and Finish Survey	TBC	Decision
	<u>Sub-Groups</u> • Approval of Terms of Reference	Mark Young/ Cllr Wilby / Debra Mitchell (LLR ICB)	Decision
	<b>JHWP Strategy</b> Communication and Engagement Strategy and Plan	Katherine Willison	

<b>21/03/23</b>	<del>Election of Vice Chair (Vote for a new vice chair following the resignation of Dr James Burden) Defer to next meeting</del>	Chair	Decision
	Rutland Memorial Hospital Feasibility Study	Sarah Prema / David Williams	Decision
	Access to NHS Dental Services in Rutland	Caroline Goulding, NHS England	Discussion
	Integrated Care Board: 5 Year Forward Plan	Sarah Prema with introduction by KW explaining difference between plans.	TBC
	<del>Health and Wellbeing Board Annual Report 2022/23</del>	Katherine Willison	Decision

	Primary Care Strategy (TBC — JM/KW to confirm)	Sarah Prema	TBC
	<b>For Information Only</b> Director of Public Health Annual Report (statutory)	Mike Sandys, Director of Public Health	For Noting

<b>MEETING DATE</b>	<b>PROPOSED ITEM</b>	<b>AUTHOR</b>	<b>PURPOSE</b>
<b>27/06/23</b> <b>TBC</b>	Election of Vice-Chair	Chair	Decision
	Primary Care Strategic Review / Task and Finish Group Survey (Cfwd from last year - TBC)	Jo Clinton/ Adhvait Sheth	Discussion
	Primary Care Strategy (TBC)	Sarah Prema	TBC
	Armed Forces: Personnel and Families Survey Report	Adrian Allen / Mitch Harper	
	Health and Wellbeing Board Annual Report 2022/23	Katherine Willison	Decision

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