

# Rutland County Council

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE** held via Via Zoom - <https://us06web.zoom.us/j/92326124304> on Thursday, 17th February, 2022 at 7.00 pm

<b>PRESENT:</b>	Councillor G Waller (Chair) Councillor P Ainsley Councillor W Cross Councillor R Powell Councillor L Toseland	
<b>APOLOGIES:</b>	Councillor K Bool Councillor J Fox Fiona Myers  Mark Powell	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust Deputy Chief Executive, Leicestershire Partnership NHS Trust
<b>PORTFOLIO HOLDER</b>	Councillor S Harvey	Portfolio Holder for Health, Wellbeing and Adult Care
<b>PRESENT:</b>	Councillor D Wilby	Portfolio Holder for Education and Children's Services
<b>OFFICERS PRESENT:</b>	John Morley  Vivienne Robbins Sandra Taylor Jane Narey	Strategic Director of Adults and Health  Consultant in Public Health Health and Wellbeing Integration Lead Scrutiny Officer
<b>IN ATTENDANCE:</b>	Fay Bayliss  Laura Norton  Janet Underwood (Dr)	Deputy Director of Integration and Transformation, Leicester, Leicestershire and Rutland CCGs Head of Transformation and Integration Chair, Healthwatch Rutland

## 1 WELCOME AND APOLOGIES RECEIVED

Councillor Waller welcomed everyone to the meeting. She informed attendees that as Chair she would reorganise that evening's agenda as an Officer needed to attend another meeting later that evening. She also advised that she had received apologies from Lakeside Healthcare Stamford who could not attend the meeting due to an imminent CQC inspection. However, they had confirmed that they would be attending the next scrutiny committee meeting at the end of March.

Apologies were received from Councillor Bool, Councillor Fox, Mark Powell and Fiona Myers

## **2 RECORD OF MEETING**

The minutes of the meeting held on the 9<sup>th</sup> December 2021 were approved as an accurate record.

### **ACTIONS**

#### Action 1

*Dr Janet Underwood requested that the last sentence under Item 8 in the previous minutes be amended to read: It was agreed that Janet would expand on the matter via email with John Morley but that she would not reveal specific details which could reveal identities etc and breach rules of Confidentiality*

The Scrutiny Officer confirmed action completed.

#### Action 2

*It was agreed that Viv Robbins would contact Councillor Waller with the data regarding item 2.4 Overview of Health – Children and why Rutland secondary school children were worse than the national average.*

The Public Health Consultant confirmed action completed.

#### Action 3

*Redacted correspondence with Lakeside Healthcare Stamford to be circulated with the minutes*

The Scrutiny Officer confirmed action completed.

#### Action 4

*Appointment of a new Vice Chair to be added to the agenda for the meeting after the budget meeting in January.*

The Scrutiny Officer confirmed the item was on the agenda.

The minutes of the Special Joint Scrutiny Committee meeting held on the 26<sup>th</sup> January 2022 were approved as an accurate record. There were no actions from this meeting.

## **3 DECLARATIONS OF INTEREST**

Dr Underwood declared a non-pecuniary interest in agenda item 10 – Joint Health and Wellbeing Strategy as she was a member of the Rutland Health and Wellbeing Board and also a registered patient at Oakham Medical Practice.

Councillors Cross and Powell declared a non-pecuniary interest in agenda item 10 as they were registered patients at Oakham Medical Practice.

## **4 ENHANCED PUBLIC HEALTH OFFER**

Report No. 28/2022 was received from Viv Robbins, Consultant in Public Health. During the discussion, the following points were noted:

- The revised Public Health Team for Rutland was as follows:

1. Director of Public Health (0.2 whole time equivalent [WTE])
2. Consultant in Public Health (0.4WTE)
3. Strategic Leads for Rutland and Rutland Commissioning (1.8WTE)
4. Public Health Analyst (0.2WTE)
5. Additional support from within RCC including Sandra Taylor as the Health and Wellbeing Integration Lead.

- The Public Health Team had expanded through the Public Health Consultant, additional Strategic Lead and Health and Wellbeing Integration Lead posts.
- A clear strategic direction and future objectives were being worked on and these would link in with the development of the Rutland Joint Health and Wellbeing Strategy.
- Rutland County Council would now receive 2 days per week of dedicated Public Health Consultant time and the capacity of the Strategic Leads had doubled.
- The Public Health Team was working closely with Adult Services to continue to provide an innovative and dynamic service to the community.
- Councillor Waller requested that more details be provided as to why people were not engaging with a healthy lifestyle and what the barriers the public were experiencing in trying to gain good health. These pieces of work would be picked up by the team through actions in the Joint Health and Wellbeing Strategy.

## **RESOLVED**

That the Committee:

- **NOTED** the content of the paper and revised public health offer for Rutland.
- **PROVIDED** recommendations for priority public health areas to focus on over the next year.

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

The Scrutiny Officer confirmed that a deputation and a question submitted at short notice had been received.

Councillor Waller notified all attendees of the process regarding petitions, deputations and questions as detailed in Procedure Rule 28 of the Council's constitution.

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**Mr Ramsay Ross joined the meeting at 7.19 p.m.**

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Mr Ramsay Ross, on behalf of the Rutland Health & Social Care Policy Consortium, addressed the Chair and the Committee with his deputation regarding the Joint Health and Wellbeing Strategy.

The Committee thanked Mr Ross for his important and interesting deputation.

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**Mr Ramsay Ross left the meeting and Mr Andrew Nebel joined the meeting at 7.26 p.m.**

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Mr Andrew Nebel, as Co-Chair of the Empingham Medical Centre Patient Participation Group and as a Ryhall Parish Councillor addressed the Chair and the Committee with his question regarding the Joint Health and Wellbeing Strategy.

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**Mr Andrew Nebel left the meeting at 7.28 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 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION**

There was no call in

## **9 ELECTION OF A NEW VICE CHAIR**

- Following the appointment of Councillor Harvey to Cabinet and the promotion of Councillor Waller to Chair, the post of Vice Chair was now vacant.
- Councillor Waller requested nominations for the post of Vice Chair.
- Councillor Cross proposed Councillor Powell. This was seconded by Councillor Toseland.

### **RESOLVED**

That the Committee:

- a) **APPOINTED** Councillor R Powell as the Vice-Chair of the Adults and Health Scrutiny Committee.

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**The Deputy Director of Integration and Transformation left the meeting at 7.24 p.m.**

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

Report No. 41/2022 was received from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care regarding the Rutland Joint Health and Wellbeing Strategy (Place Based Delivery Plan). During the discussion, the following points were noted:

- The strategy is a complex document but an easy-read version would be produced for ease of reading by the public.
- The delivery plan was outlined in seven sections and these linked in with existing work streams/priorities in the Strategy.
- A matrix would be incorporated so that the delivery plan could be monitored on a regular basis.

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**The Deputy Director of Integration and Transformation re-joined the meeting at 7.35 p.m.**

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- It was confirmed that 4 non-executive directors had been appointed to the Integrated Care System (ICS) with David Sissling appointed as the independent chair of the ICS for Leicester, Leicestershire and Rutland.
- Work was ongoing in defining the roles of the ICS and the ICB but one of the non-executive directors would be a member of RCC as the Rutland representative but no further details were currently available.
- Membership of the Integrated Care Partnership (ICP) was currently being defined but it would have significant representation from Rutland including lead members and directors.
- Active engagement was ongoing with all partners to ensure flexible cross border working, which was an important major factor to Rutland County Council.
- An initial outcomes report had been produced but not in time for discussion at this meeting. However, it would be reported to the Rutland Health and Wellbeing Board on the 22 February 2022 and it was agreed that the initial outcomes report would be published with the minutes of this meeting.

**ACTION: Jane Narey**

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**The Head of Transformation and Integration joined the meeting at 7.38 p.m.**

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- It was reported that Rutland Memorial Hospital (RMH), as a cottage hospital, was indispensable as the bigger hospitals must discharge patients as soon as possible so relied on cottage hospitals to be able to do this.
- It was confirmed that the Joint Strategic Needs Assessment (JSNA) was a separate piece of work to this strategy but that it would feed into the strategy following an update of census data, which was expected to be published within the next few months.
- Dr Underwood confirmed that Healthwatch Rutland, Leicester and Leicestershire had regular meetings with Andy Williams, Chief Executive, LLR CCGs and he had confirmed that each Healthwatch Chair would have a non-voting seat on the ICB and ICP.
- Councillor Waller requested that the sponsor report be six monthly instead of annually.

**RESOLVED**

That the Committee:

- **REVIEWED** and provided feedback on the draft Rutland Joint Health and Wellbeing Strategy Delivery Plan.

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**The Head of Transformation and Integration, the Public Health Consultant and the Health and Wellbeing Integration Lead left the meeting at 8.18 p.m.**

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**11 PRIMARY CARE TASK & FINISH GROUP: PRELIMINARY REPORT**

Report No. 29/2022 was received from Councillor Paul Ainsley, Chair of the Primary Care Task & Finish Group. During the discussion, the following points were noted:

- Over 900 responses were received as part of the patient survey which had been undertaken via leaflet distribution, face-to-face meetings and telephone conversations as well as online.
- The Task and Finish Group was still collating information for publication in the final report.
- The final report would detail recommendations and proposed actions for each committee before being presented to the Rutland Health and Wellbeing Board and Council.
- The feedback from patients differed between the various medical practices and had been very informative.
- The preliminary report had been distributed to the medical practices, the ICS and the LLR CCG.
- The Committee thanked the 900+ members of the public for completing the survey and giving a comprehensive view of the community feeling regarding accessing primary care services.
- Councillor Ainsley confirmed that no demographic information had been taken regarding the survey participants so no analysis could be done regarding how different age groups etc accessed the primary care services and no information had been gathered regarding the Winter Access Fund.

## 12 REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN

- Councillor Harvey read out a written statement as follows:

Following on from the decision by 'My Dentist' to reduce the NHS list of two of their dentists, we have received correspondence from residents and Councillors regarding the ability to access NHS Dentistry in Rutland.

We were already aware of problems and this had been heard by the LLR Joint Health Scrutiny Committee in [November 2021](#)

Healthwatch Rutland are currently asking residents for their experience of accessing Dentistry. I ask that the survey is shared widely so we can gain the experience of as many residents as possible: [Healthwatch Dental Survey](#)

Please find below a detailed response from NHS England, Primary Care Dental Lead, who commission dentistry services in Rutland:

'At the onset of the Covid-19 pandemic, NHS Dental Services were suspended in March 2020. Although face-to-face services have resumed, NHS dental practices are working at a much lower capacity, as they are following social distancing and hygiene rules as per the national guidelines set by Public Health England, to ensure the safety of both our clinical colleagues and patients. As a result, patients may experience a delay in accessing routine NHS appointments.

Practices are being asked to see all regular and non-regular patients (historically referred to as registered patients), where they can accommodate. There are limited routine appointments available as this is dependent on the capacity of each practice, following treating any urgent patients. This can mean that even patients who (before the pandemic) would regularly attend a dental practice, are currently only able to be seen in practice if they meet the criteria for safely accessing an urgent face to face

appointment. If a patient is deemed not urgent then they may wish to enquire about joining a local practice's waiting list for routine care.

There is no patient registration process for dental practices, therefore any patient can ring any practice at any time. For assistance with locating an NHS dental provider, patients can visit <https://www.nhs.uk/service-search/find-a-dentist> or can contact the NHS England Customer Contact Centre on 0300 311 22 33. We appreciate that some practices may be listed as not accepting new NHS patients, however, may still be able to help by providing urgent care, self-care advice and signposting to another relevant service if necessary.

If a patient requires urgent general dental care, they are advised to call a local NHS dental practice, where the clinician will then assess if the patient requires an urgent face to face appointment and will endeavour to accommodate by offering the next available urgent slot. If they are unable to offer an appointment suitable to their needs, but the patient requires intervention, the patient could be referred to an Urgent Dental Care (UDC) centre where they will be contacted to arrange a convenient appointment. A COVID-19 assessment for the patient will also be undertaken at this time to ensure that the patient attends the appropriate clinic requiring the relevant level of protection.'

It is worth reiterating the comments regarding registration for dentistry as patients are used to being 'registered' at their dentist. This changed a few years ago and as detailed above, a patient can contact any dentist. For emergency cases, our closest UDC is in Melton Mowbray.

- It was reported that the responsibility for dentistry services would be moving from the NHS to the ICS.
- Detailed dentistry data for Rutland was currently not available for analysis by the ICS.
- If anybody had any items they would like adding to the work plan for 2022/23 would they please contact Governance ([governance@rutland.gov.uk](mailto:governance@rutland.gov.uk))

### 13 ANY OTHER URGENT BUSINESS

There was no urgent business

### 14 DATE AND PREVIEW OF NEXT MEETING

Thursday, 31st March 2022 at 7 pm via Zoom

#### Proposed Agenda Items

1. Lakeside Healthcare Stamford
2. Dentistry in Rutland: Update
3. Primary Care T&F Group: Final Report
4. Adult Services Performance Data and Risk Register – for information only
5. Public Health and CCG Performance Data – for information only

### SUMMARY OF ACTIONS

No.	Ref.	Action	Person
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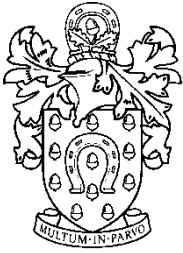
<b>1.</b>	10	Initial outcomes report to be published with the minutes of this meeting.	<b>Jane Narey</b>
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**The Chairman declared the meeting closed at 8.27 pm.**

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## PETITIONS, DEPUTATIONS AND QUESTIONS FROM MEMBERS OF THE PUBLIC

**MEETING: Adults and Health Scrutiny Committee**

**MEETING DATE: 17 February 2022**

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Deputation	Ramsay Ross	Rutland Health & Social Care Policy Consortium Deva House 28-30 High Street West UPPINGHAM

### CONTEXT

A Health Plan for Rutland requires to incorporate:

- 1) needs assessment,
- 2) health outcomes, with a strategy to achieve them followed by
- 3) an Implementation Plan - a major step for Rutland and much welcomed.

### ISSUES

The Health & Wellbeing Board is to be congratulated on the work it has done and presented to date on this major project. The work is of high quality but still incomplete and we ask that the following steps are taken before signing off any health plan for Rutland.

- **Prepare an integrated summary** to describe clearly to Rutland people and the ICS what the three discrete pieces of work aim to achieve, how they link together and what services will be provided as the plan is implemented.

The Dept of Health wishes the NHS Plan of 2019 to be the driver of future ICS plans. The adoption of this framework by the HWB would explain to residents that, going forward, high-tech services will be provided in hospitals, whilst low tech services will be located closer to home.

- **Address the following shortcomings in order to complete the plan**

- **Health Needs Assessment** – this has not been updated since 2018 and consequently ignores the important evidence presented by the Parliamentary Enquiry into Rural Health & Care. It was published in February 2022 and has established that deprivation in rural areas has been incorrectly measured nationally, leaving rural communities, such as Rutland, disadvantaged. We recommend that the Needs Assessment now be updated with specific attention to the issue of rural deprivation.

- **Health & Wellbeing Strategy** – This was updated after consultation – but omits several key issues raised by the public in Section 3.3. The issues in 3.3 include: -

- a. The impact upon women of closing LGH obstetrics and the St Mary's birthing unit

- b. Access issues such as whole pathways / continuity of care and diagnostics. The H&WB has included references in its agenda for 22<sup>nd</sup> February but references do not, of themselves, amount to clear direction.

Resolution of many UHL mitigation issues were passed to the Health and Wellbeing Board in August 2021 and require to be fully addressed in any strategy document. In summary, these shortcomings are all critical issues for Rutland and should be actioned to demonstrate that RHWB is implementing government policy as set out in the NHS Plan 2019.

- **Implementation Plan** – the first draft in today’s papers is an excellent compilation of the health & wellbeing issues facing Rutland. Unfortunately, it is incomplete as it fails to provide a detailed implementation plan, in terms of the current position, defining where we want to get to and the associated costings and metrics for such proposals.

We recognise that there is significant work involved in providing such detail but consider it essential if the proposals for Rutland are to be given a properly considered assessment by the ICS, when set alongside those submitted by Leicester and Leicestershire. It cannot be acceptable to residents that Rutland’s case is presented as half a plan.

### SUMMARY

We support the progress RHWB has made, and hope Members of Scrutiny will encourage the H&WB to focus on addressing the issues highlighted above.

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Question submitted at short notice	Mr Andrew Nebel	Co-Chair Empingham Medical Centre PPG Ryhall Parish Councillor

### DETAILS

**Does the committee believe every opportunity to maximise ‘close to home’ delivery of hospital and diagnostic services within Rutland is being considered by LLR CCG and pursued by RCC within its Place Based Health Plan... with particular reference to ensuring that significant investment in Oakham’s Rutland Memorial Hospital occurs to ensure it can serve the county’s needs and avoid Rutland residents having to travel to Leicester for treatment?**

### RESPONSE

The Adults and Health Scrutiny Committee has yet to fully scrutinise the Joint Health and Wellbeing Strategy. It is on the agenda for this meeting but please be assured that RMH has been and will continue to be of importance to this committee.

**Councillor G Waller  
Chair  
Adults and Health Scrutiny Committee**

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

## **Rutland**

February 2022

**Kajal Lad**

Public Health Business Partner

**Brydon Hurst**

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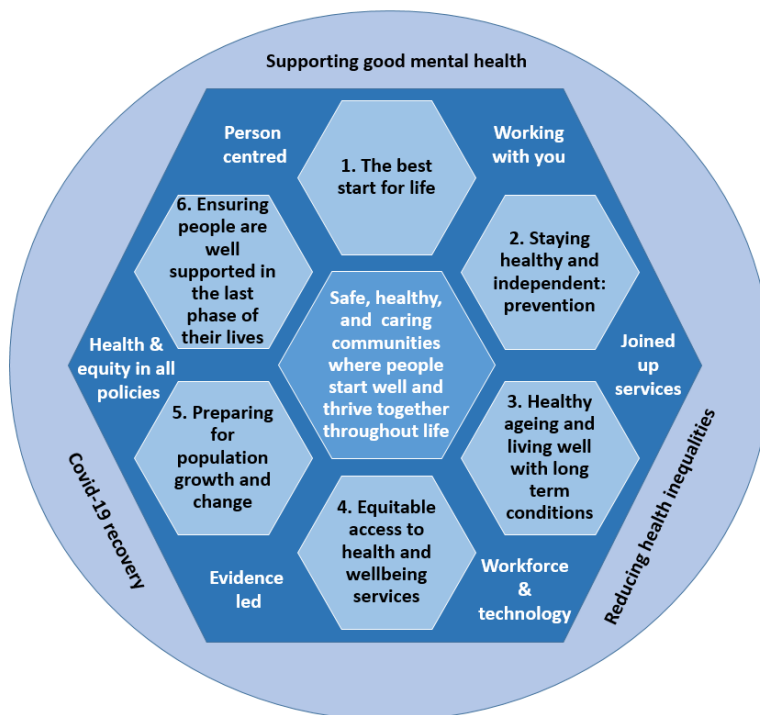
Produced by the Business Intelligence Service at Leicestershire County Council.

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, 5 are green, 17 are amber and 4 are red. One indicator has no England data for comparison.
- Rutland performed significantly worse than England/benchmark for the following four indicators:

**Children in care immunisations** - Rutland is ranked 16<sup>th</sup> out of 16 in 2020. The proportion of children in care for at least 12 months whose immunisations were up to date decreased from 69.6% in 2019 to 56.0% in 2020. Rutland has performed significantly worse than England since 2019.

**Proportion of children receiving a 12-month review** - Rutland is ranked 15<sup>th</sup> out of 16 in 2020/21. The proportion of children receiving a 12-month review has decreased from 86.2% in 2019/20 (where it performed statistically similar to the England average) to 37.0% in 2020/21.

**Proportion of new birth visits (NBVs) completed within 14 days** - Rutland is ranked 13<sup>th</sup> out of 16 in 2020/21. The proportion of NBVs completed within 14 days has decreased from 85.5% in 2019/20 (where it performed statistically similar to the England value) to 82.5% in 2020/21.

**Population vaccination coverage for HPV (one dose) for 12-13 years old (Males)** - Rutland is ranked 2<sup>nd</sup> out of 16 in 2019/20. The latest value for Rutland is 78.8% and is below the benchmarking goal of 80%.

- Of the five green indicators, Rutland ranks 1<sup>st</sup> (best performing) when compared to its similar neighbours for the following indicators: Average Attainment 8 score, Year 6: Prevalence of overweight (including obesity) and School readiness: percentage of children achieving a good level of development at the end of reception.
- There are currently seven indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Low birth weight of term babies
  - A&E attendances (0-4 years)
  - Children in care immunisations
  - Neonatal mortality and stillbirth rate
  - Proportion of children receiving a 12-month review
  - Proportion of infants receiving a 6 to 8 week review
  - Percentage of 5 year olds with experience of visually obvious dental decay

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

- **Emergency admissions for children with lower respiratory tract infections (LRTI)\*** - Rutland performance for 2019/20 is 575.7 and is higher than the national rate which stands at 504.7. Rutland is ranked 11th out of 16 against peers.
- **Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's\*** - Rutland's performance for 2019/20 is 135.4 and is lower than the national rate which stands at 269.8. Rutland is ranked 1st out of 16 against peers.

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* 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..	2019	4.5	16/16	1.3	4.5	2.9	▶	●
C09a - Reception: Prevalence of overweight (including obesity)	P	4-5 yrs	2019/20	23.1	10/14	18.2	25.8	23.0	▶	●
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	▬	●
New referrals to secondary mental health services, per 100,0..	P	<18 yrs	2018/19	3,547.5	2/14	2,906.6	11,712.7	5,994.2	▬	●
A&E attendances (0-4 years)	P	0-4 yrs	2018/19	663.1	16/16	351.3	663.1	655.3	▲	●
Admissions for lower respiratory tract infections in infants ag..	P	<1 yr	2019/20	774.0	5/16	490.2	1,284.4	717.1	▶	●
C05a - Baby's first feed breastmilk	P	Newborn	2018/19	77.6	4/16	83.2	63.0	67.4	▬	●
Children in care immunisations	P	<18 yrs	2020	56.0	16/16	97.2	56.0	87.8	▬	●
General fertility rate	F	15-44 yrs	2019	49.7	2/16	43.1	63.6	57.7	▶	●
Neonatal mortality and stillbirth rate	P	<28 days	2019	7.1	14/16	3.1	9.7	6.6	▶	●
Proportion of children receiving a 12-month review	P	1 yr	2020/21	37.0	15/16	95.1	13.1	76.1	▬	●
Proportion of infants receiving a 6 to 8 week review	P	6-8 weeks	2020/21	76.4	14/16	99.4	13.6	80.2	▬	●
Pupils with special educational needs (SEN): % of school pupil..	P	School age	2018	13.1	4/15	10.6	18.9	14.4	▶	●
Average Attainment 8 score	P	15-16 yrs	2019/20	55.8	1/16	55.8	46.6	50.2	▬	●
C06 - Smoking status at time of delivery	F	All ages	2020/21	8.8	6/16	5.8	13.5	9.6	▬	●
C07 - Proportion of New Birth Visits (NBVs) completed within ..	P	<14 days	2020/21	82.5	13/16	96.1	44.6	88.0	▬	●
C08a - Child development: percentage of children achieving a ..	P	2-2.5 yrs	2020/21	80.9	11/16	92.3	59.9	82.9	▬	●
C09b - Year 6: Prevalence of overweight (including obesity)	P	10-11 yrs	2019/20	26.6	1/13	26.6	33.4	35.2	▶	●
Children in care	P	<18 yrs	2020	55.0	9/16	38.0	107.0	67.0	▶	●
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old)	F	12-13 yrs	2019/20	83.2	2/16	88.2	0.7	59.2	▶	●
	M	12-13 yrs	2019/20	78.8	2/16	79.6	1.4	54.4	▬	●
E02 - Percentage of 5 year olds with experience of visually obv..	P	5 yrs	2018/19	25.3	9/10	13.1	31.9	23.4	▬	●
Hospital admissions as a result of self-harm (10-24 years)	P	10-24 yrs	2019/20	330.5	2/16	291.7	707.1	439.2	▶	●
School pupils with social, emotional and mental health needs: ..	P	School age	2020	2.1	5/16	1.8	3.3	2.7	▶	●
B02a - School readiness: percentage of children achieving a go..	P	5 yrs	2018/19	77.8	1/16	77.8	70.3	71.8	▶	●
C11a - Hospital admissions caused by unintentional and delib..	P	0-4 yrs	2019/20	80.6	1/16	80.6	163.8	117.0	▶	●
C11a - Hospital admissions caused by unintentional and delib..	P	<15 yrs	2019/20	72.8	1/16	72.8	123.8	91.2	▶	●
E01 - Infant mortality rate	P	<1 yr	2018 - 20	3.4	11/16	2.2	6.4	3.9	▬	●
Hospital admissions for mental health conditions	P	<18 yrs	2019/20	127.3	11/16	58.3	249.7	89.5	▬	●

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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 2: Staying healthy and independent: prevention

## Performance Summary

- Out of all the comparable indicators presented for the staying healthy and independent: prevention priority, 4 are green, 4 are amber and 1 is red.
- Rutland performed significantly worse than England/benchmark for the following indicator:

**Population vaccination coverage (shingles) for 71 years** – Rutland is ranked 14<sup>th</sup> out of 14 in 2018/19. The latest value for Rutland is 35.9% which is significantly worse than the national average of 49.1%.

- Of the four green indicators, Rutland ranks 1<sup>st</sup> (best performing) when compared to its similar neighbours for the following indicators: Cancer screening coverage – cervical cancer (aged 25 to 49 years old) and Cancer screening coverage – bowel cancer.
- There are currently two indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Self-reported wellbeing – people with a high anxiety score
  - Population vaccination coverage – Shingles vaccination coverage (71 years)

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

## 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 / always or some of the time	P	16+ yrs	2019/20	24.8	13/16	13.9	26.8	22.3		
C16 - Percentage of adults (aged 18+) classified as overweight or obese	P	18+ yrs	2019/20	65.3	11/16	55.4	69.1	62.8		
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	F	25-49 yrs	2020	79.3	1/16	79.3	72.5	70.2		
C24d - Cancer screening coverage - bowel cancer	P	60-74 yrs	2020	71.7	1/16	71.7	64.0	63.8		
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	2016/17 - 20/21	48.0	7/16	52.0	34.4	46.5		
C28d - Self-reported wellbeing - people with a high anxiety score	P	16+ yrs	2019/20	23.7	12/14	18.1	27.4	21.9		
C24a - Cancer screening coverage - breast cancer	F	53-70 yrs	2020	76.6	11/16	81.1	71.1	74.1		
D06c - Population vaccination coverage – Shingles vaccination coverage (71 years)	P	71	2018/19	35.9	14/14	60.5	35.9	49.1		
C17a - Percentage of physically active adults	P	19+ yrs	2019/20	68.6	12/16	77.3	63.5	66.4		

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, 1 is green, 1 is amber and 2 are red.
- Rutland performed significantly worse than England/benchmark for the following two indicators:

**Hip fractures in people aged 65 and over** – Rutland is ranked 16<sup>th</sup> out of 16 in 2019/20. The rate of hip fractures in people aged 65 and over has increased from 556 per 100,000 in 2018/19 (where Rutland performed statistically similar to the England average) to 851 per 100,000 in 2019/20.

**Excess winter deaths** – Rutland is ranked 16<sup>th</sup> out of 16 in 2019/20. 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 has remained statistically similar to the national average since 2001/02.

- There are currently three indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Percentage of cancers diagnosed at stages 1 and 2
  - Hip fractures in people aged 65 and over
  - Excess winter deaths
- **Rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population\***- Rutland's performance for 2019/20 is 567.4 and is better than the national rate of 862.1. Rutland is ranked 3<sup>rd</sup> out of 16 against Peers.
- **Rate of emergency admissions for acute conditions that should not require hospital admission per 100,000 population\***- Rutland's performance for 2019/20 is 907.8 and is better than the national rate of 1409.4. Rutland is ranked 2<sup>nd</sup> out of 16 against Peers.
- **Percentage point difference (expressed as a percentage) in employment rate between the England population and people with a long-term condition\*** - The indicator measures the difference between: a) the percentage of people in the general working age population who are in employment, and b) the percentage of

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

people of working age with a long-term condition who are in employment. Rutland's performance for 2021 Quarter 1 is -1.3 which is better than the national value of 10.5.

- **Percentage of emergency admissions occurring within 30 days of discharge (Indirectly Standardised Rate which excludes cancer and obstetrics)\*** - Rutland's performance for 2019/20 is 12.1% and is better than the national percentage of 14.4%. Rutland is ranked 1st out of 16 against Peers.

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

## 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	2018	48.7	16/16	63.7	48.7	55.0		
C29 - Emergency hospital admissions due to falls in people aged 65 and over	P	65+ yrs	2019/20	1,866.6	4/16	1,324.8	2,624.0	2,221.8		
E13 - Hip fractures in people aged 65 and over	P	65+ yrs	2019/20	850.7	16/16	482.1	850.7	571.6		
E14 - Excess winter deaths index	P	All ages	Aug 2019 - Jul 2020	50.2	16/16	10.3	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 increased from 91.3% in 2017/18 (where Rutland performed in the worst quintile nationally) to 95.5% in 2018/19 where it now performs in the 2<sup>nd</sup> best quintile. Rutland is ranked 6<sup>th</sup> out of 14 when compared to its nearest neighbours.

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

# 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, 1 is green and 4 are amber. Three indicators were not suitable for comparison.
- There is currently one indicator where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Gap in the employment rate between those with a long-term health condition and the overall employment rate

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

## 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	N/A	Not applicable	2019	9.1	13/16	5.1	9.9	9.0		
Average weekly earnings	P	16+ yrs	2020	458.0	7/14	547.1	384.8	474.4		
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	P	16-64 yrs	2019/20	16.0	15/16	4.2	16.2	10.6		
B12b - Violent crime - violence offences per 1,000 population	P	All ages	2020/21	13.7	1/16	13.7	34.4	29.5		
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	N/A	Not applicable	2019/20	5.8	3/16	4.0	11.4	12.3		
B17 - Fuel poverty (low income, high cost methodology)	N/A	Not applicable	2018	10.9	12/16	6.6	12.9	10.3		
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2018/19	38.2	3/15	39.5	11.7	32.5		
Percentage of adults cycling for travel at least three days per week	P	16+ yrs	2019/20	1.1	11/16	3.1	0.6	2.3		

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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 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 and supported in the last phase of their lives priority, 2 are amber, 1 is higher and 1 is lower.
- Rutland performed significantly higher than England/benchmark for the following indicator:

**Percentage of deaths that occur at home** – Rutland is ranked 16<sup>th</sup> out of 16 in 2020. The proportion of deaths that occur at home (all ages) has increased from 27.6% in 2019 (where it performed statistically similar to England) to 33.9% in 2020 which is significantly higher than the national average.

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

**Percentage of deaths that occur in hospital** – Rutland is ranked 3<sup>rd</sup> out of 16 in 2020. The proportion of deaths that occur at hospital (all ages) has decreased from 39.5% in 2019 to 33.9% in 2020. Rutland has performed significantly lower than England for this indicator since 2019.

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

## 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	2020	33.9	16/16	23.0	33.9	27.4		
Percentage of deaths that occur in care homes	P	All ages	2020	27.5	9/16	20.4	32.8	23.7		
26 Percentage of deaths that occur in hospital	P	All ages	2020	33.9	3/16	31.5	45.4	41.9		
Temporary Resident Care Home Deaths, Persons, All Ages (%)	P	All ages	2019	42.3	14/16	22.7	46.5	36.7		

Statistical Significance compared to England or Benchmark:	Better	Similar	Direction of Travel:	Decreasing	Increasing	No significant change
	Worse	Not compared		Decreasing and getting better	Increasing and getting better	Cannot be calculated
	Higher	Lower		Decreasing and getting worse	Increasing and getting worse	

# Cross Cutting Themes:

## Reducing Health Inequalities

### Performance Summary

- Out of all the comparable indicators presented for reducing health inequalities, 3 are green and 1 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) and Life expectancy at birth (males).
- There is currently one indicator where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Healthy life expectancy at birth (females)

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

## 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
A01a - Healthy life expectancy at birth	F	All ages	2017 - 19	63.1	15/16	68.3	59.1	63.5		
	M	All ages	2017 - 19	71.5	1/16	71.5	60.8	63.2		
A01b - Life expectancy at birth	F	All ages	2018 - 20	85.0	3/16	85.2	83.4	83.1		
	M	All ages	2018 - 20	83.2	1/16	83.2	79.6	79.4		

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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

# Supporting Mental Health

## Performance Summary

- Out of all the comparable indicators presented for supporting mental health, 5 are green and 7 are amber.
- Of the three green indicators, Rutland ranks 1<sup>st</sup> (best performing) when compared to its similar neighbours for the following indicator: Emergency hospital admissions for intentional self-harm (females/persons).
- There is currently one indicator where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
  - Self-reported wellbeing – people with a high anxiety score

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* Office for National Statistics (ONS)

# Mental Health Indicators: Rutland

Ranking column is compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	England	DoT	RAG
B11 - Domestic abuse-related incidents and crimes	P	16+ yrs	2019/20	23.1	8/16	28.6	—	●
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	P	18+ yrs	2019/20	48.6	7/16	45.9	—	●
		65+ yrs	2019/20	45.5	11/16	43.4	▶	●
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2018/19	38.2	3/15	32.5	—	●
		65+ yrs	2018/19	34.1	12/15	34.5	—	●
C14b - Emergency Hospital Admissions for Intentional Self-Harm	F	All ages	2019/20	150.4	1/16	247.2	▶	●
	M	All ages	2019/20	110.2	3/16	140.4	▶	●
	P	All ages	2019/20	128.6	1/16	192.6	▶	●
C17a - Percentage of physically active adults	P	19+ yrs	2019/20	68.6	12/16	66.4	—	●
C28d - Self-reported wellbeing - people with a high anxiety score	P	16+ yrs	2019/20	23.7	12/14	21.9	—	●
Depression: Recorded prevalence (aged 18+)	P	18+ yrs	2020/21	10.3	1/16	12.3	▲	●
Depression and anxiety among social care users: % of social care users	P	18+ yrs	2018/19	44.5	2/14	50.5	—	●
Mental Health: QOF prevalence (all ages)	P	All ages	2020/21	0.7	1/15	0.9	▶	●
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	F	All ages	2019/20	705.1	3/16	943.1	—	●
	M	All ages	2019/20	1,946.3	2/16	2,808.8	—	●
	P	All ages	2019/20	1,285.3	2/16	1,814.9	—	●

Statistical Significance compared to England or Benchmark:

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

Direction of Travel:

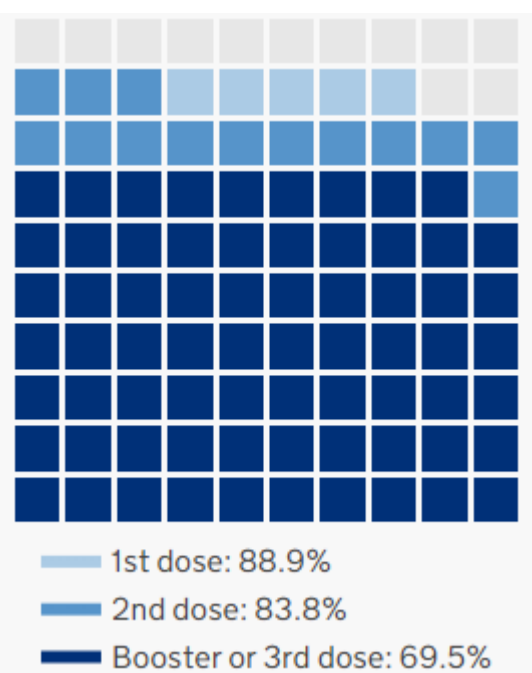
- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- Cannot be calculated

# Covid Recovery

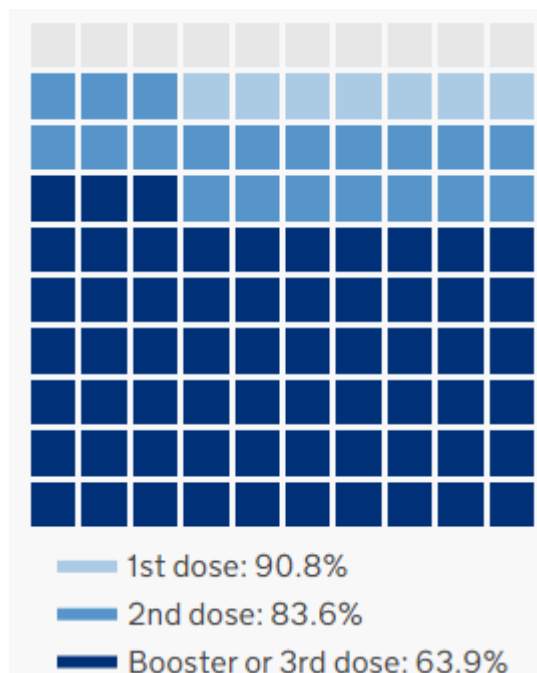
- **COVID-19 vaccinations (% Uptake)**

The Covid-19 vaccination uptake in Rutland is higher than England for Dose 2 and Booster/Dose 3 for those aged 12 and over as at 25<sup>th</sup> Jan 2022. The percentage uptake for Dose 1 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 Hospital Admissions at University Hospitals of Leicester (UHL)\*\***

From March 2020 to December 2021, there have a total of 61 hospital admissions with Covid-19 at UHL from Rutland residents since the start of the pandemic. Out of the 61 admissions, 84% were in those aged over 60 and 16% were in those aged under 60. It is important to note that Rutland residents would also attend other hospitals across the border.

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

As of week 2 in 2022, there have been a total of 83 Covid-19 deaths in Rutland. Of the total deaths involving Covid-19 in Rutland, 41 (49.4%) were in a hospital setting and 33 (39.8%) were in a care home setting.

Since the beginning of the pandemic (week 12, 2020) there have been a total of 771 deaths (all causes) in Rutland.

Source:  
 \*NHS Outcomes Framework  
 \*\*UHL Hospital Admissions Data  
 \*\*\* Office for National Statistics (ONS)

Based on the average mortality data for 2015-19 we would expect 699 deaths in Rutland for this period. This reveals an excess of 72 deaths from any cause in Rutland during this period.



# 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:

- Buckinghamshire UA
- Dorset
- West Berkshire
- Wiltshire
- Bath and North East Somerset
- Central Bedfordshire
- North Somerset
- Solihull
- Cheshire East
- Shropshire
- East Riding of Yorkshire
- Herefordshire
- Cornwall
- Cheshire West and Chester
- Isle of Wight

Source:

\*NHS Outcomes Framework

\*\*UHL Hospital Admissions Data

\*\*\* 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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