

HEALTH AND WELLBEING BOARD

16 January 2024

JOINT HEALTH AND WELLBEING STRATEGY UPDATE

Report of the Portfolio Holder for Adults and Health

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor D Ellison, Portfolio Holder for Adults and Health	
Contact Officer(s):	Kim Sorsky, Director of Adult Services and Health, RCC	01572 758352 ksorsky@rutland.gov.uk
	Mike Sandys, Director of Public Health for Leicestershire and Rutland, LCC	0116 3054259 mike.sandys@leics.gov.uk
	Debra Mitchell, Deputy Chief Operating Officer, LLR ICB	07969910333 debra.mitchell3@nhs.net
	Katherine Willison, Health and Wellbeing Integration Lead, RCC	01572 758341 kwillison@rutland.gov.uk
Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the further development of the JHWS Delivery Plan.
2. Notes the Public Health Data: Update for Rutland and the Public Health Outcomes Framework: Update for Rutland Reports.

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 HWB on progress of the JHWS Delivery Plan.
- 1.3 The report also highlights elements of the Public Health Data: Update for Rutland and the Public Health Outcomes Framework: Update for Rutland Reports

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.

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 risks, mitigations and issues for escalation and discussion. The leads use coloured rating to show whether progress is on target and where outcomes have been achieved and the action can be closed. This is an evolving plan and will be updated and amended as required.

2.3 The following are some highlights of progress of the JHWS:

- The 0-11 and the Teen Health services attended the Community Market afternoon at Kendrew barracks to promote the services on offer. The Teen health service in their first 6 months has reach 5% of the secondary school population offering both individual and group support. The Teen Health website in conjunction with Leicestershire Teen Health is under development. For the 0-11, LPT undertook a pilot of the Lime Survey that resulted in additional support given to families that were universal and would not have had another contact with the programme. The Lime survey has been used to address the backlog caused by covid and is also being scoped to be used for the 2 year reviews to help settings to attend. There has been liaison with Kendrew backs to look at have an onsite presence. (Supporting Priority 1 Best start in life)
- An e-learning package on wider determinants of health will be available for all staff and face to face sessions aimed at senior leaders and decision makers. (Supporting Priority 2 Prevention)
- A Learning Disability Partnership Board was held on 20th November. Topics included a talk by a Social Worker about what happens at a Social Care Review, and by a Learning Disability Nurse about Healthy Relationships. One of the co-chairs, who is a person with lived experience, gave a presentation on the new 'pop- up' lunch shop which takes place in Catmose, the food being prepared and sold by members of Brightways. (Supporting Priority 3 Healthy ageing and living well with ill health and long-term conditions)
- A mid-year review was undertaken with the PCN which demonstrated that considerable progress had been made on the Capacity Access and Improvement Plan. All four practices' websites have been reviewed and standardised across the PCN, so the same information is received by patients of all the four Rutland practices. Changes have been made in line with NHSE guidance for accessibility and useability. (Supporting Priority 4 Equitable Access)
- The Rutland Neighbourhood Community Mental Health and Wellbeing Team have implemented an MDT approach, specifically for community based Mental Health support. This approach has seen people seeking support in being directed to the most appropriate support the first time of asking. Feedback from

service users has been extremely positive. (Supporting Priority 7a Mental Health)

- Armed Forces Covenant duties have been embedded across all key organisations across the system but specifically in Rutland (due regard for armed forces in health, housing, and education). This focus on the Covenant will need to continue to be upheld. (Supporting Priority 7b Reducing Inequalities)

2.4 **Appendix B** is the 'Public Health Outcomes Framework (PHOF): Update for Rutland' – November 2023. This highlights the learning achieved from evaluation of the most recent quarterly PHOF update. **Appendix C** is the 'Public Health Data: Update for Rutland' – December 2023. This will be produced each quarter in line with the HWB meetings, reporting on any updates on data linked to the seven JHWS priorities from that quarter.

2.5 The reports demonstrate how Rutland is performing using data available for Public Health Outcomes indicators, whether these are improving or worsening, how significant the change in performance is and importantly how this compares to the national data. This is a change in reporting for Health and Wellbeing Board, to enable more meaningful reflections due to the timeliness of the data reports.

2.6 Of note over the last quarter, reflecting progress in the delivery of the JHWS is the following:

Priority 1 The Best Start for Life

Proportion of children receiving a 12-month review has significantly improved

Proportion of infants receiving a 6–8-week review is significantly better than the national average

Proportion of new birth visits completed within the first 14 days is better than the national average

These are all clearly very positive indicators demonstrating improved or very good services for children in Rutland, contributing to achieving the best start in life.

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

Deaths in care homes is higher than the national average while deaths in hospital are significantly lower than the national average. Assuming that it is desirable for most people to die in their home, albeit a care home, rather than die in hospital, this is indicative of person-centred services and that people are well supported in the last phase of their lives.

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 (MANDATORY)

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 Children and Young People's Partnership and the Integrated Delivery Group.

6 DATA PROTECTION IMPLICATIONS (MANDATORY)

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 Appendix A JHWS Delivery Plan November 2023

- 12.2 Appendix B Public Health Outcomes Framework (PHOF): Update for Rutland – November 2023
- 12.3 Appendix C Public Health Data: Update for Rutland – December 2023

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