

RUTLAND HEALTH AND WELLBEING BOARD

27 June 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 D Ellison, Portfolio Holder for Adult Care and Health	
Contact Officer(s):	Kim Sorsky, Strategic Director for Adult Services and Health	01572 758352 ksorsky@rutland.gov.uk
	Katherine Willison, Health and Wellbeing Integration Lead, RCC	01572 758409 kwillison@rutland.gov.uk
	Mike Sandys, Director Public Health RCC	0116 3054259 mike.sandys@leics.gov.uk
	Debra Mitchell, Deputy Chief Operating Officer, LLR ICB	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:

- 11plus Teen Health service and team mobilised and working with secondary schools. 1 to 1 case work and 6 groups underway. Community Consultation on FH offer undertaken and being analysed (Priority 1).
- A new agreement and funding arrangement has been developed for the Active Referral programme. The programme will be delivered by Active Rutland at Rutland County Council from April 2023. (Priority 2).
- The Memory Clinic is restarting in July and based at RMH. Final planning is taking place regarding which services will be present to provide a wide range of support for attendees. This will include RISE and Admiral Nurses. There are also plans to take the memory clinic out to the villages via the Vaccination Van. (Priority 3).
- The Xray machine is now functioning two days per week at Rutland Memorial Hospital. (Priority 4).
- The Business Case for Rutland Memorial Hospital is now with ICB, to look at detail to support production of RCC front cover report and strengthen key points (Priority 5).
- A Mental Health Reablement Worker has been appointed supporting people with personality disorders. (Priority 7.1).

3 THE WELLBEING PEER SUPPORT GROUP

3.1 This group was developed by Alex Magliulo, Mental Health Care Manager from the RISE team and Dr Corah lead Mental Health GP for Rutland, based at Uppingham Surgery, having identified that there was a gap in provision for promoting wellbeing and confidence of people with mental health issues in Rutland. The aim of the group is to enable people to meet others with similar experiences and share ways in which they can develop their lives in a meaningful way, and how they can reduce the impact of challenging experiences. It follows a course programme.

3.2 The first group met weekly for 6 weeks at Pepper's in Oakham. Members of the group have had the opportunity to continue their friendships at Pepper's drop-in meetings. The second group met at the Refill Café which is a public interest

company. The support here included how to develop confidence in connecting in a public setting. Demonstrating the positive impact of the group, two of the group members have arranged to attend a karate class together.

3.3 With permission gained from group members to share this information, see feedback below:

- “I benefitted from loads of useful advice and with the company of a lovely group of people, acquired positive ways of coping and looking forward. The main thing is to see friends and enjoy things together”.
- “The has been very helpful for me. I have learned a lot of new coping strategies which I will implement into my daily life”.
- “Being in a group is really good as its great to share each other’s experiences and learn from each other”.
- “The group has helped by being open and honest about difficulties, this has helped me open up too, in a way which I have not considered before”.
- “I will take away new friendships, new strategies to cope and the wonderful feeling I am not alone”.

4 COMMUNICATION AND ENGAGEMENT PLAN

4.1 The **Communication and Engagement Plan** is included in the delivery plan for consistency. This supports the delivery of the strategy. See Report No. 83/2023 also included in the reports pack. A high-level audit of communications and engagement’s broader strengths, assets and communication channels with partners, is in the process of being completed by the Co-Production and Engagement Lead. This will enable planning of communications with the knowledge of what partners are able to use and disseminate.

4.2 Two experts by experience have been identified to consult with regarding RCC service development to review communication & easy access material. The RCC Quality Assurance Team is supporting the communication and engagement of the Greetham Project. This is one of the priority areas identified within the Joint Strategic needs Assessment based on Socio-economic/deprivation and rurality/access to the community. This project involves active working with small communities to identify and build on the strengths of assets within the villages and surrounding areas, to improve access to health and wellbeing sources.

4.3 Next Steps

4.3.1 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. Meetings are being made with Priority Leads throughout July.

4.3.2 Establishing a new lead for Priority 6 Dying Well. A meeting has been arranged in June with LPT and the Dying Matters Chair to facilitate this.

5 OUTCOMES SUMMARY REPORT

5.1 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.

5.2 The report highlights many areas where Rutland performs well in comparison to other similar areas:

5.3 Rutland performs well in the indicator Average Attainment 8 score, which measures how well pupils do in Key Stage 4 in 8 subjects.

5.4 Rutland also performs well in Children in Care with a low figure of 31 per 10,000 population. These two indicators are within Priority 1.

5.5 Within Priorities 2 and 3 respectively, Rutland performs well in Cancer screening for bowel cancer and for the percentage of cancers diagnosed at stages 1 and 2.

5.6 Within Cross Cutting Themes, Mental Health, Rutland Performs well for Admissions for alcohol related harm, Depression and Emergency admissions for intentional self harm.

5.7 There are also areas where Rutland is performing comparatively poorly.

- 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) This was discussed at the CYP Collaborative and corporate Parenting Boards and assurance given that this is a priority. The Designated nurse for Looked After Children has reported that the wait is now 24 weeks.
- 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 1/2) This is being looked at by Public Health colleagues to address with NHSE.
- Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received a health check. Health checks are a decreasing trend. There are ongoing developments for the NHS Health Checks Programme.
- Within priority 2 and 7.1, Rutland does not perform well on the indicator for Self-reported wellbeing: people with a high anxiety score. There is work underway as part of the Mental Health Neighbourhood Strategy and the RISE team continue to focus on support for people with anxiety.

5.8 Next Steps

5.8.1 Continue to work with priority leads to devise strategies to make improvements to these areas demonstrating poor or worsening indicators.

6 **ALTERNATIVE OPTIONS**

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

7 FINANCIAL IMPLICATIONS

7.1 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.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 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.

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

9 DATA PROTECTION IMPLICATIONS

9.1 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.

10 EQUALITY IMPACT ASSESSMENT

10.1 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.

10.2 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.

11 COMMUNITY SAFETY IMPLICATIONS

11.1 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.

12 HEALTH AND WELLBEING IMPLICATIONS

12.1 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.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

13.1 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.

14 BACKGROUND PAPERS

14.1 There are no additional background papers.

15 APPENDICES

15.1 Appendix A - JHWS Delivery Plan June 2023

15.2 Appendix B - JHWS Outcomes Summary Report June 2023

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