



## 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, 24th January, 2023** commencing at **2.00 pm** when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews  
**Chief Executive**

### **13) STAYING HEALTHY PARTNERSHIP**

**10 MIN**

To receive Report No. 25/2023 from Adrian Allen, Assistant Director - Delivery,  
Public Health  
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## HEALTH AND WELLBEING BOARD

24 January 2023

## STAYING HEALTHY PARTNERSHIP

### Report of the Director of Public Health

Strategic Aim:	All		
Exempt Information		No	
Cabinet Member(s) Responsible:		Councillor Sam Harvey: Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	Mike Sandys, Director of Public Health	Telephone 0116 3054239 email mike.sandys@leics.gov.uk	
	Adrian Allen, Assistant Director, Delivery, Public Health	Telephone 0116 3054222 email adrian.allen@leics.gov.uk	
	Mitch Harper, Public Health Strategic Lead (Rutland)	Telephone 0116 3050913 email mitchell.harper@leics.gov.uk	
Ward Councillors	N/A		

### DECISION RECOMMENDATIONS

That the Committee:

1. Approve for 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.
2. Approve the Terms of Reference for the Staying Healthy Partnership, set out in Appendix A.

## 1. PURPOSE OF THE REPORT

- 1.1 This report shares the rationale and need for a Rutland Staying Healthy Partnership to become part of the Rutland Health and Wellbeing Board subgroups.

## 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 To support the delivery of the recently developed Rutland Joint Health & Wellbeing Strategy 2022-2027, subgroups of the Health and Wellbeing Board (HWB) facilitate action within their specific focus.
- 2.2 Whilst some subgroups are already in place, a gap was identified to focus on the wider determinants of health, primary prevention and health inequalities. With the current pressures on health and social care, current subgroups are often understandably

focused on secondary and tertiary prevention, supporting residents to manage and live with long term conditions.

- 2.3 Evidence suggests 50% of what makes us healthy comes from the wider determinants of health (social, economic and environmental factors). Improving the conditions in which residents live can prevent poor health, reduce pressure on health services and ultimately help people live healthier within their community. For example, work on obesity shouldn't rely solely on individual behaviours, partners should also consider the food environment, physical activity, workplaces and procurement. Within the Health & Wellbeing Strategy delivery plan, actions on the wider determinants are covered in most priorities, including developing a Health in all Policies approach.
- 2.4 Primary prevention involves acting at an early stage with universal support to reduce lifestyle risk factors (smoking, obesity, alcohol etc) and supporting high risk groups. Priority 2 of the Health & Wellbeing Strategy focuses on 'Staying Healthy and Independent: prevention'. Whilst current subgroups focus on prevention, this largely covers secondary and tertiary prevention. Protected focus within the Staying Healthy Partnership would help progress action on primary prevention.
- 2.5 For health inequalities, there is a need for a partnership to facilitate action and agree an approach, supporting those most in need alongside universal provision. This follows the recent development of the Rutland Health Inequalities Needs Assessment. Priority 7.2 of the Health & Wellbeing Strategy delivery plan focuses on 'Reducing Health Inequalities'.
- 2.6 It is therefore proposed to implement a subgroup of the HWB in the name of 'Rutland Staying Healthy Partnership'. The partnership will facilitate action across partners on the three areas above aligned to the Rutland Joint Health and Wellbeing Strategy and supporting delivery plan.
- 2.7 It is acknowledged that given Rutland is a small County, subgroups often have similar Officers present. The Staying Healthy Partnership will allow for protected focus on the above three areas, ensuring these agendas can be progressed in parity with secondary and tertiary prevention covered by other subgroups.
- 2.8 The Partnership will ultimately be accountable to the HWB and provide regular reporting to the Board and other subgroups to monitor progress and avoid duplication.
- 2.9 An initial meeting of the proposed membership took place in November 2022. A proposed Terms of Reference was developed and agreed by the membership and is presented in appendix A to support the Board's decision making.

### **3. REPORT RECOMMENDATIONS**

- 3.1 Approve for the Staying Healthy Partnership to become a subgroup of the HWB to facilitate action on primary prevention, wider determinants of health and health inequalities.
- 3.2 Approve the Terms of Reference for the Staying Healthy Partnership, set out in appendix A.

### **4. CONSULTATION**

- 4.1 A public consultation wasn't required for this report. Proposed members of the Staying Healthy Partnership and the Integrated Delivery Group (IDG) were consulted on the purpose and need. Partners agreed with the purpose and need.

## **5. ALTERNATIVE OPTIONS**

- 5.1 The main alternative option is attempting to cover the scope within other subgroups. This could lead to limited focus on the wider determinants, primary prevention and health inequalities due to competing priorities in secondary and tertiary prevention.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 The partnership will predominantly facilitate action already within the Rutland Health & Wellbeing Strategy delivery plan. There are therefore no financial implications at this stage.

## **7. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 7.1 The Staying Healthy Partnership governance will be managed by and accountable to the Rutland Health and Wellbeing Board.

## **8. DATA PROTECTION IMPLICATIONS**

- 8.1 N/A

## **9. EQUALITY IMPACT ASSESSMENT**

- 9.1 An Equality Impact Assessment isn't required. The partnership aims to reduce health inequalities within Rutland, supporting the Board's work on equalities.

## **10. COMMUNITY SAFETY IMPLICATIONS**

- 10.1 N/A

## **11. HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 The partnership aims to improve the health and wellbeing of Rutland residents with action on primary prevention, wider determinants of health and health inequalities.

## **12. ORGANISATIONAL IMPLICATIONS**

- 12.1 Environmental Implications

N/A

- 12.2 Human Resource Implications

N/A

- 12.3 Procurement Implications

N/A

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

13.1 The recommendations for the Staying Healthy Partnership will support the Board in the delivery of the Rutland Health & Wellbeing Strategy. The partnership will fill a current gap within the subgroups to focus on wider determinants, health inequalities and primary prevention.

13.2 Terms of Reference have been developed by the proposed members of the partnership for discussion and agreement by the Board.

#### **14. BACKGROUND PAPERS**

14.1 There are no additional background papers to the report.

#### **15. APPENDICES**

15.1 Appendix A – Rutland Staying Healthy Partnership Terms of Reference DRAFTv1

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

## Rutland Staying Healthy Partnership - Terms of Reference

The Staying Healthy Partnership is a subgroup of the Rutland Integrated Delivery Group (IDG), which is a sub-group of the Rutland Health and Wellbeing Board (HWB).

### Purpose

The purpose of the Staying Healthy Partnership is to oversee action across primary prevention and the wider determinants of health. Key priority areas of the partnership from the Rutland Health and Wellbeing Strategy are:

- Priority 2 – Staying Healthy and independent: prevention.
- Priority 7 – Cross-cutting theme, specifically 7.2 on reducing inequalities.

Some actions across other priorities could be considered within the partnership if there is a primary prevention and/or wider determinant focus. The partnership will work collaboratively with other subgroups to avoid duplication across priority areas. Additional action outside of the strategy delivery plan will likely arise as work progresses if it is aligned to the strategy priorities.

### Roles and Responsibilities

The partnership establishes a mechanism through which partners can collaborate strategically on primary prevention, wider determinants and health inequalities.

This will be achieved through the following key objectives:

- To provide leadership, support and direction for progressing primary prevention initiatives and services across Rutland as a Place.
- To provide a forum of influence to enable work on the wider determinants to progress. The partnership provides a mechanism for influence over strategy and policy development. For example, the partnership can provide a collective response to the Rutland Local Plan development or a local economy strategy.
- To share intelligence and apply a population health management approach at Place level to target those most in need, whether that be relating to geography, vulnerability or economic inequality.
- To develop an approach to tackling health inequalities across Rutland, driven by the insight available within the Joint Strategic Needs Assessment.
- To lead and facilitate a collaborative approach to Health in all Policies, embedding health, wellbeing and inequality considerations into decision making processes.
- To provide a forum for System (Leicester, Leicestershire and Rutland) and national funding or development opportunities relating to primary prevention or the wider determinants.
- To work collaboratively with other HWB subgroups (Integrated Delivery Group and Children & Young People's Partnership) to ensure the Staying Healthy agenda is picked up across the life course.

- Provide regular verbal updates to IDG on the partnership progress (with an accompanying slide or two if required). Formalised reporting mechanisms already in place for the Health and Wellbeing Board will be adhered to, with regular liaison with the strategy priority Responsible Officers.

### **Membership of the Staying Healthy Partnership**

- Rutland Public Health Head of Service Delivery & Design
- Rutland Public Health Strategic Lead
- Rutland County Council Adult Services Head of Service
- Rutland County Council Head of Community Services
- Rutland County Council Head of Adult Social Care
- Rutland County Council Children Services Head of Service
- Rutland County Council Planning Policy and Housing Manager
- Rutland County Council Transport Manager
- NHS Integrated Care Board Strategy & Planning Manager
- Primary Care Network representative
- Citizen's Advice Rutland CEO
- Rutland Healthwatch Manager
- Active Rutland representative
- Rutland County Council Co-Production Lead

The core membership of the partnership will be regularly reviewed to ensure it remains fit for purpose. Guests may be invited for specific agenda items.

Substitutes can be provided in absence of members.

### **Governance**

#### **Meeting frequency**

The Staying Healthy Partnership will meeting bi-monthly, aiming to take place the week prior to IDG meetings to ensure progress updates are up to date.

#### **Reporting**

Formalised updates will be provided within existing HWB mechanisms for reporting progress on the Health and Wellbeing Strategy priorities via Responsible Officers. Regular verbal updates will be provided to IDG (with supporting slide or two if required).

#### **Chair and administration**

The Chair of the Staying Healthy Partnership will be the Public Health Head of Service Design & Delivery. The Vice Chair will be the Public Health Strategic Lead.

Meetings will be administered by Rutland Public Health. The agenda and papers will be issued no later than 3 working days in advance of the meeting date, unless later circulation has been authorised by the Chair (exceptional circumstances).

#### **Quoracy**

In order to meet and conduct business, a minimum of five members must be present.