HEALTH AND WELLBEING BOARD

23 April 2024

JOINT HEALTH AND WELLBEING STRATEGY UPDATE

Report of the Portfolio Holder for Adults and Health

Corporate Priorities	: All		
Exempt Information		No	
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Ward Councillors	N/A		

DECISION RECOMMENDATIONS

That the Committee:

- 1. Notes the further development of the JHWS Delivery Plan.
- 2. Notes 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 Outcomes Framework: Update for Rutland

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 the aims and activities to achieve all elements of the strategy, the stage of the project, start and completion dates and milestones, measures of success, progress updates and risks and mitigations. This is an evolving plan and will be updated and amended as required. This is a newly designed plan which has been created to so that information is easier to identify, and reporting is more efficient. Work is required to complete some sections of the plan, particularly on dates, measures of success and milestones. This will be completed during the next quarter.
- 2.3 A 12-month review of the JHWS is currently being completed and will be available for the next HWB. The review will demonstrate that many schemes have evolved to work that is now 'Business as Usual', reflecting progressing implementation of the Strategy's priorities.
- 2.4 The following are some highlights of progress of the JHWS over the last quarter:
- 2.4.1 Learning disability annual health checks are being offered across Rutland to all people aged 14+ who are on their GP surgeries' learning disability register.
- 2.4.2 For those aged that have not attended or are very complex, GPs can refer to the Learning Disability Annual Health Check Pilot. Rutland has been utilising this service, whereby visits are provided to complete the health check, in an environment in which people can feel more relaxed such as their home or school.
- 2.4.3 The LPT Learning Disability Primary Care Liaison Nurse has good links with the GP surgeries in Rutland and has visited each surgery to discuss annual health checks and offer training as needed. There is a process in place by which RCC Children's Services can raise concerns regarding anyone they are working with who has not received a health check.
- 2.4.4 HH from the Oral Health Team has attended Early Years sessions at the Family Hub to promote good oral health. She has trained five members of staff to deliver these messages on a regular basis. The training covered activities, health messages and the ability to answer basic questions. HH will be asked to continue to visit so parents are hearing the messages from an expert.
- 2.4.5 The Oral Health Team also attended an Early Years event on 7th February 2024, which showcased services available to young children in Rutland, providing information to 18 parents. The Rutland Family Hub promotes oral health bimonthly, on social media. (**Supporting Priority 1 Best start to life**)
- 2.4.6 An Armed Forces community health and wellbeing plan with specific actions to support the community has been developed. This follows a workshop in February with partners and the MoD. Delivery of the plan has now commenced.
- 2.4.7 MECC (Making Every Contact Count) training has been delivered to RCC Adult

Social Care. Additional trainers are being identified to support wider delivery across departments and partners. (**Supporting Priority 2 Prevention**)

- 2.4.8 GP surgeries have implemented a priority phoneline to improve access for the most vulnerable patients or those at a high risk, including palliative care patients, those who are housebound, those who are dependent on carers.
- 2.4.9 The Acute Respiratory Illness Hub based at Uppingham Surgery, has provided over 300 appointments between December 2023 and February 2024. (**Supporting Priority 4 Equitable Access**)
- 2.4.10 Levelling Up is progressing with a Governance Board and a delivery team established. Medi-Tech facilities will be at Oakham Enterprise Park and indicative Mobi Hub routes have been identified.
- 2.4.11 Some outpatients' services are being delivered from Rutland Memorial Hospital and X-Ray and Ultrasound occur 2 days per week. (Supporting Priority 5 Growth and Change)
- 2.4.12 The first Dying Well Steering Group was held in January with good attendance from partners. 3-, 6- and 9-month priorities agreed including exploring engagement and developing and End of Life Population Health Management Approach.
- 2.4.13 A productive Pathway Mapping workshop was held in March identifying processes, resources and gaps. (**Supporting Priority 6 Dying Well**)
- 2.5 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. The report demonstrates 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.
- 2.6 Of note over the last quarter, reflecting progress in the delivery of the JHWS is the following:
- 2.6.1 **Priority 7a Mental Health:** self-reported wellbeing measure of low happiness is significantly better than the national average. The percentage of respondents scoring low for how happy they felt yesterday has decreased from 4.7% in 2021/22 to 3.5% in 2022/23. This is significantly better than the national average of 8.9%. This can be seen to be a reflection of the work which has been driven by the Rutland Neighbourhood Mental Health Group
- 2.6.2 **Priority 2 Staying healthy and independent: Prevention:** the percentage reporting a long term Musculoskeletal (MSK) problem is significantly worse than the national average. The percentage of people aged 16+ reporting a long-term musculoskeletal problem increase from 21.0% in 2022 to 23.3% in 2023. In 2023 Rutland performed significantly worse than the national figure of 18.4% for the first time since 2019. One scheme seeking to improve this situation is the Healthy Workplaces Project which is in its early stages. It is known that anxiety and depression can lead to physical problems including MSK issues.

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 Children and Young People's Partnership, the Integrated Delivery Group, the Staying Healthy Partnership and the Neighbourhood Mental Health Group.

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 feeing 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 March 2024
- 12.2 Appendix B: Public Health Outcomes Framework (PHOF): Update for Rutland February 2024

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