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Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP
Telephone 01572 722577 Email: 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, 5th April, 2022** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews
Chief Executive

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/my-council/have-your-say/

Although social distancing requirements have been lifted, there is still limited available seating for members of the public. If you would like to reserve a seat, please contact the Governance Team at governance@rutland.gov.uk. The meeting will also be available for listening live on Zoom using the following link: https://us06web.zoom.us/j/88171089954

A G E N D A

1) WELCOME AND APOLOGIES RECEIVED

2) RECORD OF MEETING

To confirm the record of the meeting of the Rutland Health and Wellbeing Board held on the 11th January 2022 and of the special meeting held on the 22nd February 2022.
(Pages 5 - 18)

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 93.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

5) QUESTIONS SUBMITTED AT SHORT NOTICE

To consider any questions received at short notice under Procedure Rule 93

6) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions from Members received under Procedure Rule 95.

7) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted under Procedure Rule 97.

8) PRIMARY CARE TASK AND FINISH GROUP: FINAL REPORT

To receive the final report from the Primary Care Task and Finish Group, presented by Councillor P Ainsley, Chair of the Primary Care Task and Finish Group.
(Pages 19 - 64)

9) RUTLAND JOINT HEALTH AND WELLBEING STRATEGY

To receive Report No. 64/2022 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care
(Pages 65 - 146)

10) NEW TERMS OF REFERENCE

To receive Report No. 65/2022 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care
(Pages 147 - 156)

11) REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN

To consider the current Forward Plan and identify any relevant items for inclusion in the Rutland Health and Wellbeing Board Annual Work Plan, or to request further information.

The Forward Plan is available on the website using the following link:

https://rutlandcounty.moderngov.co.uk/mgListPlans.aspx?RPId=133&RD=0
(Pages 157 - 158)

12) ANY URGENT BUSINESS

13) DATE OF NEXT MEETING

The new meeting dates for the Rutland Health and Wellbeing Board will be confirmed at Annual Council on the 9th May 2022

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DISTRIBUTION
MEMBERS OF THE RUTLAND HEALTH AND WELLBEING BOARD:

Name		Title
1.	Councillor S Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Fay Bayliss	Deputy Director of Integration and Transformation LLR CCG
3.	Lindsey Booth (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
4.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
5.	Hilary Fox (Dr)	Clinical Director, Rutland Health Primary Care Network
6.	Janet Underwood (Dr)	Chair of Healthwatch Rutland
7.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
8.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
9.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
10.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
11.	Rachel Dewar	Head of Community Health Services, Leicestershire NHS Partnership
12.	Sandra Taylor	Health and Wellbeing Integration Lead
13.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland
14.	Steve Corton	Ageing Well Team Support, NHS England - Midlands
15.	Vivienne Robbins	Consultant in Public Health, RCC

PORTFOLIO HOLDER:

Name		Title
16.	Councillor D Wilby	Portfolio Holder for Education and Children's Services

OFFICERS:

Name		Title
17.	John Morley	Strategic Director for Adults and Health (DASS)
18.	Dawn Godfrey	Strategic Director of Children and Families (DCS)
19.	Karen Kibblewhite	Head of Commissioning
20.	Emma Jane Perkins	Head of Community Care Services
21.	Kim Sorsky	Head of Adult Social Care

FOR INFORMATION

Name		Title
22.	Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust

Rutland County Council

Catmose Oakham Rutland LE15 6HP
Telephone 01572 722577 Email: goverance@rutland.gov.uk

Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held via Zoom on Tuesday, 11th January, 2022 at 2.00 pm

PRESENT

1.	Councillor S Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Fay Bayliss	Deputy Director of Integration and Transformation LLR CCG
3.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
4.	Hilary Fox (Dr)	Clinical Director, Rutland Health Primary Care Network
5.	Janet Underwood (Dr)	Chair of Healthwatch Rutland
6.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
7.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
8.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
9.	Sandra Taylor	Health and Wellbeing Integration Lead
10.	Vivienne Robbins	Consultant in Public Health, RCC

APOLOGIES:

11.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
12.	Simon Down	Acting Chief Executive/Monitoring Officer, Office of Police and Crime Commissioner
13.	Karen Kibblewhite	Head of Commissioning

ABSENT:

14.	Audrey Danvers (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
15.	Rachel Dewar	Head of Community Health Services, Leicestershire NHS Partnership
16.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland

PORTFOLIO HOLDER PRESENT:

17.	Councillor D Wilby	Portfolio Holder for Education and Children's Services

OFFICERS PRESENT:

18.	John Morley	Strategic Director for Adults and Health (DASS)

19.	Dawn Godfrey	Strategic Director of Children and Families (DCS)
20.	Michelle Woolman-Lane	Armed Forces Officer

IN ATTENDANCE:

21.	Councillor G Waller	
22.	Councillor L Toseland	
23.	John Edwards	Associate Director for Transformation for Mental Health, Leicestershire Partnership NHS Trust
24.	Richard Morris	Deputy Director of People and Innovation, LLR CCG's

1 WELCOME AND APOLOGIES RECEIVED

Councillor Harvey welcomed everyone to the meeting. Apologies were received from Simon Down and Karen Kibblewhite.

2 RECORD OF MEETING

The minutes of the meeting held on the 5th October 2021 were approved as a true and accurate record.

Jane Narey confirmed that the subject matter 'Changes to transport for accessing health care inc. the new Bus Service Improvement Plan' was on the Committee's workplan for discussion at the committee meeting on the 5th April 2022.

3 DECLARATIONS OF INTEREST

There were no declarations of interest

4 PETITIONS, DEPUTATIONS AND QUESTIONS

There were no petitions, deputations or questions

5 QUESTIONS SUBMITTED AT SHORT NOTICE

There were no questions submitted at short notice

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 STEP UP TO GREAT MENTAL HEALTH

An update and a presentation (copy attached) were received from John Edwards and Richard Morris. During the discussion, the following points were noted:

- Issues regarding the lack of workforce continued to be a challenge.
- John Morley queried how the use of the triage car would be expanded and what the referral route was for this service. John reported that the number of triage cars had been increased to two, the number of hours the cars operated had been increased and that both the police and the ambulance service were now supported. The referral route was the police and ambulance service as well as the central access point.
- An update would be given at the Special Health and Wellbeing Board meeting on the 22nd February 2022 so that it would link in with the Health and Wellbeing Strategy (Place Led Plan). It was agreed that John Morley, Councillor Harvey and John Edwards would meet to identify what information was required for the meeting on the 22nd February.

  ACTION: John Morley, Councillor Harvey and John Edwards
- No place identified for the location of a mental health hub in Rutland.
- Councillor Harvey queried perinatal support to those mothers who give birth outside of the LLR region. John confirmed support would be provided but that it would be a challenge to ensure that all the services provided were sufficiently connected to each other.
- Richard Morris confirmed that 3% of the consultation results came from Rutland residents. Rutland comprised 3.5% of the demographic information so the response was just 0.5% below target.
- 7 engagement events were held for Rutland – some online, some face-to-face – some were specifically aimed at certain group e.g. veterans, farming community, carers etc
- Councillor Waller reminded attendees that not all services within Rutland were accessible to Rutland residents due to the limitations of the county's public transport.

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John Edwards and Richard Morris left the meeting at 14:43

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9 PHARMACEUTICAL NEEDS ASSESSMENT

Report No. 15/2022 was received from Mike Sandys, Director of Public Health. Mike Sandys gave apologies from Kajal Lad, Public Health Business Partner who had been due to present the report but was unable to attend due to a family bereavement. During the discussion, the following points were noted:

- The purpose of the Pharmaceutical Needs Assessment (PNA) was to:
  - Identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future,
  - Inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be,
  - Inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.
- It was a statutory document to agree changes to the commissioning of local pharmaceutical services.

- Two surveys will run in Spring 2022. One for service users and one for pharmaceutical professionals.
- A statutory 60-day consultation will run after these two surveys and wills start in June 2022.
- Draft PNA will be published on the Rutland County Council's website for public consultation.
- The final PNA will be presented to the Rutland Health and Wellbeing Board for approval towards the beginning of October 2022.
- Dr Janet Underwood reported that Healthwatch Rutland had not been invited to be part of the Steering Group and that the person who attended the Steering Group as the representative for Healthwatch Leicester and Leicestershire no longer worked for the organisation. Mike Sandys confirmed that he would feedback this information and would ask for an invite to the Steering Group to be sent to Healthwatch Rutland.
- Dr Fox requested that the GP practices be included as part of the PNA as they do dispense medication to approximately 30% of their registered patients.
- Mike Sandys confirmed that the PNA noted the current dispensing services provided and not the prescribing services. These would come under the primary care services so would not be within the remit of the PNA but this could be reviewed.

RESOLVED
That the Board:

a) **NOTED** the report
b) **AGREED** to receive further reports on progress and the final PNA report for approval later in 2022 (in preparation for publication by 1st October 2022).

10 CHAIR'S STATEMENT

Councillor Harvey read out a statement/update to all attendees – copy attached.

The statement referred to an email received from EMAS – copy attached.

Councillor Harvey informed attendees that the Chair's Statement would be circulated to all Rutland Councillors for their information and asked Board members to notify her of any information they wished to be included in future editions of the Chair's Statement.

11 ENHANCED PUBLIC HEALTH OFFER AT RUTLAND COUNTY COUNCIL

Report No. 17/2022 was received from Vivienne Robbins, Public Health Consultant. During the discussion, the following points were noted:

- The revised Public Health Team for Rutland would be 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 Health and Wellbeing Integration Lead.

- 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.
- Dr Janet Underwood asked if the public could be included in the new public health offer. Vivienne Robbins confirmed that the public would be involved via the consultation of the Health and Wellbeing Strategy and through engagement with the Rutland Health and Wellbeing Board. Future communication and engagement with the public was also being investigated.
- Dr Hilary Fox requested that the small numbers linked with Rutland should be investigated and not overshadowed by the large numbers linked with Leicester and Leicestershire so that Rutland's specific needs were focused on.
- Dawn Godfrey confirmed that the Public Health Team was already having a positive impact on Children's Services within Rutland.
- Councillor Harvey stated that Rutland had a 40% rate of dental decay in the under 5's and asked that the issue of dental health checks be included as a priority for public health to focus on.
- Councillor Harvey noted that the armed forces were mentioned within the Public Health Team's remit but not veterans. She informed attendees that 20% of the Rutland population had a connection with the armed forces.
- Councillor Harvey requested that the wording under Domain 1 be changed to read '*Consideration **must** be needed for climate change, air quality, road safety **etc.**'*

RESOLVED
That the Board:

a) **NOTED** the content of the paper and revised public health offer for Rutland
b) **PROVIDED** any recommendations for priority public health areas to focus on over the next year

12 BETTER CARE FUND: UPDATE

Report No. 18/2022 was received from Sandra Taylor, Health and Wellbeing Integration Lead. During the discussion, the following points were noted:

- No consultation took place regarding the new Better Care Programme due to the pandemic restrictions but it was approved for submission by the then Chair of the Rutland Health and Wellbeing Board.
- The Rutland Better Care Programme was regionally approved on the 9 December 2021 with one minor amendment.
- It was approved nationally in January 2022 and a confirmation letter was expected presently.
- Dr Janet Underwood queried the level of domiciliary care staff in Rutland. Sandra Taylor confirmed that staffing levels in Rutland were good compared to nationally following good partnership working with care homes and service providers.
- John Morley informed the Board how proud he was of his staff and how hard they had all worked during the pandemic crisis, going above and beyond their normal duties. He emphasised that the staff continued to assist those working on the front line, which left the service unable to fully open Brightways.

RESOLVED
That the Board:

a) Retrospectively **APPROVED** the Rutland 2021-22 Better Care Fund Programme.

b) **NOTED** the new targets against which BCF performance will be tracked.

13 NEW ARMED FORCES LEGISLATION

Report No. 16/2022 was received from Michelle Woolman-Lane, as Karen Kibblewhite was unable to attend the meeting. During the discussion, the following points were noted:

- The report outlined the new Armed Forces Covenant legislation which was being implemented as part of the updated Armed Forces Bill.
- One fifth of the residents in Rutland comprised of the Armed Forces Community.
- The 'Armed Forces Community' included:

    1. Members of the Regular and Reserve Forces,
    2. Members of British Overseas Territory Forces who are subject to Service Law,
    3. Former members of any of Her Majesty's forces who are ordinarily resident in the UK,
    4. Relevant family members; and
    5. Bereaved immediate family of Service Personnel and veterans who have died.

- The main issues are that the Council pays 'due regard' and gives 'special consideration' to the Armed Forces Community in all services but especially in education, housing and health.
- The Council's implementation plan identifies the key actions to be undertaken, timescales and the officer lead responsible in each business area.
- John Morley proposed that the Armed Forces send a representative to be a member of the Rutland Health and Wellbeing Board. Councillor Harvey and Councillor Wilby both agreed John's proposal.
- Councillor Waller queried if the Armed Forces representative should attend a more 'operational' group.

RESOLVED
That the Board:

a) **NOTED** the implications of the forthcoming amendment to the Armed Forces Bill for Rutland County Council, the CCG, and health providers.
b) **AGREED** that Sandra Taylor and Michelle Woolman-Lane would discuss with the Armed Forces suitable future representation and identify which groups, boards and committees the representative should attend.

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Michelle Woolman-Lane left the meeting at 15:57
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14 REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN

The Forward Plan was reviewed and no changes were made to the annual work plan.

15 ANY URGENT BUSINESS

There was no urgent business

16 DATE OF NEXT MEETING

A ‘Special Meeting’ of the Rutland Health and Wellbeing Board would be held on Tuesday, 22nd February 2022 at 2 p.m.

The agenda for this special meeting would consist of two items:

1. Rutland Health and Wellbeing Strategy (Place Led Plan) including a draft delivery plan [John Morley/Sarah Prema/Rachna Vyas]
2. Primary Care Task and Finish Group: initial report [Councillor Paul Ainsley]

SUMMARY OF ACTIONS

No.	Ref.	ACTION	BY:
1.	8	It was agreed that John Morley, Councillor Harvey and John Edwards would meet to identify what information was required for the meeting on the 22nd February. **Meeting arranged for the 27th January**	**John Morley, Councillor Harvey & John Edwards**
2.	13	Sandra Taylor and Michelle Woolman-Lane to discuss with the Armed Forces suitable future representation and identify which groups, boards and committees the representative should attend.	**Sandra Taylor & Michelle Woolman-Lane**

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Chair closed the meeting at 3.59 pm**.**
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Minutes of the **SPECIAL MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held via Zoom on Tuesday, 22nd February, 2022 at 2.00 pm

PRESENT

1.	Councillor S Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Fay Bayliss	Deputy Director of Integration and Transformation, LLR CCGs
3.	Lindsey Booth (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
4.	Hilary Fox (Dr)	Clinical Director, Rutland Health Primary Care Network
5.	Janet Underwood (Dr)	Chair of Healthwatch Rutland
6.	John Edwards	Associate Director for Transformation for Mental Health, Leicestershire Partnership NHS Trust
7.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
8.	Sandra Taylor	Health and Wellbeing Integration Lead, RCC
9.	Vivienne Robbins	Consultant in Public Health, RCC

APOLOGIES:

10.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
11.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
12.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
13.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
14.	Simon Down	Acting Chief Executive/Monitoring Officer, Office of Police and Crime Commissioner

ABSENT:

15.	Rachel Dewar	Head of Community Health Services, Leicestershire NHS Partnership
16.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland

PORTFOLIO HOLDER PRESENT:

17.	Councillor D Wilby	Portfolio Holder for Education and Children's Services

OFFICERS PRESENT:

18.	John Morley	Strategic Director for Adults and Health (DASS)

19.	Dawn Godfrey	Strategic Director of Children and Families (DCS)
20.	Sarah Prema	Executive Director of Strategy and Planning, LLR CCGs
21.	Adhvait Sheth	Strategic Planning Manager, LLR CCGs
22.	Charlotte Summers	Integration and Transformation Manager, LLR CCGs
23.	Jane Narey	Scrutiny Officer

IN ATTENDANCE:

24.	Councillor P Ainsley	Chair of the Primary Care Task and Finish Group
25.	Councillor R Powell	County Councillor

1 WELCOME AND APOLOGIES RECEIVED

Councillor Harvey welcomed everyone to the special meeting of the Rutland Health and Wellbeing Board. Apologies were received from Melanie Thwaites, Simon Down, Mark Powell, Louise Platt and Fiona Myers, who had sent a representative, John Edwards

2 DECLARATIONS OF INTEREST

There were no declarations of interest

3 PETITIONS, DEPUTATIONS AND QUESTIONS

The Clerk confirmed that one question had been received from Mr Godfrey Jennings.

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Mr Godfrey Jennings joined the meeting at 2.32 p.m.

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Mr Jennings addressed the Board with his question regarding the Joint Health and Wellbeing Strategy. Councillor Harvey gave a verbal response and confirmed that a full written response would be sent to Mr Jennings and would be published with the minutes.

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Mr Godfrey Jennings left the meeting at 2.38 p.m.

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4 QUESTIONS SUBMITTED AT SHORT NOTICE

The Clerk confirmed that one question had been submitted at short notice from Mrs Susan Pickwoad who was not present at the meeting due to the earlier IT issues.

The Clerk confirmed that details of Mrs Pickwoad's question and the response would be sent to her and published with the minutes of the meeting.

5 QUESTIONS WITH NOTICE FROM MEMBERS

There were no questions with notice from members.

6 JOINT HEALTH AND WELLBEING STRATEGY AND PLACE LED DELIVERY PLAN

Report No. 42/2022 was received from Councillor Harvey as the Portfolio Holder for Health, Wellbeing and Adult Care. During the discussion, the following points were noted:

- Councillor Harvey informed members that the Board could not legally endorse the Joint Health and Wellbeing Strategy (JHWS) as this would require the Board to make a decision, which it was not legally allowed to do whilst meeting virtually. It was agreed to defer the decision to the next meeting of the Rutland Health and Wellbeing Board on the 5th April 2022 when the meeting would be held in person in the Council Chamber at the Council offices in Oakham.
- The strategy and delivery plan were detailed but remained evolving working documents that were flexible to adapt and change as the reconfiguration of UHL (University Hospitals of Leicester) progressed.
- Rutland had a clear vision and a comprehensive delivery plan as detailed in Appendix B.
- Key performance indicators were identified in Appendix D, including current values to serve as baselines. It was noted that this was just the beginning of the journey for Rutland so the document would evolve as the journey progressed, including developing core quantified targets with involved partners in line with the confirmed timing and scope actions in the plan.
- A quarterly update report would be submitted to the Rutland Health and Wellbeing Board.
- Patient access to all services was being investigated including the availability of public transport, with the aim of equitable access for all.
- It was suggested that the delivery plan should include a 'crisis plan' to cover such things as a pandemic or other health emergency.
- Staff shortages within the health service were noted and it was proposed that there should be a focus on staff training including the offer of training and development to graduates and school leavers.
- Cross border working remained an issue and work was ongoing locally between neighbouring areas regarding integration to ensure a smooth transition for patients from Rutland to other areas and vice versa.
- The role of the Rutland Health and Wellbeing Board was being reviewed and this would give the opportunity to develop the Board into something ideal for Rutland moving forward. The groups reporting into the Health and Wellbeing board were also being extended to facilitate ongoing collaboration and ensure that there was clear ownership and accountability around delivery of the strategy's seven priorities.
- It was important that the public should be kept informed and included in the conversations regarding the development of the Board and the integration work being discussed.
- It was proposed that to monitor the progress of the plan, an annual update on the Joint Strategic Needs Assessment (JSNA) and the JHWS should be reviewed in detail by the Rutland Health and Wellbeing Board i.e. what had worked well or needed more work, what had changed as a result and how this would inform future priorities.

RESOLVED:
That the Committee:

a) **NOTED** the context and purpose of the Joint Health and Wellbeing Strategy (JHWS).
b) **NOTED** the report detailing the outcomes of the JHWS consultation exercise.
c) **AGREED TO DEFER** the endorsement of Rutland Joint Health and Wellbeing Strategy and its associated initial Delivery Plan, attached at Appendices A and B of this report, including: an extension to the life of the strategy from three to five years (2022-27); and adjustments to the structure of the Delivery Plan's priorities.
d) **AUTHORISED** the Directors for Adult Social Care and Public Health, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch, working with local stakeholders.
e) **APPROVED** the proposed evolution of the Health and Wellbeing Board, including adopting the 'Do, sponsor, watch' approach to prioritising actions, reviewing the terms of reference of the board and subgroups and developing an engagement strategy including a participation group to support development of the board.

7 UPDATE ON STEP UP TO GREAT MENTAL HEALTH

A verbal update was received from John Edwards, Associate Director for Transformation for Mental Health, Leicestershire Partnership NHS Trust. During the discussion, the following points were noted:

- Details of the immediate priority areas would be distributed to the group once approved by the LPT Board at the end of March 2022.
- Governance for mental health would consist of place-based delivery groups which would cover all ages i.e. children, young people and adults. A draft document would be distributed in March 2022 for review.
- Projects would be created around a place or system that would work for the population of Rutland.
- £1m in grant money was available across Leicester, Leicestershire and Rutland (LLR). The funding would be reviewed by the relevant panel in March 2022 for deployment/allocation.
- A 'Mental Health Neighbourhood Lead' would be allocated in Rutland to bring partners together. It was agreed that it would be a good for this person to link in with Rutland's Family Hub development. A feasibility study including physical space for the Family Hub was to be done so it would be good to feed into this study regarding a possible space for the mental health groups. It was agreed that the Family Hub Programme Manager would link in with Emma Jane Perkins, Head of Community Care Services to take this matter forward.
- Investment in adult social care roles had been made by Leicestershire County Council to ensure sufficient resources to cover LLR.
- Rutland was to be used as an 'innovation site' to bring partners to work locally together. This would be a good start to equalize mental health with physical health and provide more mental health support services in the community.
- It was suggested that the plan needed to include the mental health care provided by the military to serving members and veterans. Councillor Harvey reported that the Rutland Health and Wellbeing Board was in discussions with the armed forces to have a representative at future meetings.
- It was noted that mental health support in Rutland should include support for men and particularly men working in agriculture e.g. farmers, labourers etc.

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John Edwards left the meeting at 3.00 p.m.

The Chair paused the meeting for a break at 3.00 p.m. and re-started the meeting at 3.10 p.m.

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8 PRIMARY CARE TASK AND FINISH GROUP: PRELIMINARY REPORT

The preliminary report from the Primary Care Task and Finish Group was presented by Councillor Ainsley, Chair of the Primary Care Task and 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 continued to collate 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 Integrated Care System (ICS) and the Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCG).
- Dr Fox, Clinical Director of the ICS and Rachna Vyas, Executive Director of Integration & Transformation at the LLR CCG had attended the meeting of the Primary Care Task and Finish Group on the 21st February 2022. Their presentation and the subsequent discussion were both interesting and informative in equal measure and showed their depth of knowledge regarding the proposed Joint Health and Wellbeing Strategy.
- Councillor Ainsley publicly thanked everyone for their assistance in the production of the report and confirmed that the Local Authority would welcome the opportunity to continue working in close collaboration with all stakeholders to ensure that the voice of Rutland residents was heard in such matters as community healthcare and integrated services.
- It was confirmed that the recommendations from the Primary Care Task and Finish Group would need to link in with the Joint Health and Wellbeing Strategy.
- Engagement with the community should be continued and improved. The community had commented that they had been informed of the Joint Health and Wellbeing Strategy but had not been involved in the discussions regarding the how, what and why.
- Concern was expressed regarding the housing growth and the number of care homes planned for Rutland. It was reported that no definitive numbers were available due to the lack of a Local Plan from the local authority.
- Councillor Ainsley confirmed that an asset review was being undertaken by the Council but that the estates plan within the JHWS also needed to be considered by the Task and Finish Group.
- Councillor Ainsley agreed that the communication between GP practices should be improved including the sharing of good practice.

RESOLVED

That the Committee:

a) **REPEATED** the patient survey within 12 months when the health services were more 'back to normal' as the changes made by the GP practices were recent and were done whilst staff were under immense pressure from the Covid pandemic.

9 DATE OF NEXT MEETING

Tuesday, 5th April at 2.00 p.m. in the Council Chamber, Catmose and via Zoom - https://us06web.zoom.us/j/88171089954

Agreed Agenda Items:

1. New Terms of Reference
2. Rutland Joint Health and Wellbeing Strategy (Place Led Plan)
3. Changes to Transport for Accessing Health Care (inc. the new Bus Service Improvement Plan)
4. Primary Care Task and Finish Group: Final Report

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Chairman closed the meeting at 4.37 pm**.**
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Rutland County Council

Primary Care Task and Finish Group: Final Report

Version	Version 1.0
Guardian	Councillor Paul Ainsley
Date Produced	16 March 2022

Approved by Adults & Health Scrutiny Committee	
Release to Rutland Health and Wellbeing Board	
Approved by Council	

Summary of document

The final report follows up on the issues raised by the patient survey and seeks to make recommendations, as well as consider the longer-term demand for primary care. The final report will be subject to approval as detailed in the terms of reference.

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1.0 INTRODUCTION

1.1 At its meeting on 11th October 2021, Rutland County Council (RCC) resolved to establish a cross-party Task and Finish Group (the Group) to understand issues that residents were facing in accessing primary care services and to consider the longer-term demand for primary care due to increasing demand including new housing developments.

1.2 As part of that work, the Group was tasked to bring forward a report on its provisional findings. The 'Phase 1' or preliminary report presented the data gathered by the Group with a high-level analysis highlighting the key issues which residents faced. Copies of the results and the individual patient comments were passed to the respective surgeries to seek their comments. They responded to the Group through a presentation from the Primary Care Network (PCN), which represents all four surgeries in Rutland.

1.3 Subsequent work built upon the evidence presented in the preliminary report to understand current and future demand for primary care services, the impact of new housing developments in the county and the resulting pressures on the PCN.

2.0 CONTEXT

2.1 It is recognised that the patient survey was carried out just as the Omicron variant was taking hold within the community and the resulting need for health professionals to be diverted to support the vaccination booster programme. However, from the patients' comments, it is clear that the issues raised are much deeper seated than just the last few months.

2.2 The impact of the pandemic has created a pent-up demand for services as patients have both stayed away from surgeries to avoid 'bothering' the medical staff for what they perceived as minor ailments, while at the same time surgeries had internal issues due to Covid pressures such as the 2-metre physical separation and requirements for self-isolation; all whilst trying to deliver normal services.

2.3 For at least the last 5 years, surgeries have experienced issues with staff retention and recruitment, although this does not seem to have been universal across all surgeries. Alongside retirement, there has been a shift in working patterns, with more GPs choosing to work part-time or more locum working. The number of permanent GPs has dropped significantly in the last 4 years

2.4 According to the World Health Organisation (WHO), there are nearly 2.8 doctors per 1000 people in the UK, which is lower than the number of doctors available in most of the European Union countries (3.4 per 1000 people). The British Medical Association (BMA) has suggested that we could see a shortfall of 7,000 GPs by 2023.

3.0 SUPPORT CURRENTLY PROVIDED TO GP PRACTICES

3.1 RCC provides considerable support to Rutland practices when compared to the other authorities within the Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG). The Strategic Director of Adult Services and Health at RCC detailed the role of the Rutland Integrated Social Empowerment (RISE) and the Mi Care teams and the support provided to Rutland's medical practices. This support assists the acute care sector by enabling the discharge of patients from hospital and reducing re-admissions so saving money in that sector. However, it does mean that patients are seen more often by the wider Rutland team (RCC and PCN) so increasing their costs with no compensation for the benefits provided.

3.2 RCC has made available two Integrated Care Co-ordinators; a Community Mental Health Worker; one Social Prescriber and a Line Worker for liaising with care homes. The Integration and Transformation Team at the CCG gave a wide ranging and useful presentation to members of the Group, describing how they appreciated this level of help and how impressive this was compared to other councils in their area and even to the extent that our approach was nationally significant. This support was also recognised as being valuable to the PCN members, by the Clinical Director of Rutland Health PCN.

3.3 The RISE Team has grown in the past 3 years and Rutland is seen as an exemplar of good practice. It has proved so successful that the service is no longer funded by the Local Authority but by the Better Care Fund and the PCN; all because of the resulting improved outcomes for patients.

3.4 Empingham Medical Centre recently reached a critical point as it was unable to provide consulting space for vital patient services. An additional 3 consulting rooms were required and more than £103,700 was provided by RCC for this, which came principally from Section 106 agreement money.

4.0 SURVEY METHODOLOGY

4.1 The core activity of the Group was to gather information from residents about their experiences in accessing primary care services. The Group generated a resident survey principally using an online form supported by a press/social media campaign and leaflets delivered by Councillors within their Wards and Parish Councils. The survey was broadly similar to the questionnaire detailed in Appendix 4.

4.2 Residents' views were also sought in face-to-face meetings on the high streets, including supermarkets and on market days as well as meetings held with most of the Practice Patient Participation Groups.

4.3 A GP survey was sent out to each practice but due to pressures on the GP's and their staff with the Omicron variant, the Clinical Director of the PCN contacted the Chief Executive of RCC advising that the GP practices did not have the capacity or time to

complete the survey. Many GP practices still have ongoing staffing issues due to staff sickness, holidays and staff having to isolate or support the vaccination centres.

4.4 As an alternative to completing the GP survey, the Clinical Director of the PCN made a detailed presentation to the Group and dealt with many of the issues which members of the Group wished to cover. Concern was expressed during the meeting that some of the practices were unhappy about the detailed comments from patients being made public as they felt it had a detrimental impact on their staff.

4.5 It was confirmed that it had never been the intention of the Group for the practices to feel that its approach was targeted as being negative. However, the Group did feel that the patients' survey was evidential as there was a disconnect between how the practices, the CCG and the general practitioners perceived their operations and the patients' perception, which as a member of the Group stated, "In the view of the patients, their perception is their reality".

5.0 ANALYIS OF THE DATA

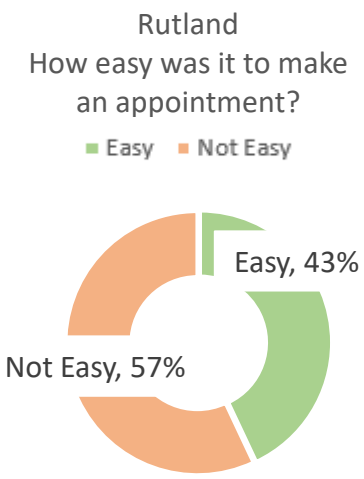
5.1 The on-line survey was completed on the 10th January 2022. The survey had a good response with a total of 902 valid responses across Rutland. A summary of the results by practice can be found at Appendix 5 but the responses can be broken down by Rutland surgery as follows:

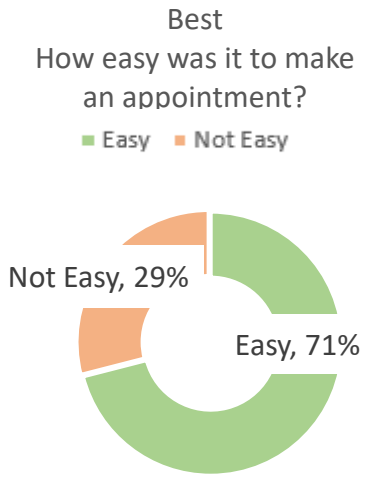
- Empingham Medical Centre – 150 valid responses
- Market Overby and Somerby Surgery – 92 valid responses
- Oakham Medical Practice (OMP) – 536 valid responses
- Uppingham Surgery – 124 valid responses

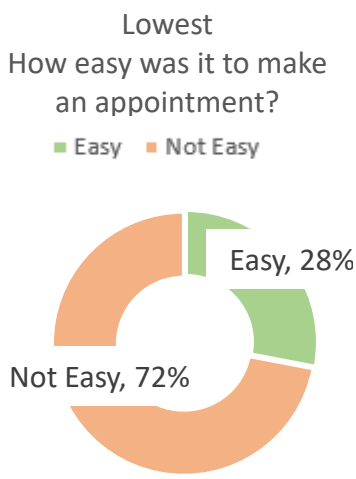
5.2 The Group felt that the patient survey showed there was a diverse level of compatibility of service levels between practices in their approaches to initial contact by their patients and beyond. This was both in respect of the IT used, their telephone responses and their handling of patients generally.

5.3 Although each practice decides its own approach to managing the practice and the delivery of services, the Group was informed that there was a Joint Practices Committee to promote joint working. This Committee had established an IT system that had a good level of interflow on operational matters between practices and RCC and was aiming at the establishment of common 'best practice' procedures throughout the county's medical centres.

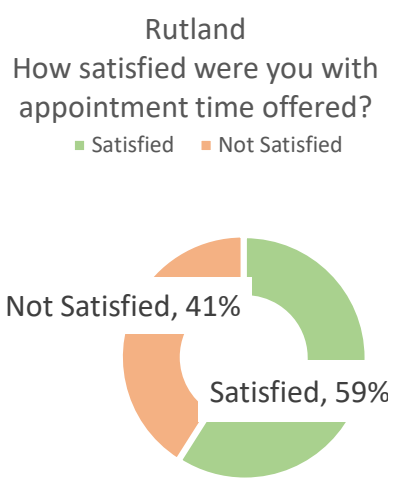
5.4 There were wide differences between individual surgeries, with 72% finding it not easy to make an appointment in the lowest performing practice. Whilst in the best performing practice, 29% found it not easy and 71% found it easy to make an appointment.

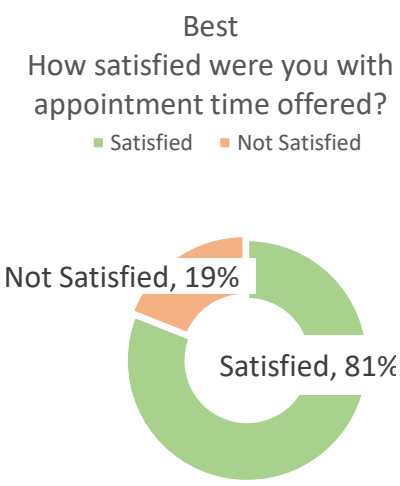


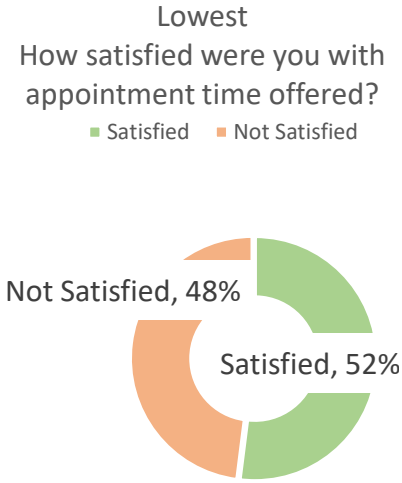




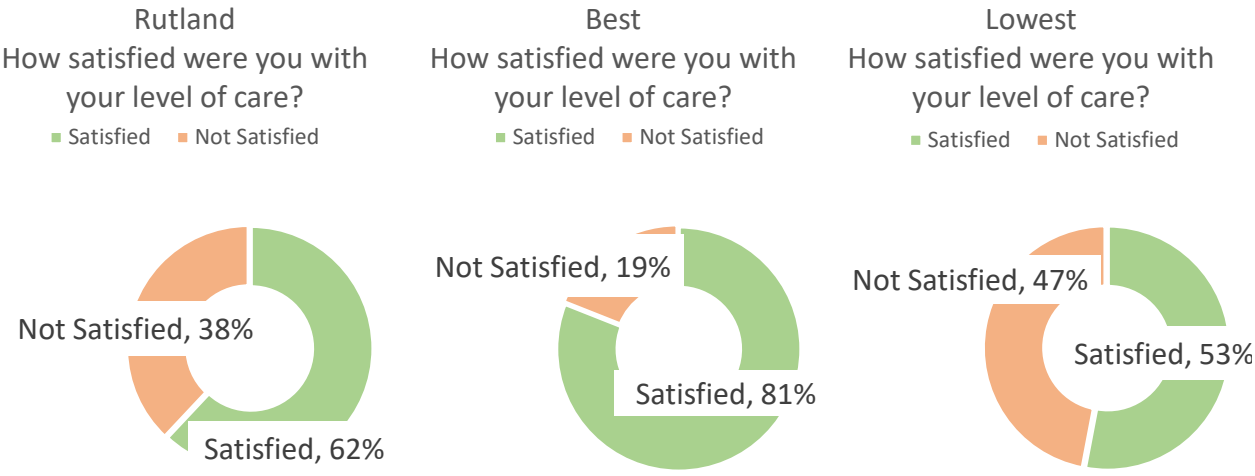
5.5 On reviewing the question, '*How satisfied were you with the appointment time offered?'*, the best practice had a satisfaction rate of 81%, surely an exemplar. Whilst the average across Rutland was a much lower 59% with the lowest performing practice at 48%.



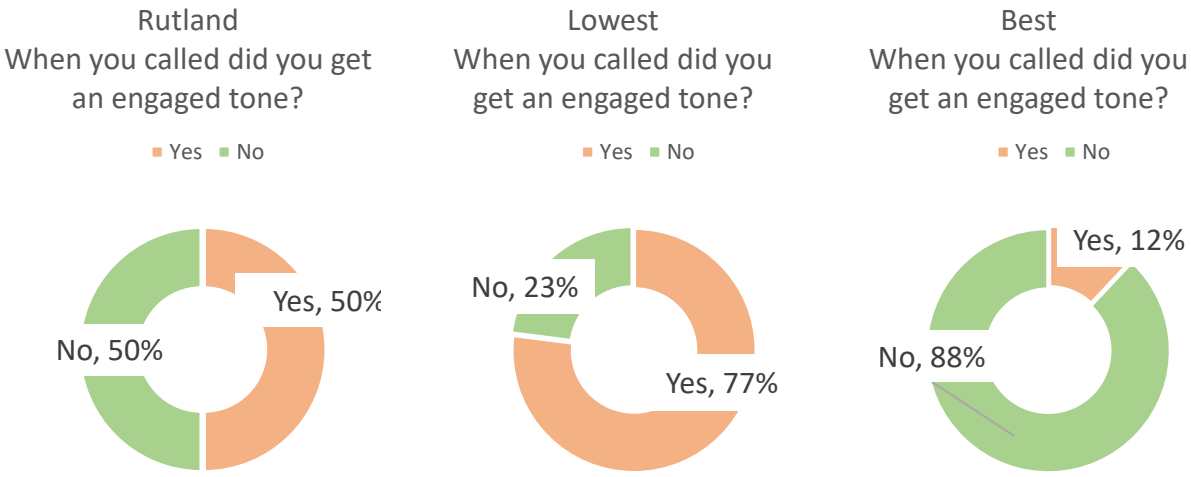




5.6 When examining the results of the question, *'How satisfied were you with your level of care?'*, there were stark differences across Rutland with the best performing practice achieving an 81% satisfaction rate, possibly an achievable target standard for all of Rutland.



5.7 As part of the survey the question was asked, *'When you called, did you get an engaged tone?'*, the Rutland average was split 50/50 whilst in the best surgery 88% of patients who called got through at the first attempt. Whilst in the lowest, only 23% of patients got through on the first attempt.



6.0 PATIENT ENGAGEMENT ISSUES

6.1 Technology

Although the responses to the public survey were by digital means, this may have excluded a significant proportion of patients (most likely elderly). Yet, of those responders who clearly exhibited proficiency in digital matters, a substantial proportion still had difficulties in using the practices' digital systems. This raises the

issue of ensuring that the patient/surgery interface is suitable for all, whether digitally capable or not and especially to the more vulnerable in the community.

6.2 Modern Clinical Practices

6.2.1 The patient survey indicates that the traditional methods of initial patient contact by telephone or personal attendance, are being replaced in all practices by a combination of telephone and digital means. It is understood that this may be in response to NHS national directives especially as a result of the pandemic.

6.2.2 In respect of the patients' initial contact with medical practices, there is now an initial triaged approach leading to an alternative hierarchy of practitioners. The message from our patients' survey is that the public wishes to continue in the traditional format of booking to see their GP in the first instance.

6.2.3 This transition has not met with patient satisfaction as demonstrated by the evidenced comments detailed in the Preliminary Report nor do patients understand why these changes are taking place or the benefits which might flow from them. Change inevitably is never popular and concern will always follow, but the evidence repeatedly cites, to varying degrees, differences between practices.

6.2.4 As to telephone contact:

- Failure in practices' ability to promptly respond and deal with enquiries, in some instances, to an alarming extent.

- Call-handlers making decisions as to which treatment pathway would be appropriate, which patients find difficult to accept.

- Anecdotal evidence suggests that telephone contact at Oakham Medical Practice may have improved following the introduction of a cloud-based telephone system after the survey had been completed in January 2022

6.2.5 As to digital means of contact:

- Releasing appointments via digital pathways for any type of clinical help, sometimes at unreasonable times i.e., only opening appointments on the system at 07.30 and/or midnight,

- Failure to offer sufficient, sometimes any, appointments with any general practitioner in the practice. Appointments only available with other clinicians. Concerned patients then have to revert to the telephone to discuss alternatives. Which defeats the object of improving the speed of transactions and quality of service.

- Evidence, to varying degrees, shows increasing frustration, sometimes to the point of anger, with delays, choice of appointments and approach of call-handlers, typically medically trained staff. All of which must be counter-productive to the well-being of both the patients and the medical staff at the affected practices.

- Patients are largely unaware of the problems the practices face. They do not know how the practices are dealing with these problems or how the delivery of medical services has changed and will continue to change. Patients' anticipations will need to change to meet the limitations of the medical practice's ability to delivery in both the current and foreseeable future.

6.3 Surgery Performances and Factors Affecting Access to Services

6.3.1 The Group felt the patient survey showed that there was a diverse level of compatibility of service levels between practices in their approaches to initial contact by their patients and beyond. This was both in respect of the IT used, their telephone responses and their handling of patients generally.

6.3.2 The patient survey clearly evidenced certain aspects of patient services that varied considerably between practices. When considering the average across Rutland, the question '*How easy was it to make an appointment?',* 57% found it was **not easy** to make an appointment.

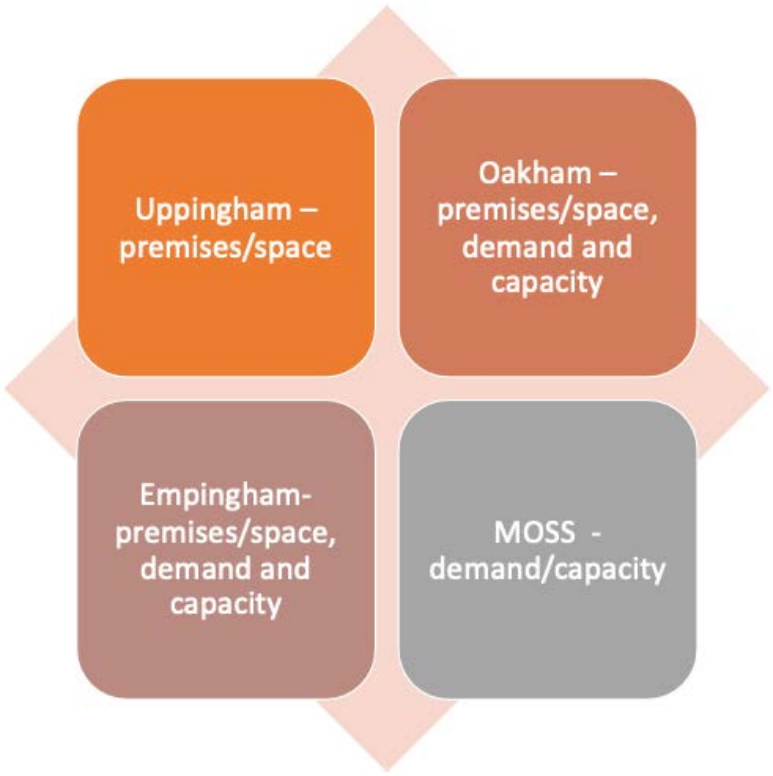
7.0 CURRENT PRESSURES

7.1 The Group received details of the deficits in both the existing practices' estates and the facilities within them. This was made unambiguously clear by both the CCG & the PCN.

7.2 In the evidence presented by the PCN, there are two types of problems facing the surgeries at the present time and to some degree both are interrelated.

7.3 Facilities and Access

7.3.1 The problem for Rutland is not only that improvements and expansions in existing and more progressive primary care facilities are needed throughout the County but that certain elements of out-patient secondary care also have to be addressed. Round trips for patients will get longer and more remote with the ongoing consolidation of hospitals that have to be utilised by Rutlanders. This is an aspect of care which the CCG recognises and they are currently looking at this with a view to reporting in late summer regarding the use of Rutland Memorial Hospital (RMH).



7.3.2 As can be seen, there are already physical constraints at Oakham, Uppingham and Market Overton (MOSS). There is insufficient space within the existing premises to accommodate and deliver the range of services now being offered by GP surgeries based on the current demand. In addition, there are staff shortages at Oakham, Empingham and Market Overton so, even if staff can be recruited for a surgery, there will not be the space for them to operate in. This was made unambiguously clear by both the CCG & the PCN.

7.3.3 It appears that capital investment is needed for an improved practice in Stamford and, in the immediate future up to 2025, support for those existing practices. The problem for Rutland is that improvements and expansions are needed throughout the county in existing and more progressive primary care facilities. Certain elements of out-patient secondary care also have to be addressed, as round trips for needy patients will get longer and more remote with the ongoing consolidation of hospitals that have to be utilised by Rutlanders.

7.3.4 GPs have to provide their own surgery premises, whilst being totally controlled by the CCG as to what those should be. The CCG then pay an assessed rent to the GPs and Medical practices continue to be quasi-independent franchises from the NHS.

7.4 Housing Demand

7.4.1 The withdrawn Local Plan identified capital expenditure to support the expansion of GP surgeries as part of the Infrastructure Delivery Plan (published in December 2020) see Appendix 2 project reference SI/04 to SI/10.

This plan was based on a document jointly agreed between RCC and LLR CCG, a statement of common ground, relating to healthcare provision in the county. Para 3.1.3 of that report stated that: -

The available capacity at existing medical practices that serve the current residents of Rutland County is currently insufficient to meet the identified increases in homes and resulting increases in population. Any increase in population will require a commensurate increase in GP practice facilities.

7.4.2 It also stated that the proposed housing growth, within the withdrawn Local Plan, could generate some 5380 additional patients by 2036.

7.4.3 This position has not changed even following the withdrawal of the Local Plan, in fact, it is probably worse, given that the opportunity of delivering a new medical facility at St George's Barracks to serve the east of the county is unlikely to occur before the early 2030s, if ever. It is also likely that new homes will be delivered at a faster rate than was anticipated in the withdrawn Local Plan particularly up to 2025.

7.4.4 The Infrastructure Delivery Plan, written in February 2020, identified additional capacity requirements at Oakham Medical Practice, which is currently 33% over design capacity. It also identified that Uppingham Surgery would require the existing building to be reconfigured. Despite the addition of a temporary building at Empingham in 2021, the capacity constraints remain and it was recognised that a new surgery at St George's Barracks would be a means of dealing with the increase in demand coming from the 2000 new homes at the Stamford Northern extension (which included up to 650 homes inside Rutland County) as well as improving consolidated and accessible facilities in Stamford.

7.4.5 It appears from the current evidence that the bulk of the new housing will be in the north of the county around Oakham and in the east at Ketton and Stamford. With the lack of a facility planned for St George's within the foreseeable future, additional physical capacity will need to be delivered in Oakham, Empingham and Stamford as an immediate priority.

7.4.6 Work carried out by the CCG suggest that only Empingham out of the Rutland surgeries is in the top 50 surgeries requiring immediate action to be taken in terms of physical capacity.

7.5 Residential Care Homes

7.5.1 The number of care home beds in Rutland has increased dramatically in the last 5 years, which has led to an increase in the workload for both GPs and for RCC's Adult Services.

7.5.2 This raises a potential future problem because if people come into Rutland to live in the new care homes as a self-funder i.e., they pay for their own care and accommodation and they then run out of money, it would be the

responsibility of the Local Authority to pay for their care and accommodation. In these unfortunate circumstances the Local Authority could move people to cheaper accommodation if medically and morally appropriate, following consultation with families and the care homes, but it would still have potentially serious implications for the Local Authority's budget in the future and just as importantly for the purposes of this report, additional pressures on the surgeries.

8.0 RECOMMENDATIONS

8.1 Five key recommendations in no particular order:

1. **Accessing Primary Care Services**
2. **Communication to/from Patients Regarding System Changes**
3. **Physical and Staffing Restraints**
4. **Use of Public Funds**
5. **Monitoring of Improvements**

1. Accessing Primary Care Service

a. Telephone systems should be straightforward and not based on 'call centre' concepts with multiple options at multiple access levels. Recent comments from patients at Oakham Medical Practice have indicated that while the new system is an improvement, the messages and levels of options can result in 4 minutes of hanging on before the telephone reaches a point where it is actually ringing and waiting for a human response. This is especially frustrating for those who have to contact the surgery on a regular basis**.**

b. Consider how vulnerable patients can access the telephone system and other appointment systems. Concerns were expressed to the Group about those with lower cognitive capabilities, those hard of hearing, those with limited digital skills and those without any internet access at all and how they would be able to use the new technology systems.

c. A 'patient user group' should be established to review web-based systems to provide feedback about the ease of use and ability to understand the terminology used. It is good practice when developing websites to seek feedback from a range of users as to the experiences they have and to recognise any shortcomings in the way that information is presented.

d. Ensure that the 'NHS speak' is minimal in all communications avoiding such words as pathways, critical care, acute care, primary care networks, etc. It is important that the words used in communications with patients are words that they use on a day-to-day basis especially by the more elderly, rather than the terminology that is part of the NHS internal communications. What is a

nurse practitioner, phlebotomist or a clinical pharmacist and how different are they from a nurse, a nurse that takes blood or chemist?

e. **The CCG, RCC and/or Public Health provide support to surgeries to improve website accessibility (font size, design contrast etc.) and the visibility of the Patient Participation Groups from the practice websites**. This will allow the surgeries to provide better more accessible websites for patients to use, improve communications with patients and so meet the recommendations identified above.

2. Communication to/from Patients Regarding System Changes

a. **Accept comments and criticism from patients as positive feedback to continuously improve the service provided.** While some patients may not express themselves in the most appropriate way, it is important to listen to all points of view and use them to recognise any shortcomings and make continuous improvements to the patient surgery interface.

b. **Improve the understanding of patients of the new and developing approach to primary care and the broader service, which is now offered by qualified clinical professional staff and not just GPs.** This was an important issue raised in many conversations as patients do not understand how surgeries are organised. They do not fully understand the changes being made to primary care services, how they as patients fit into these new structures and how these changes will benefit them in being treated quickly, effectively and efficiently.

c. **Increase the reach of messages about improved access to general practice, by working with relevant partners including local authorities, voluntary and community sector organisations or other groups that support patients and the public who are likely to have a need for general practice services, to communicate these messages through their channels**. To implement recommendation 2b, it will be necessary to use as many channels as possible to raise the knowledge of patients in the new methods of working.

d. **All clinical staff to assist in the promotion of the new service during face-to-face appointments with patients to improve the understanding of the new methods of working and the benefits**. This would provide feedback as to the effectiveness of recommendation 2b but also help patients to better understand why they are being seen by that particular clinician and how they are being treated in the most appropriate way.

e. **Webinars for patients, County and Parish Councillors, led by the GPs and/or clinicians should be held to explain the new process and seek feedback**. This could be done through the PPG and would assist the implementation of recommendation 2b.

3. Physical and Staffing restraints

a. RCC and LLR CCG to lead a strategic review of all current surgeries in conjunction with Lincolnshire CCG, to identify where and when additional physical facilities will be delivered and develop an action plan. It is difficult to make any recommendations as to how we can presently help the substantial minority of residents living in the eastern part of Rutland who gravitate for their primary care to areas outside our CCG and PCN group (see Appendix 6). Reciprocal offers of suggested help would have to be after consultation with the Lakeside Healthcare Group (Stamford) and Lincolnshire CCG. However, early engagement is unlikely until the CQC is satisfied in the progress made regarding issues at that practice.

b. Increase the use of existing space during out of hours e.g. increased number of appointments at evenings and weekends. This action has already been recommended by the Department of Health to improve access to primary care services and this would also increase space utilisation in the short term until more permanent solutions can be achieved.

c. Consider the potential use of Council property. In addition to the future proposals planned from the CCG regarding RMH and, as part of the RCC property asset review, the use of Council facilities i.e. Jules House could be considered as an additional short-term resource for the Oakham Medical Practice.

4. Use of Public Funds

a. While not in the remit of this Group, the issue of using public funds to support the increase in available facilities was discussed. It was queried if funds from Section 106 or CIL could be used to support the increase in physical space and other service improvements within the medical practices. Surgeries, although funded by the NHS on the basis of their premises, are in many cases owned by the partners in the surgery or third party and are not funded by the public sector.

b. Recording of public funded assets. Consideration should be given by the CCG and RCC to find a mechanism where assets, if added through public funds, are retained on the public balance sheet and are not counted as surgery assets in the event of disposal, etc.

5. Monitoring of Improvements

a. New patient survey to be undertaken. A new, simple patient survey should be carried out by January 2023 to ascertain if any of the recommendations/changes put in place have had any effect or improvement for patients regarding accessing primary care services in Rutland.

A large print version of this document is available on request

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Appendix 1

Primary Care Task and Finish Group – Terms of Reference

Approved by Council: 11 October 2021

1. Purpose

The purpose of this document is to define the Terms of Reference for the scrutiny task and finish group on Primary Care in Rutland.

2. Background

- As the pandemic has progressed, so has members correspondence from Residents highlighting concerns on accessing Primary Care.
- Healthwatch Rutland have been receiving reports from residents and raising concerns since December 2020
- Nationally, face to face access to General Practice is a concern.
- In September 2021, Rutland County Council voted to withdraw the Draft Local Plan and begin the process again, this means the strategic medium to long-term infrastructure plan now has to be reviewed.
- Housing growth and access (alongside transport) are some of the key concerns/issues that have been raised recently and form part of the emerging Rutland Place led Plan (otherwise known as the joint health and well-being strategy)
- In April 2022, the new Integrated Care System (ICS) will be implemented, this is a service led system.
- There is therefore an urgency in reviewing this matter and the wider contribution the Council can play in resolving these issues

3. Aims and Objectives

- To understand what Primary Care is available to the residents and how this can be accessed and understand the resident's perspective of this, highlighting the gaps.
- To understand the current and projected demand for primary care services
- To understand the projections and potential locations of new housing developments within the County
- To develop an understanding on the medium-term pressures on the infrastructure estate of Primary Care
- To develop an understanding of the NHS Capital Investment programme and the local funding priorities
- To make recommendations on "quick wins" to help close the gap between what is available and the resident's perspective of this.

- To explore how different delivery models, including the use of technology, could reduce pressures on the operational estate
- To make recommendation based on the findings for the long-term infrastructure planning for Primary Care in Rutland.

4. Proposed Scrutiny Task and Finish Group Members

At a meeting on the 22nd September 2021, the Scrutiny Commission proposed to bring forward a combined scrutiny Task & Finish Group to evaluate and gain evidence on the matter.

It is proposed that the Adults and Health Scrutiny Committee oversee the work of the Task and Finish Group.

Membership of the group will be politically balanced in accordance with Procedure Rule 15 and nominations should be sent to Governance by 29 October.

- There is an expectation that members will be co-ordinating and delivering face to face and telephone interviews as part of the initial evidence gathering sessions, as such, members will need to have some flexibility of time, especially in the first two months.
- It is proposed that the Group will comprise 7 Councillors to enable the Group to be comprised of those Councillors who have the time available to enable them to actively participate.

5. Chairman

Councillor Paul Ainsley will Chair. Councillor P Browne will be Vice-Chair.

6. Length of Review

The review is expected to take no more than six months and the Group will be aiming to deliver their final report to Adults and Health Scrutiny Committee for referral to April's Council meeting.

7. Timetable

The timetable, and the frequency and timing of meetings will be determined by the Task and Finish Group at their first meeting. However, there will be a meeting in November 2021, December 2021 and March 2022.

8. Methodology/Approach

The following information will be considered by the Group:

- Gain evidence from patients, carers, residents and Healthwatch on their experience of accessing care.
- Gain evidence from practices on the delivery of care
- Gain an understanding of how different models and technology can help improve access
- Understand and report on how infrastructure is modelled by the CCG and the operational estate is currently maintained
- Gain an understanding of how the NHS capital investment programme is developed and funded and the implications for the local area
- Understand how, as a Local Authority, we can work with, and influence, stakeholders to improve medium- and long-term infrastructure planning.

9. Reporting

- An interim report will be delivered with provisional findings and recommendations in January 2022, this also allows time to support and supplement the Rutland Place-led plan.
- The Group will submit a final report to Adults and Health Scrutiny Committee for endorsement and approval of its recommendations to Cabinet and Council

10. Officer Support

The Group will be assisted by the Governance Team for secretariat

The group will also be assisted by John Morley, Strategic Director of Adult Services and Health, and Penny Sharp, Strategic Director Place.

11. Finance

It is not anticipated to require additional budget in this financial year.

ENDS

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Appendix 2

Project Reference	Infrastructure Project	Location	Short Term 2020-2025	Medium Term 2025-2030	Long Term 2030-2040	Trigger for Timing of Delivery	Delivery Lead	Delivery Partners and Stakeholders	Indicative Cost (£)	Delivery Mechanism / Potential Funding Source	Prioritisation 1 – Critical 2 – Necessary 3 - Important	Contributing Sites	Comments (including risks and contingencies)
HEALTH													
S1/04	Enhanced primary care provision	Oakham	X	X		Not dependent on Local Plan	ELR CCG	Oakham Medical Practice	Not known at this stage	ELR CCG, CIL	2		Decision on preferred approach to be made Funding availability
S1/07	GP Practice Expansion	Uppingham Surgery		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG	Uppingham Surgery	Not known at this stage	ELR CCG, CIL	2		Funding availability
S1/08	GP Practice Expansion	Empingham Medical Practice		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG	Empingham Medical Practice	Not known at this stage	ELR CCG, CIL	2		Funding availability Depending on preferred approach on primary healthcare provision on St George's Barracks
S1/09	Primary Health Care Provision	St. George's Barracks		X		Actual timing to be agreed through planning application process and further discussion with CCG and secured through condition on planning permission or S106	ELR CCG	Developer	£1,900,000	ELR CCG, CIL	2	EDI/03, St George's Barracks (EDI/04)	Requires land from developer
S1/10	Expansion of Primary Health Care Facilities	To be determined		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG, SWL CCG	Developer	Not known at this stage	ELR CCG, SWL CCG, CIL	2	Stamford North (UT/01)	Further discussion with CCGs to determine receiving practice Allocation of CIL funding

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Appendix 3 - Process Outline

Evidence Base – Initial Report Jan 2022

Information Gathering

Rutland residents experience accessing primary care

Rutland residents who use an out of county practice

Patients from out of county who use a Rutland practice

Surgery perspective

Commissioning Groups

Collation and Reporting

What is Good

Patient engagement issues

- Use of Technology
- Modern Clinical Practice
- Selection of Appointments
- Practice Hours

Surgery performance and factors affecting access

Infrastructure – Final Report April 2022

Further analysis

Current and Emerging Housing Development Pressures

Current and Emerging Care Home Pressures

Recommendations

Sources of Finance

Changes already started and future plans

Where / what next ?

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GP services survey

Please help us by answering the following questions about your experiences when you accessed you local medical centre or surgery.

Please enter your postcode:

Which medical centre or surgery are you registered with?

(Choose any one option)

- [ ] Empingham Medical Centre
- [ ] Market Overton and Somerby Surgery
- [ ] Oakham Medical Centre
- [ ] Uppingham Surgery
- [ ] Other - not located in Rutland

Which non-Rutland medical centre or surgery are you with?

(Choose any one option)

- [ ] Billesdon Surgery
- [ ] Glenside Country Practice - Castle Bytham
- [ ] Gretton Surgery
- [ ] Lakeside Healthcare - Stamford
- [ ] Latham House Medical Practice
- [ ] The Welby Practice - Waltham
- [ ] Other

Answer this question only if you have chosen Other for Which non-Rutland medical centre or surgery are you with?

What is the name of the medical practice or surgery?

Answer this question only if you have chosen Other for Which non-Rutland medical centre or surgery are you with?

Please tell us the postcode of the medical practice or surgery, if known:

In a few words, please tell us why you chose to use a medical centre or surgery that's not in Rutland:

Have you contacted your medical centre or surgery in the last 12 months?

(Choose any one option)

- [ ] Yes
- [ ] No

Did you make an appointment for yourself, or someone else?

(Choose any one option)

- [ ] Myself
- [ ] Someone else

Answer this question only if you have chosen Someone else for Did you make an appointment for yourself, or someone else?

Who were you making an appointment for? (Select one option)

(Choose any one option)

- [ ] A child
- [ ] Elderly relative
- [ ] A neighbour or friend
- [ ] Someone who has additional needs
- [ ] Other

How did you last make an appointment at the medical centre or surgery?

(Choose any one option)

- [ ] Phone
- [ ] Website
- [ ] App
- [ ] In person

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

When you called, did you get an engaged tone?

(Choose any one option)

- [ ] Yes
- [ ] No

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

If you got an engaged tone, how many times did you call before you can an answer?

(Choose any one option)

- [ ] Answered on second attempt
- [ ] More than two attempts

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

How long until your call was answered?

(Choose any one option)

- [ ] Less than 5 minutes
- [ ] 5 to 15 minutes
- [ ] 15 to 30 minutes
- [ ] Over 30 minutes

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

Were you triaged (did the staff member who answered the telephone ask questions about your condition)?

Many people are unaware that staff answering the surgery telephones are not receptionists, but care navigators who are trained to signpost people to the most appropriate professional.

(Choose any one option)

- [ ] Yes
- [ ] No

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

Did you find the receptionist helpful?

(Choose any one option)

- [ ] Yes
- [ ] No

How long did you wait for an appointment?

(Choose any one option)

- [ ] Same day
- [ ] Within 48 hours
- [ ] Within 72 hours
- [ ] Within a week
- [ ] Over a week

How satisfied were you with the appointment time offered?

Questions	1	2	3	4	5
1 = not at all satisfied, 5 = very satisfied					

Who was your appointment with?

(Choose any one option)

- [ ] GP
- [ ] Nurse practitioner
- [ ] Nurse
- [ ] Pharmacist
- [ ] Other (please specify)

Did you see the person you wanted to?

(Choose any one option)

- [ ] Yes
- [ ] No

Was your appointment face to face, or remote?

(Choose any one option)

- [ ] Telephone
- [ ] Video
- [ ] Face to face
- [ ] Home visit

Were you happy with your level of care?

(Choose any one option)

- [ ] Yes
- [ ] No

Answer this question only if you have chosen No for Were you happy with your level of care?

Why were you unhappy with your level of care?

Overall, how easy was it make an appointment?

Questions	1	2	3	4	5
1 = not at all easy, 5 = very easy					

Overall, how satisfied were you with your level of care?

Questions	1	2	3	4	5
1 = not at all satisfied, 5 = very satisfied					

Please enter a few words detailing your experience when engaging with your medical practice or surgery:

Can we contact you for more information?

(Choose any one option)

- ☐ Yes
- ☐ No

Answer this question only if you have chosen Yes for Can we contact you for more information?

Please give your email address:

Answer this question only if you have chosen Yes for Can we contact you for more information?

Please give your phone number:

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Primary Care Survey Dataset volume 2

Short Survey Responses and Maps

9 December 2021 to 10 January 2022

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RUTLAND Responses: 902 Date: 09/12 to10/01/2022

Rutland Surgeries have 41624 registered patients, which includes 3529 patients outside the combined commissioning CCG

Who were you making an appointment for?	Self		A child		Neigbour or friend		Some one with additional needs		Elderly Relative	
	782	88%	59	7%	1	0%	8	1%	35	4%
How did you last make an appointment?	In Person		Phone		App		Website			
	20	2%	693	77%	28	3%	161	18%		
When you called, did you get an engaged tone?	Yes		No							
	345	50%	345	50%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	232	40%	35	6%	320	55%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	164	24%	260	38%	145	21%	119	17%		
Were you triaged ?	Yes		No							
	562	81%	131	19%						
Did you find the receptionist helpful?	Yes		No							
	582	84%	131	19%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 46%						A week or more 54%			
	181	20%	163	18%	71	8%	150	17%	337	37%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	450	50%	119	13%	229	25%	11	1%	87	10%
Did you see the person you wanted to?	Yes		No							
	465	52%	437	48%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	358	40%	528	59%	15	2%	6	1%		
Were you happy with your level of care?	Yes		No							
	559	63%	333	37%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 43%						Not Easy 57%			
	141	16%	91	10%	158	18%	129	14%	383	42%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 59%						Not Satisfied 41%			
	224	25%	107	12%	200	22%	100	11%	271	30%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 62%						Not Satisfied 38%			
	225	25%	147	16%	189	21%	119	13%	222	25%

EMPINGHAM MEDICAL CENTRE Responses: 150 Date: 09/12 to 10/01/2022

The centre has 9027 registered patients, which includes 1335 patients outside the commissioning CCG

Who were you making an appointment for?	**Self**		**A child**		**Neigbour or friend**		**Some one with additional needs**		**Elderly Relative**	
	138	95%	6	4%	0	0%	1	1%	0	0%
How did you last make an appointment?	**In Person**		**Phone**		**App**		**Website**			
	1	1%	147	98%	0	0%	2	1%		
When you called, did you get an engaged tone?	**Yes**		**No**							
	18	12%	128	88%						
How many times did you call before you got an answer?	**First Attempt**		**2nd Attempt**		**>2**					
	87	82%	9	8%	10	9%				
How long until your call was answered?	**<5 mins**		**5 to 15**		**15 to 30**		**>30**			
	97	68%	44	31%	1	1%	1	1%		
Were you triaged ?	**Yes**		**No**							
	130	88%	17	12%						
Did you find the receptionist helpful?	**Yes**		**No**							
	125	85%	22	15%						
How long did you wait for an appointment?	**Same day**		**<48 hours**		**<72 hours**		**Within a week**		**Over a week**	
	< 3 days 42%						A week or more 58%			
	33	22%	22	15%	8	5%	12	8%	75	50%
Who was your appointment with? (Other (please specify))	**GP**		**Nurse**		**Nurse P**		**Pharmacist**		**Other**	
	92	61%	10	7%	40	27%	1	1%	7	5%
Did you see the person you wanted to?	**Yes**		**No**							
	95	63%	55	37%						
Was your appointment face to face, or remote?	**F2F**		**Telephone**		**Home Visit**		**Virtual**			
	56	37%	91	61%	0	0%	3	2%		
Were you happy with your level of care?	**Yes**		**No**							
	108	72%	41	28%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	**5**		**4**		**3**		**2**		**1**	
			Easy 68%				Not Easy 32%			
	57	38%	20	13%	25	17%	17	11%	31	21%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	**5**		**4**		**3**		**2**		**1**	
			Satisfied 63%				Not Satisfied 37%			
	51	34%	15	10%	29	19%	15	10%	40	27%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	**5**		**4**		**3**		**2**		**1**	
			Satisfied 75%				Not Satisfied 25%			
	63	42%	20	13%	29	19%	16	11%	22	15%

OAKHAM MEDICAL PRACTICE — Responses 536 — Date: 09/12 to 10/01/2022

OMP has 15,507 registered patients, which includes 9 patients outside outside the commissioning CCG

Who were you making an appointment for?	Self		A child		Neigbour or friend		Some one with additional needs		Elderly Relative	
	449	86%	42	8%	1	0%	3	1%	30	6%
How did you last make an appointment?	In Person		Phone		App		Website			
	13	2%	391	73%	22	4%	110	21%		
When you called, did you get an engaged tone?	Yes		No							
	298	77%	91	23%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	61	17%	21	6%	286	78%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	26	7%	145	37%	119	31%	100	26%		
Were you triaged ?	Yes		No							
	313	80%	78	20%						
Did you find the receptionist helpful?	Yes		No							
	230	59%	161	41%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 43%						A week or more 56%			
	114	21%	81	15%	38	7%	86	16%	215	40%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	259	48%	79	15%	133	25%	4	1%	61	11%
Did you see the person you wanted to?	Yes		No							
	234	44%	302	56%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	185	35%	337	63%	2	0%	12	2%		
Were you happy with your level of care?	Yes		No							
	286	54%	244	46%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 28%						Not Easy 72%			
	30	6%	35	7%	83	15%	87	16%	301	56%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 52%						Not Satisfied 48%			
	98	18%	61	11%	121	23%	66	12%	190	35%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 53%						Not Satisfied 47%			
	80	15%	87	16%	116	22%	80	15%	173	32%

MARKET OVERTON AND SOMERBY SURGERY

Reponses: 51 Date 09/12 to 10/01/2022

The surgery has 4920 registered patients, which includes 456 patient outside the commissioning CCG

Who were you making an appointment for?	**Self**		**A child**		**Neigbour or friend**		**Some one with additional needs**		**Elderly Relative**	
	80	90%	5	6%	0	0%	1	1%	3	3%
How did you last make an appointment?	**In Person**		**Phone**		**App**		**Website**			
	2	2%	85	92%	3	3%	2	2%		
When you called, did you get an engaged tone?	**Yes**		**No**							
	14	16%	71	84%						
How many times did you call before you got an answer?	**First Attempt**		**2nd Attempt**		**>2**					
	43	75%	1	2%	13	23%				
How long until your call was answered?	**<5 mins**		**5 to 15**		**15 to 30**		**>30**			
	23	27%	34	40%	19	22%	9	11%		
Were you triaged ?	**Yes**		**No**							
	66	78%	19	22%						
Did you find the receptionist helpful?	**Yes**		**No**							
	62	73%	23	27%						
How long did you wait for an appointment?	**Same day**		**<48 hours**		**<72 hours**		**Within a week**		**Over a week**	
	< 3 days 47%						A week or more 53%			
	15	16%	19	21%	9	10%	18	20%	31	34%
Who was your appointment with? (Other (please specify))	**GP**		**Nurse**		**Nurse P**		**Pharmacist**		**Other**	
	53	58%	11	12%	16	17%	1	1%	11	12%
Did you see the person you wanted to?	**Yes**		**No**							
	47	51%	45	49%						
Was your appointment face to face, or remote?	**F2F**		**Telephone**		**Home Visit**		**Virtual**			
	31	34%	58	63%	3	3%	0	0%		
Were you happy with your level of care?	**Yes**		**No**							
	62	69%	28	31%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	**5**		**4**		**3**		**2**		**1**	
	Easy 57%						Not Easy 43%			
	14	15%	12	13%	26	28%	14	15%	26	28%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	**5**		**4**		**3**		**2**		**1**	
	Satisfied 61%						Not Satisfied 39%			
	21	23%	12	13%	23	25%	13	14%	23	25%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	**5**		**4**		**3**		**2**		**1**	
	Satisfied 68%						Not Satisfied 29%			
	26	28%	16	17%	21	23%	11	12%	16	17%

UPPINGHAM SURGERY Responses: 124 Date: 09/12 to 10/01/2022

Uppingham has 12170 registered patients, which includes 1729 outside outside the commissioning CCG

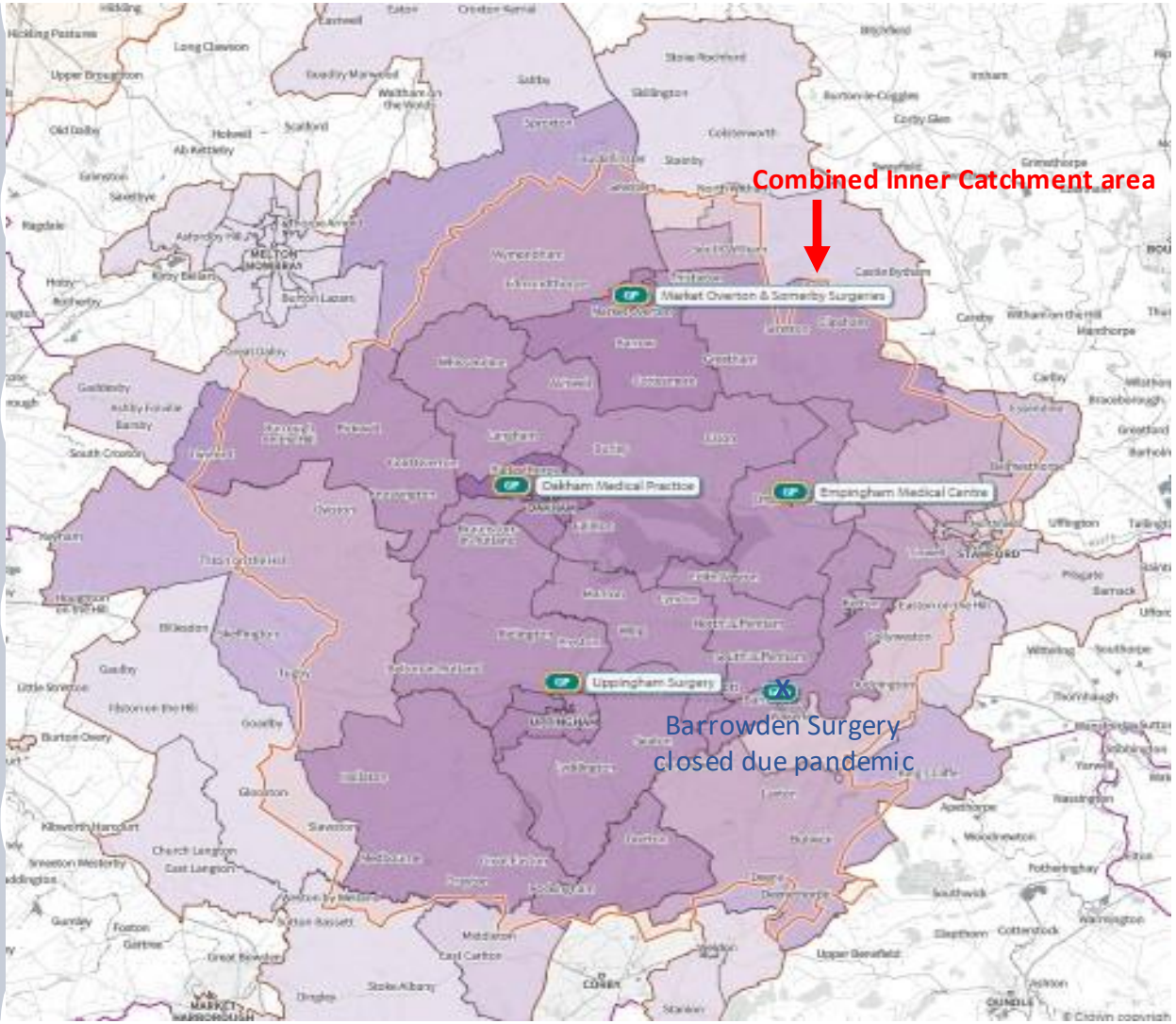
Who were you making an appointment for?	Self		A child		Neigbour or friend		Some one with additional needs		Elderly Relative	
	115	92%	6	5%	2	2%	0	0%	2	2%
How did you last make an appointment?	In Person		Phone		App		Website			
	4	3%	70	56%	4	3%	46	37%		
When you called, did you get an engaged tone?	Yes		No							
	15	21%	55	79%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	41	73%	4	7%	11	20%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	18	26%	37	53%	6	9%	9	13%		
Were you triaged ?	Yes		No							
	53	76%	17	24%						
Did you find the receptionist helpful?	Yes		No							
	56	80%	14	20%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 61%						A week or more 39%			
	19	15%	41	33%	16	13%	32	26%	16	13%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	52	42%	19	15%	40	32%	5	4%	8	6%
Did you see the person you wanted to?	Yes		No							
	89	72%	35	28%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	84	68%	39	31%	1	1%	0	0%		
Were you happy with your level of care?	Yes		No							
	103	84%	20	16%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 71%						Not Easy 29%			
	40	32%	24	19%	24	19%	11	9%	25	20%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 81%						Not Satisfied 19%			
	54	44%	19	15%	27	22%	6	5%	18	15%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 81%						Not Satisfied 19%			
	56	45%	22	18%	23	19%	12	10%	11	9%

MAP - RUTLAND SURGERIES CATCHMENT

Rutland Surgeries

Rutland Surgeries have 41624 registered patients

This includes 3529 patients outside the combined inner catchment area.

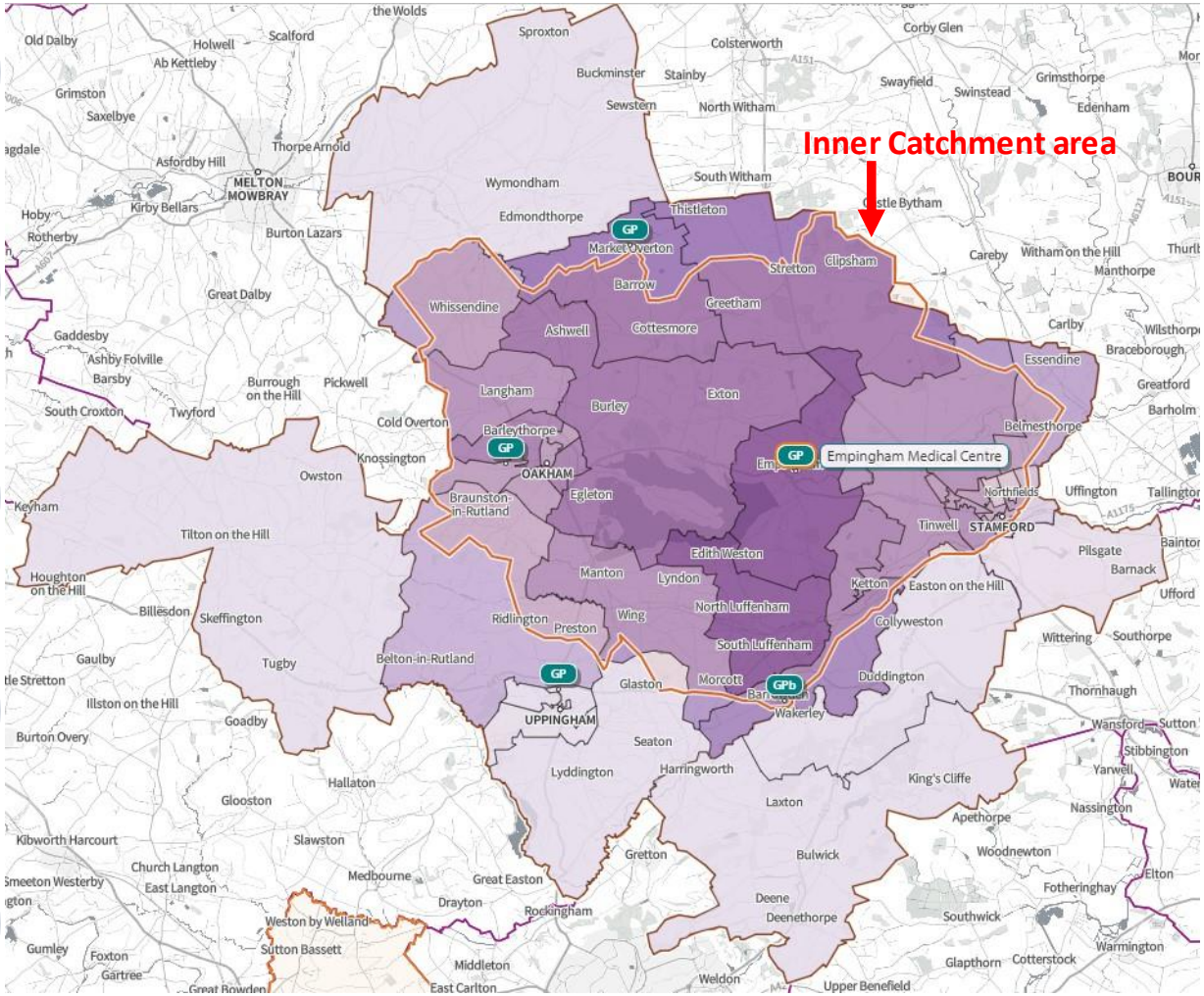


MAP – EMPINGHAM MEDICAL CENTRE CATCHMENT

Empingham Medical Centre

The centre has 9027 registered patients

This includes 1335 patients outside the inner catchment area

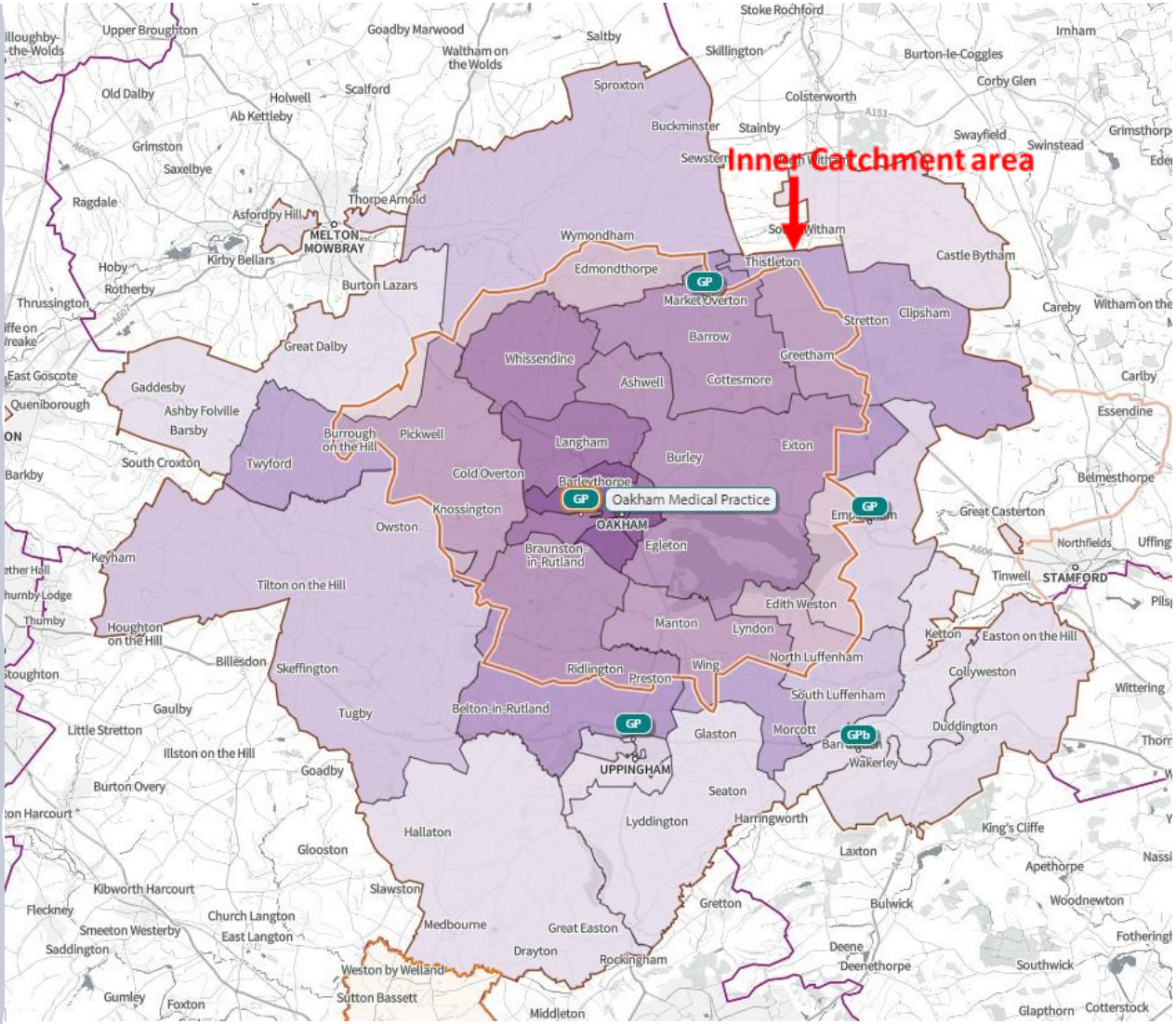


MAP – OAKHAM MEDICAL PRACTICE CATCHMENT

Oakham Medical Practice

The surgery has 15507 registered patients

This includes 9 patients outside the inner catchment area

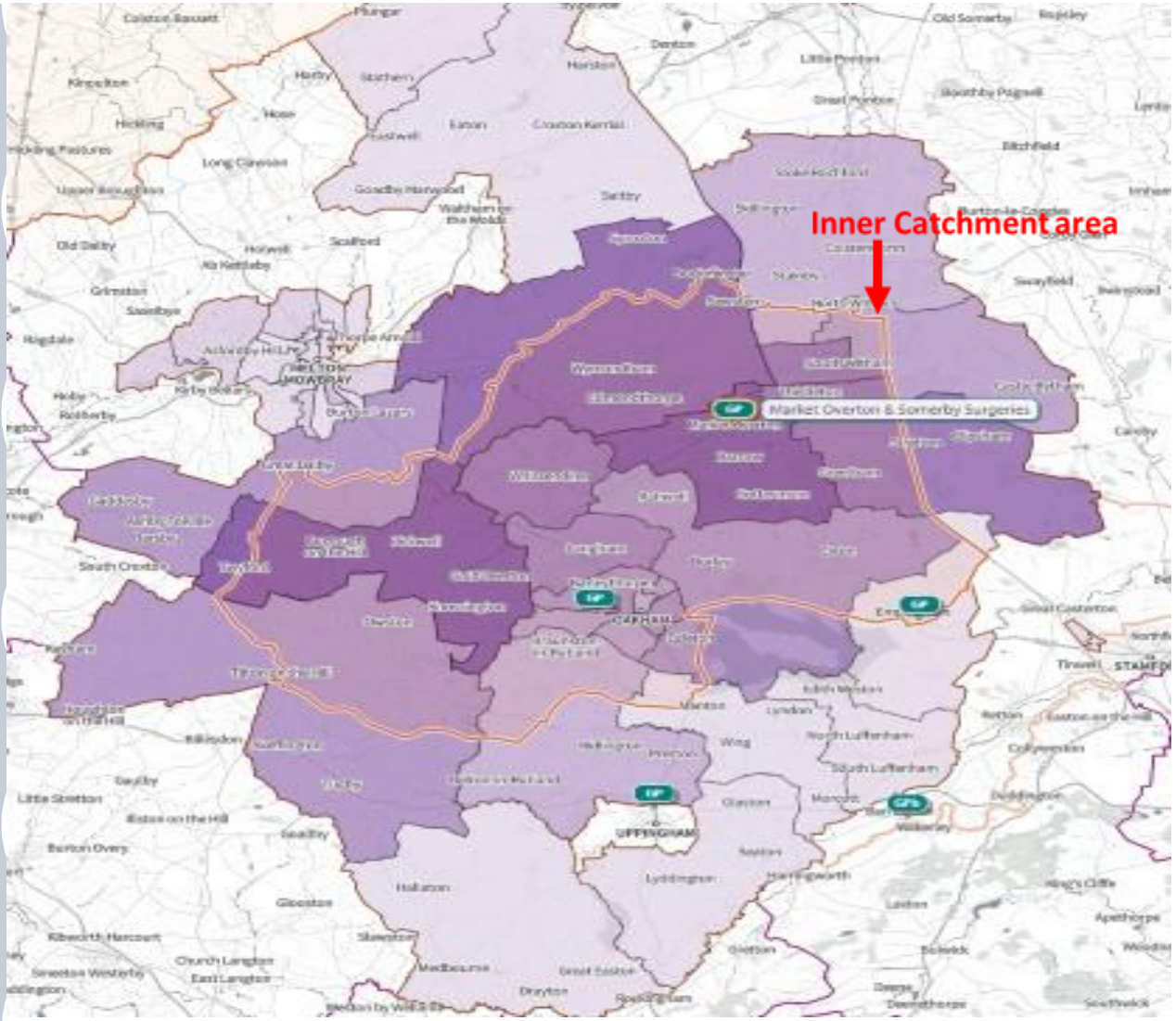


MAP – MARKET OVERBY AND SOMERBY CATCHMENT

Market Overby and Somerby Surgeries

The surgery has 4920 registered patients

This includes 456 patients outside the inner catchment area

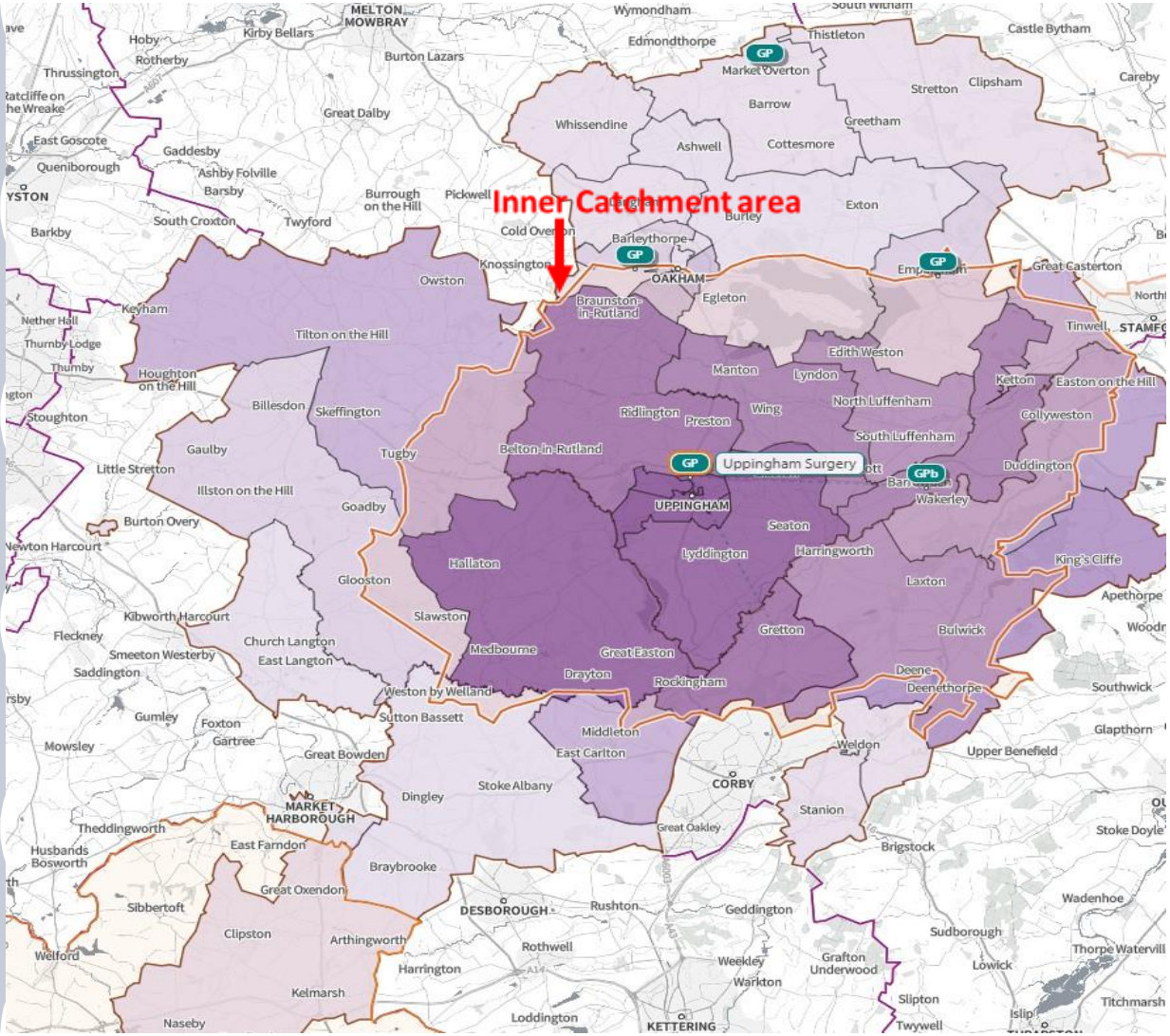


MAP – UPPINGHAM SURGERY CATCHMENT

Uppingham Surgery

The surgery has 12170 registered patients

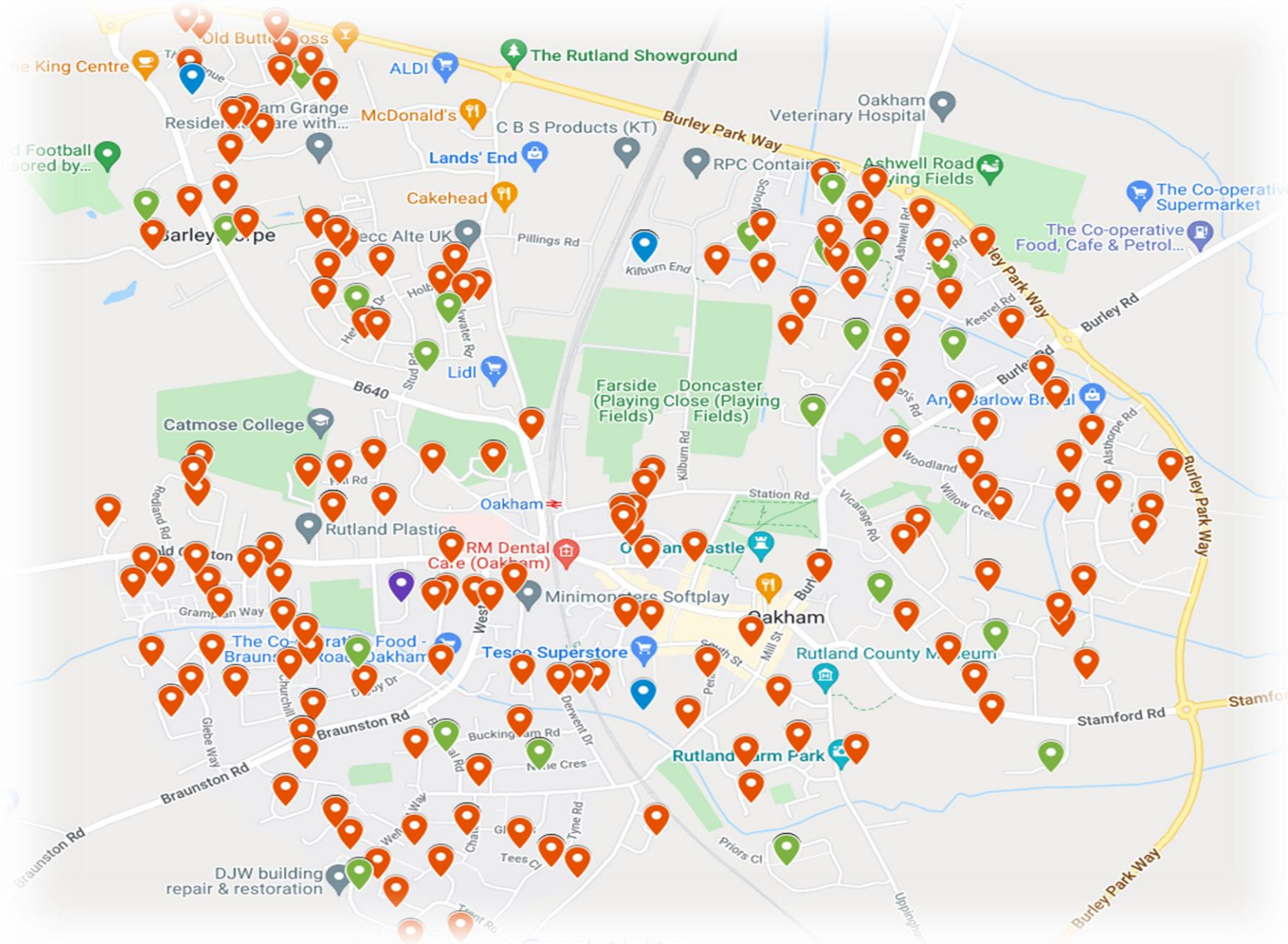
This includes 1729 patients outside the inner catchment area



Appendix 6

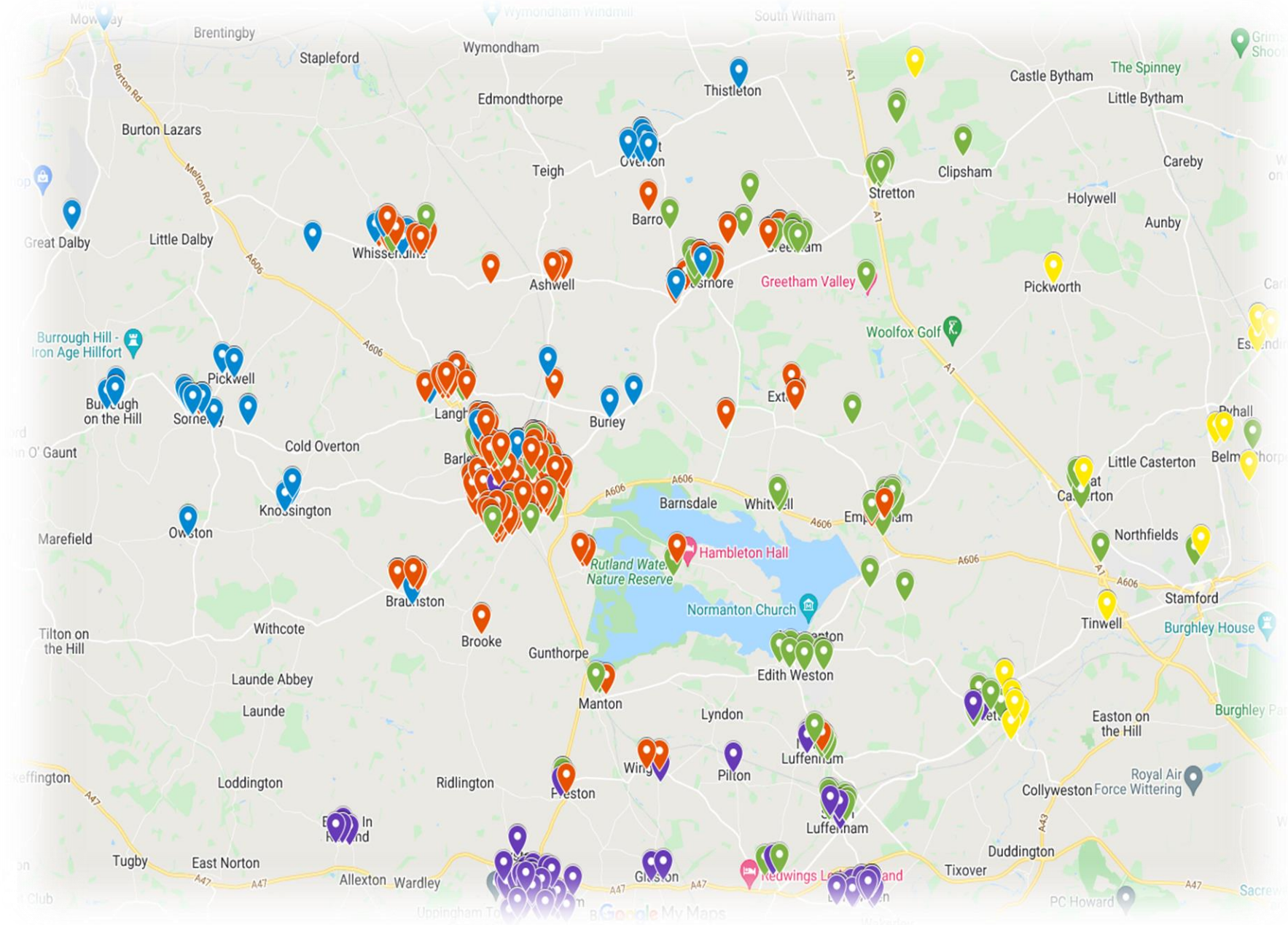
Survey Responses by Postcode Oakham

- Oakham Medical Centre
- Empingham Medical Centre
- Uppingham Surgery
- Market Overton and Somerby Surgery
- Other - not located in Rutland



Appendix 6
Survey Responses by Postcode Rutland

- Oakham Medical Centre
- Empingham Medical Centre
- Uppingham Surgery
- Market Overton and Somerby Surgery
- Other - not located in Rutland



Report No: 64/2022
PUBLIC REPORT

HEALTH AND WELLBEING BOARD

5 April 2022

JOINT HEALTH AND WELLBEING STRATEGY AND PLACE LED DELIVERY PLAN

Report of the Portfolio Holder for Health, Wellbeing and Adult Care

Strategic Aim:	Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	John Morley, Strategic Director for Adult Services and Health	01572 758442 jmorley@rutland.gov.uk
	Mike Sandys, Director Public Health RCC	0116 3054259 mike.sandys@leics.gov.uk
	Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs	07717 346584 fay.bayliss@nhs.net
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DECISION RECOMMENDATIONS

That the Board:

1. Notes the outcomes of the 22 February 2022 special meeting relating to the Joint Health and Wellbeing Strategy, and the legal requirement for formal HWB decisions to be taken at in person meetings.

2. Approves the *Rutland Joint Health and Wellbeing Strategy: A Plan for Place 2022-27* and endorses the production of a public-facing strategy document for publication in paper and electronic format.

3. Notes the initial Delivery Plan and authorises the Directors for Adult Social Care, Public Health and Children and Families, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch in July 2022, working with local stakeholders.

4. Notes the revised Health and Wellbeing Board Terms of Reference and the role of this in supporting JHWS delivery.

5. Supports further development of Health and Wellbeing Board subgroup governance (including the Integrated Delivery Group (IDG) and Children and Young People's Partnership (CYPP) to strengthen delivery of the JHWS under the delegated guidance of the Directors for Adult Social Care, Public Health and Children and Families, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care.

1 PURPOSE OF THE REPORT

1.1 The Joint Health and Wellbeing Strategy 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 seek approval for the Joint Health and Wellbeing Strategy: A Plan for Place 2022-27 (the JHWS), and to endorse a number of actions, as set out above, which will ensure readiness to deliver the strategy from July 2022.

2 ENDORSING THE STRATEGY AND PLAN

2.1 At the 22 February online Special HWB meeting, the JHWS and its associated initial delivery plan were reviewed in detail. The strategy and delivery plan were positively received, but it was clarified that the decision to approve the strategy could not be taken on the day as current legislation dictates that formal decisions must be taken in person.

2.2 The Board therefore:

a) NOTED the context and purpose of the Joint Health and Wellbeing Strategy (JHWS).

b) NOTED the report detailing the outcomes of the JHWS consultation exercise.

c) AGREED TO DEFER the endorsement of Rutland Joint Health and Wellbeing Strategy and its associated initial Delivery Plan, including: an extension to the life of the strategy from three to five years (2022-27); and adjustments to the structure of the Delivery Plan's priorities.

d) AUTHORISED the Directors for Adult Social Care and Public Health, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch, working with local stakeholders.

e) APPROVED the proposed evolution of the Health and Wellbeing Board, including adopting the 'Do, sponsor, watch' approach to prioritising actions, reviewing the terms of reference of the board and subgroups and developing an engagement strategy including a participation group to support development of the board.

2.3 **As such, the Board are asked at the in-person HWB meeting on 5 April 2022 formally to approve the JHWS (Appendix A).**

2.4 There are several elements of work to ensure readiness to deliver the strategy, set out below.

2.5 First, to raise awareness of the strategy, the Board are asked to **endorse the production of a succinct and visual public-facing version of the JHWS**. This will set out: the context for the JHWS the strategy's vision, seven priorities for action, the working principles and enablers which will help it to be delivered successfully.

2.6 The public-facing version of the JHWS is an important step in increasing the visibility of the HWB in Rutland and public understanding of the Board's role on behalf of Rutland residents and patients.

2.7 Second, complementing this, a **communication and engagement plan is being developed** (proposed to be tabled at the next HWB), supporting the work of the HWB and delivery of the JHWS. This is being designed to dovetail with the Council's corporate Communication Strategy going to Cabinet on 5 April and will also need to align with the Communications Strategies and approaches of other key HWB partners. It will set out a structured plan spanning several types and aims of communication, notably:

- **Informing**: imparting information and promoting awareness.
- **Engaging**: targeted discussions with relevant stakeholders which are more active and involved, helping to generate increased mutual understanding and new solutions.
- **Consulting**: where there is a more formal and structured process of gathering views to inform decisions and actions.

2.8 Promoting and progressing the work of the HWB and the JHWS through communication and engagement will be enhanced by the HWB developing appropriate communication channels, including a social media presence. It will also be supported by all HWB members being able to take an active part in promoting HWB/JHWS activity in a coordinated way. To support this, a visual brand is being considered with reusable assets and a recognisable style. This would make it easier to build awareness among the public of the HWB, of its health and wellbeing remit and progress, and of the opportunities which will be available for the public to get involved, whether by simply attending the HWB, sharing their views in a consultation or using their lived experience to help to inform the reshaping of services they use.

2.9 Third, the Board's **Terms of Reference** (see parallel paper presented to 5 April 2022 HWB meeting) have been updated in the context of the JHWS, also to support successful delivery of the strategy, including by clarifying voting membership of the Board and the role of sub-groups in supporting the core business of JHWS delivery.

2.10 Fourth, the Board have adopted a **'Do, Sponsor, Watch' approach** which will help to focus their attention on the actions where they can bring most value, with actions tagged as 'Do' receiving greater oversight and intervention than those in the Sponsor and Watch categories.

2.11 Fifth, the Board is reminded that, as discussed in February, the **initial JHWS delivery plan (Appendix B) is being further developed** by HWB sub-groups, and with input from other relevant groups of stakeholders, working together to define and deliver the JHWS priorities. This includes confirming lead roles, timescales and

targets. A particular focus of current work is on the actions committed in the first year of the strategy, to be implemented from July 2022.

2.12 Sixth and finally, **further development of governance structures** is planned. Place governance needs to be coordinated with System governance, with the Integrated Care Board and Integrated Care Partnership at the head of these structures. Rutland is represented directly on the Integrated Care Partnership.

2.13 In turn, the HWB has two formal sub-groups, each of which will play a role in supporting the delivery of the JHWS. The first is the Children and Young People's Partnership, which may choose to establish its own sub-groups, temporary or ongoing to support the delivery of JHWS Priority 1: Best Start for Life (and actions across the wider strategy also affecting children, young people and families).

2.14 The second sub-group is the Integrated Delivery Group, which would have a broader role across the strategy. In the time available to the IDG, it would struggle to develop the level and intensity of partnership working that the strategy requires for successful delivery across its priorities. Therefore, sub-groups are proposed, reporting into the IDG, which would remain responsible for drawing together progress across the strategy as a whole, unblocking where issues and ensuring coordination and consistency across the strategy's workstrands. Sub-group leads would be key members of IDG to support and enable this, with an identified lead for each priority area.

2.15 The Rutland Strategic Health Developments Project Board has already been convened to drive forward Priority 4: Equitable access to services and Priority 5: Preparing for population growth and change. A Rutland Mental Health group is also already in place supporting the piloting of new roles and schemes in Rutland as part of system changes in mental health services. Reporting into Integrated Care Board structures, this group would also keep the IDG appraised of its progress against the JHWS.

2.16 In turn, two further groups are likely to be beneficial, the first to focus on Priority 2: Staying Health and Independent, and the second to focus on Priority 3: Healthy ageing and Priority 6: Supported end of life, these two areas of work being closely inter-related.

2.17 All groups would consider the cross-cutting themes, notably their role in reducing inequalities and giving parity of esteem to mental and physical health. Public Health, in turn, would take a lead role in the third cross-cutting area of Covid readiness.

3 ALTERNATIVE OPTIONS

3.1 A consultation was undertaken on the draft strategy, and workshops held to further develop the strategy and plan, both of these exercises helping to inform initial delivery plan at Appendix B.

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.

4.2 The JHWS, in setting out shared priorities across health and care partners, is intended to support and inform the commissioning of local health and care services for Rutland for 2022-27.

4.3 The JHWS is not associated at this stage with new recurrent funding.

5 LEGAL AND GOVERNANCE CONSIDERATIONS

5.1 This plan answers the statutory duty of the HWB to produce a JHWS and the ICS requirement to have a Place Led Plan for the local population.

5.2 The strategy needs to be approved by the HWB. JHWS actions will be delivered on behalf of the HWB via the CYPP and IDG, which will monitor progress using a dashboard and report regularly on progress to the HWB.

6 DATA PROTECTION IMPLICATIONS

6.1 A Data Protection Impact Assessment (DPIA) has not been completed for the strategy as a whole as the strategy does not change how personal data is processed. DPIAs 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. An example is the Shared Care Record project, which is already underway, and where development has been underpinned by a DPIA and appropriate sharing agreements and other protocols.

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. An important pillar of the strategy is to better understand inequities in health and care across Rutland populations, and to reduce this inequity, 'levelling up' outcomes. Targeted populations include:

- those with protected characteristics (e.g. people of all ages living with disabilities, including those with learning disabilities who, nationally, have been found to live shorter lives on average than the wider population; females, whose healthy life expectancy is declining more rapidly in Rutland than the national average, and people of different ages who may be disadvantaged, here, children and young people facing challenges which may impact on their future development, and older people with complex care needs who may struggle to access services),

- those who are protected otherwise by law (e.g. the Armed Forces community under the new provisions of the Armed Forces Covenant), and

- other populations facing disadvantage, including those because of wider determinants of health (e.g. those living on low incomes or in professions which impact on their wellbeing e.g. the farming community).

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 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 your 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 Plan 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 Plan will be a central tool in supporting local partners to work together effectively with the Rutland population to enhance and maintain health and wellbeing.

10 ORGANISATIONAL IMPLICATIONS

10.1 **Environmental implications:** Rutland's JHWS strategy uses the Dahlgren and Whitehead (2006) social model of health to recognise the importance of the wider determinants on health on our health and wellbeing. This includes the importance of the impact of the environment in which we are born, live and grow. Links have been made with relevant Council departments to ensure environmental implications are considered both during plan development and in implementation. Among the key priorities identified have been the importance of access to green space and active transport opportunities.

10.2 **Human Resource implications:** The JHWS delivery plan includes measures designed to ensure the sufficiency and good fit of the health and care workforce serving Rutland residents into the future, including in number and skills. This is an important enabler for the strategy with implications for all member organisations of the HWB.

10.3 **Procurement Implications:** Once approved, the JHWS, alongside the Joint Strategic Needs Assessment, will be a key reference point guiding the (re)commissioning of health and wellbeing services for Rutland residents of all ages. There will be an increased emphasis on integration and joint commissioning across health and care where this has potential to improve service quality, reach and/or value for money for Rutland residents.

11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

11.1 The JHWS will provide a clear, single vision for health and care that will drive change and improve health and wellbeing outcomes for Rutland residents. This will meet the statutory duty of the HWB and the need to develop a Place Led Plan as part of the emerging Integrated Care System.

11.2 The strategy presents seven key priorities with associated actions and principles for implementation from July 2022.

11.3 The actions set out in this paper will help to ensure the readiness of partners to deliver to their joint aims and vision as set out in the JHWS.

12 BACKGROUND PAPERS

12.1 There are no additional background papers.

13 APPENDICES

13.1 Appendices are as follows:

A. Health and Wellbeing Strategy 2022-27

B. Place Led Delivery Plan

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

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Rutland Joint Health and Wellbeing Strategy: The Rutland Place based Plan 2022 – 2027

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Foreword

Rutland is a very special community in which to live, work and study. The Rutland Joint Health and Wellbeing Strategy sets out our vision to create a place where we all work together in partnership to improve health outcomes and opportunities for all our residents.

The past two years have tested our community like no others; we have lost friends and family and our frontline staff have been tested to their limit. And yet, the community spirit of Rutland has risen to the challenge. Many ways of partnership working we thought impossible have been achieved. These are the seedlings through which our integrated care strategy can grow.

As we emerge from the pandemic and with the reorganisation of Health and Social Care, we have the opportunity to develop a system for us all.

This strategy sets out our vision and commitment, and is a living document that will grow as we need it with the voice of our community at its heart.

I would like to thank the Health and Wellbeing Board and all of our colleagues and partners for their time and commitment developing this strategy, especially as it was produced during the peak of the pandemic. Special thanks also go to all our community who took the opportunity to feed in their own experiences and views, and develop its heart.

Together we can build an ever healthier community for Rutland.

Councillor Samantha Harvey
Rutland County Council Portfolio Holder for Health, Wellbeing and Adult Care,
on behalf of the Rutland Health and Wellbeing Board

1. Introduction

1.1 Rutland Health and Wellbeing Context

People in Rutland on the whole live long and healthy lives, enjoying better than average mental and physical health when compared with many parts of the country. The county's health and care partners have a strong track record of working together effectively to support health and wellbeing, developing integrated approaches which prioritise prevention and place the individual front and centre, and supporting change for people of all ages facing a range of disadvantages which can lead to poorer outcomes. There are always new challenges, however, and we cannot stand still. The population is growing and changing, and patterns of inequality are evolving. We are also facing new demands recovering from the COVID-19 pandemic. This document aims to share our collaborative journey in how we will set a clear single vision for Rutland over the next five years that responds to meet the health and wellbeing needs of our population, building on the excellent foundations in place already.

1.2 Wider System Context

- **NHS Long Term Plan (LTP) (January 2019)**: The LTP created Integrated Care Systems (ICS), giving a platform for partnership working and integration. Across the Leicester, Leicestershire and Rutland (LLR) system, we are now approved as an ICS, consisting of the NHS bodies of the LLR Clinical Commissioning Groups (CCG's), the three local authorities: Leicester City Council, Leicestershire County Council, and Rutland County Council, and wider partners such as the voluntary and community sector and key provider agencies.

- **Integration and innovation: working together to improve health and social care for all (January 2021):** This white paper put ICS's on a statutory footing and **created** an ICS Health and Social Care partnership, bringing together local authorities, the voluntary and community sector, NHS bodies and others to look collectively at the needs of the population at the various partnership levels i.e. System, Place and Neighbourhood. At the Place level, i.e. for the Leicester, Leicestershire and Rutland local authority areas respectively, local partnerships are responsible for developing 'place led plans' to meet the population's health, public health, and social care needs. This Joint Health and Wellbeing Strategy (JHWS) is the 'place led plan' for Rutland, and will provide the place and neighbourhood level priorities reflecting the differences in need and the services required across Rutland and its neighbouring areas.

- **Building Better Hospitals** – This programme represents a significant and ambitious capital investment **change** programme for the University Hospitals Leicester (UHL), which will inform key changes in hospital provision across LLR.

1.3 Leadership and Governance for the Plan – the Health and Wellbeing Board

This Plan will be delivered under the governance and leadership of Rutland's Health and Wellbeing Board (HWB).[1] The Board's purpose is to achieve better health, wellbeing and social care outcomes for Rutland's population. The HWB is a statutory committee of the County Council, chaired by the Council's Portfolio Holder for Adult Social Care, Public Health, Health and Leisure. It has senior representation from partner organisations responsible for shaping and delivering local health and social care services.

1.4 Collaborative and Evidence-Based Strategic Commissioning

Going forward, we recognise that a wide range of partnership resources and use of Rutland community assets are imperative to address the priorities in this strategy. We will seek to bring funding/resource streams together along with future place based funding allocations as and when they become available to Rutland. This will allow shared strategic investment decisions based on an evidence driven approach.

1.5 Implementing the Plan and Measuring Progress

This is a high-level document setting out broad health and wellbeing priorities and principles to be progressed in and for Rutland over the coming five years.

Whilst we have been careful to select priorities for the plan that reflect the future need as well as the present, inevitably these may change over time. For this reason, our partnership action planning will be reviewed on an annual basis, with HWB approval to ensure these priorities are still the right ones.

We will develop a dashboard to monitor progress and provide regular progress updates to the HWB. We will also share our progress with you and celebrate our successes by publishing an annual report each year and promoting its findings through the partnership and community events.

2. Insights into the current Health and Wellbeing Picture of Rutland

To provide the foundation to our evidence-based approach in developing this strategy we have recognised that real world intelligence is key to texturing the data picture for Rutland. Below are examples of sources of intelligence:

- Engagement with the local population including through surveys, focus groups and interviews, including analysis of levels of happiness and satisfaction with life (e.g. for users of social prescribing services).
- National datasets on health and care outcomes including the Public Health Outcomes Framework, the Social Care Outcomes Framework and NHS metrics including overall levels of healthy life expectancy, prevalence of specific diseases and uptake of screening programmes and immunisations.

[1] For further details and Terms of Reference, see: https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-well-being-board

- Local and national performance and uptake data on health and care services including use of prevention, routine and crisis services.
- Geographical mapping of Health and Care Strategic Assets to understand pockets of deprivation and provide a deeper population profile of people on Rutland borders and in receipt of local health and care services.

2.1 Rutland's Population

The total resident population of Rutland in 2019 was 39,927, an increase of 0.6% since 2018.[2] The total GP registered population of Rutland was 40,710 as at July 2021.[3] Compared to nationally, Rutland has a significantly higher proportion of the population aged 65 years and over. Using the 2020 estimated population as a baseline, the population of Rutland is projected to grow by 5% to 42,277 by 2025 (an increase of 1,890 residents).

2.2 The Wider Determinants of Health

Health is can be defined as: "*a state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of illness*".[4] This recognises the social model of health (as defined by Dahlgren and Whitehead (1991)[5]) and highlights the significant impact of the wider determinants of health (including social, economic and environmental factors) on people's mental and physical health. It also identifies that all factors except for age, sex and hereditary factors are modifiable to change, and therefore lie within the scope of this plan, particularly in relation to primary prevention.

2.3 Life Expectancy and Health Inequalities

Life expectancy at birth for males and females living in Rutland is generally better than the national average[6].

Inequalities in health outcomes exist between areas within Rutland. Oakham North West ward has significantly worse values compared to England for hospital admissions for hip fractures, life expectancy at birth (females), deaths from all causes and circulatory diseases. Cottesmore and Greetham, respectively, have significantly worse values for emergency hospital admissions in under 5 year olds and for Chronic Obstructive Pulmonary Disease (COPD).[6] Specific groups in Rutland are also known to have poorer outcomes than the wider population, including people living on low incomes, SEND children, the Armed Forces community, the prison population, carers, people living with learning disabilities and some farming communities.

[2] Source: https://www.ons.gov.uk/releases/nationalpopulationprojections2018based
[3] Source: https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice
[4] Health Psychology: Theory, research and practice (5th Edition), London: SAGE, (2018), Marks, D et al.
[5] European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF), 1991, Dahlgren and Whitehead, https://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf.
[6] Source: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

2.4 Overview of Health - Children

Overall, health outcomes for children in Rutland are statistically similar to the national averages.

In terms of education, the average attainment 8 score for pupils in Rutland has remained significantly better than the national average since 2016/17. The percentage of school pupils with special education needs for Rutland in secondary school age children in 2018 is 14.0%, this is significantly worse in comparison to the England average of 12.3%.[7]

However, there are a number of areas where Rutland performs significantly less well than the England or benchmark averages, including low birth weight babies at term, visible tooth decay in 5 year olds, and school readiness in females receiving free school meals.**Error! Bookmark not defined.** The percentage of children in care who are up to date with their vaccinations in Rutland has also decreased since 2017 and has remained significantly worse in comparison to England since 2019.

2.5 Overview of Health - Adults

A number of other health outcomes for residents in Rutland are significantly worse in comparison to the England average or benchmark goal. Key examples are dementia diagnosis rates in those aged 65 years and over, the rate of hip fractures and shingles vaccination coverage.[7]

Health indicators relating to wider determinants and behaviours for adults in Rutland are generally similar to or better than the national average for most indicators[7]. While Rutland compares favourably in relative terms, the figures still indicate that two out of three people are overweight, one in three is inactive and one in ten is a smoker.[8] These factors diminish the potential for future good health. There is room for Rutland to further improve on these patterns to ensure we have the most active communities, living well.

2.6 Key Outcomes from Engagement

To gain an understanding of our residents' needs, we have reviewed insights and intelligence collected through ongoing engagement, involvement and consultation over recent years. We have examined existing local reports, produced by NHS bodies, Rutland County Council and other local organisations, which represent feedback from local people - including staff, patients and carers. In addition, recent LLR consultation and engagement findings were taken into account:

- Building Better Hospitals consultation (Leicester Hospitals Reconfiguration published in May 2021)
- Step Up to Great Mental Health consultation (published late Autumn 2021)
- Primary care engagement (published September 2021)

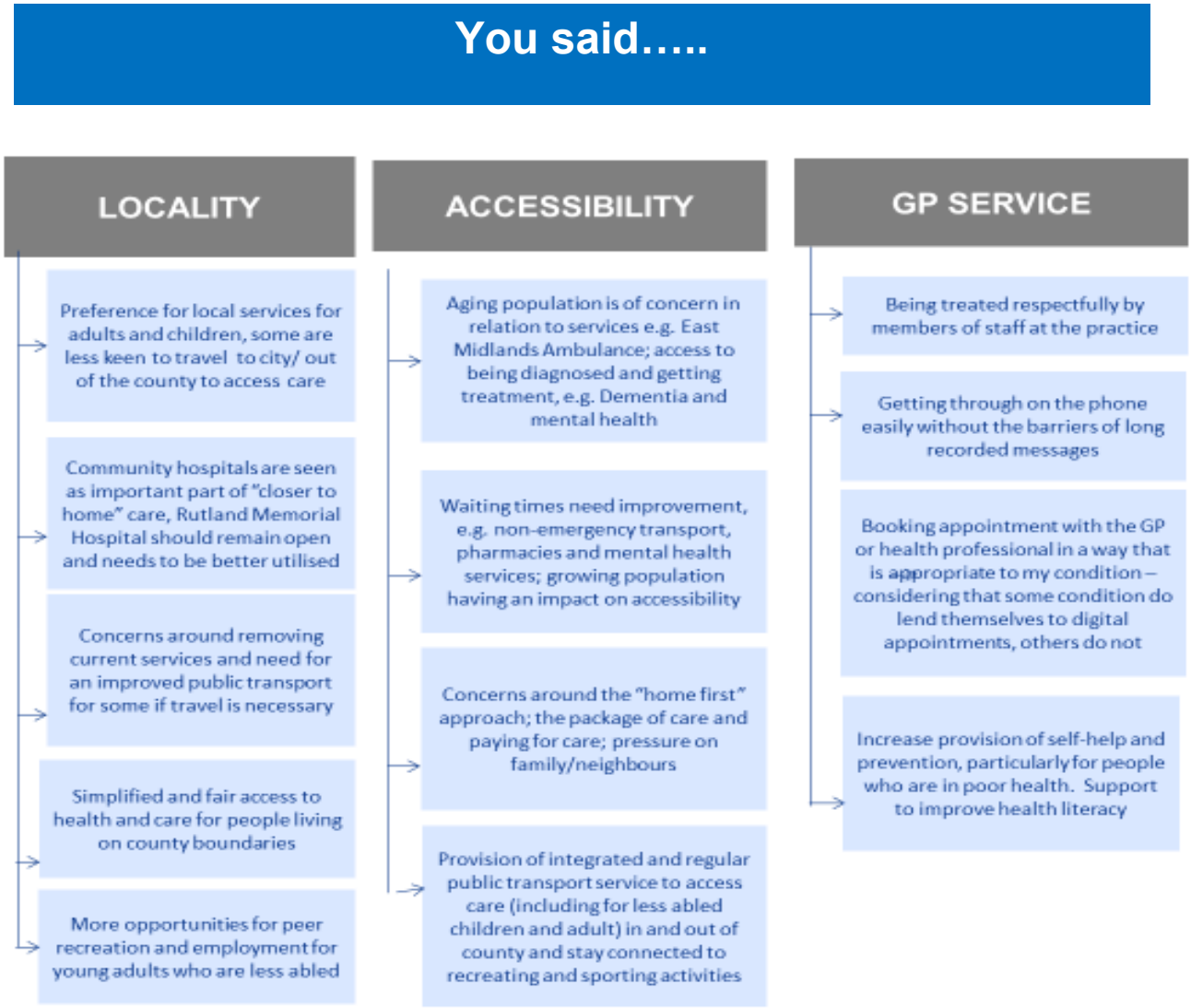
[7] Source: https://fingertips.phe.org.uk/
[8] Source: https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/1/gid/1938132768/pat/6/par/E12000004/ati/102/are/E06000017/yrr/1/cid/4/tbm/1

- Covid-19 hesitancy engagement (published in April 2021).

In addition, insight of Rutland people's views was sought in spring 2021 using a focused lens of *wellbeing* and what people need in Rutland to help them when they are ill and to live healthy lives in the **Future Rutland Conversation**[9] undertaken by Rutland County Council and ***What Matters to you?***[10] research conducted by Healthwatch Rutland. In November 2021-January 2022, the public were also consulted on the draft of this strategy.

2.6.1 Key themes

The following table shows what people have told us. What you have said has greatly influenced this Strategy and shaped the priority themes in section 4.



9 Future Rutland Conversation, 2021, Rutland County Council, https://future.rutland.gov.uk

[10] What Matters to You? Our report on what people in the county want from Place-based Health and Care , 2021, Healthwatch Rutland, https://www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-you-report

3. Vision and Approach

3.1 Strategic vision and goal

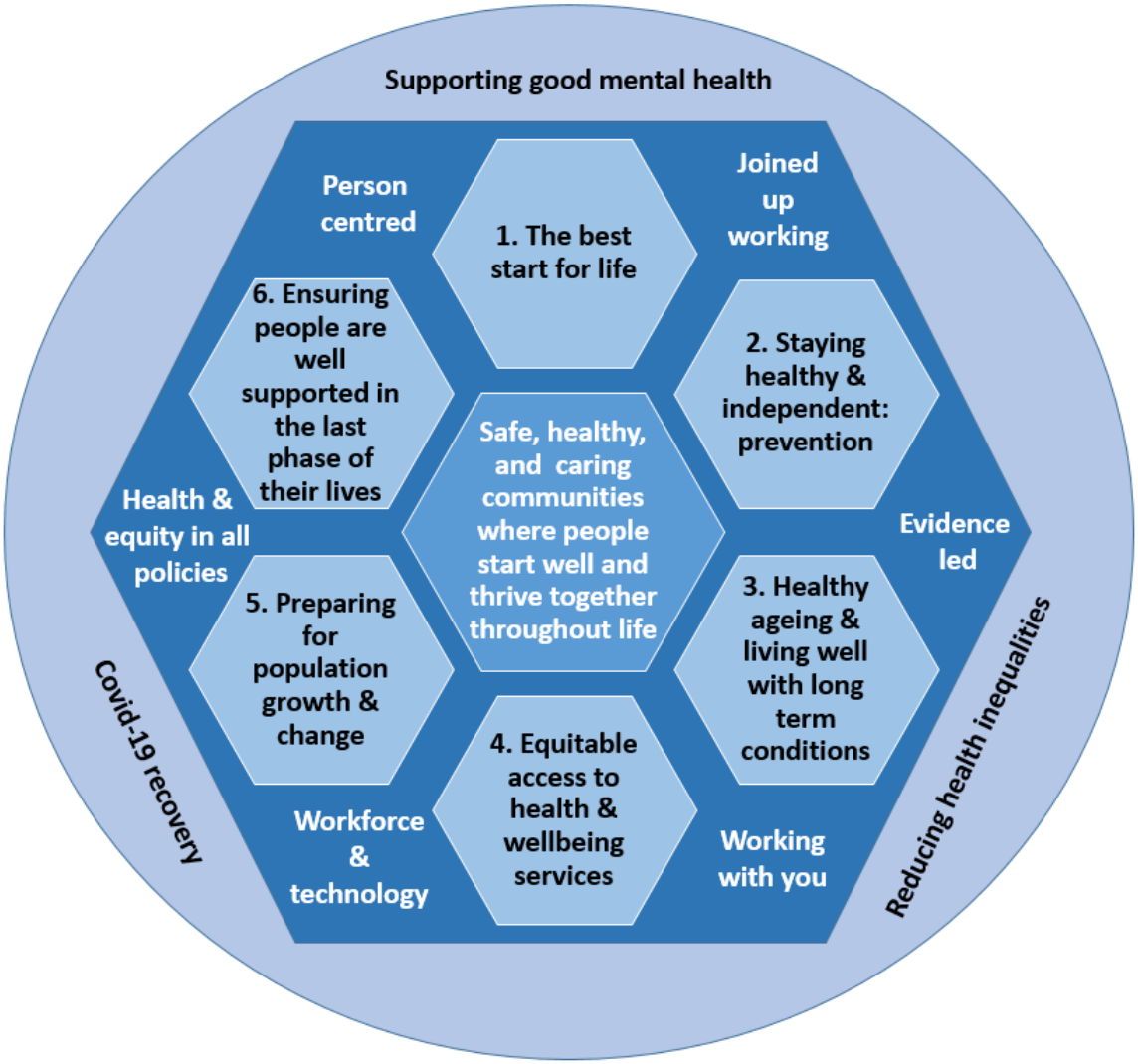
Good health is the result of much more than clinical healthcare. It is also the product of our circumstances, our lifestyles and choices, our environment, and our engagement with the communities in which we live. Our overall vision is to nurture **safe, healthy and caring communities in which people start well and thrive together throughout their lives**.

The essence of the strategy's goal is **'people living well in active communities'**.

3.2 Strategic Approach

Our strategic approach for the next five years has seven priority areas for action. These priorities are not standalone; they are mutually supported and may have interrelated actions where relevant to ensure the greatest overall impact on health and wellbeing outcomes.

Figure 2: The strategy, illustrating its vision, priorities, principles and enablers, and cross-cutting themes



This strategy has also been built around a number of guiding principles and key enablers that will support its delivery.

3.2.1. Guiding Principles

- **Person centred.** People told us they want a plan that is built around them as individuals, whatever their circumstances, that supports them to live independently with good health and wellbeing. This will mean that significant engagement will be needed with local residents, listening to and learning from those with relevant lived experience.

- **Joined up working.** We will build on Rutland's strong track record of integration and partnership to shape and deliver effective joined-up services, including to achieve value for money. This includes building on our strong community led, strength-based approach to improving outcomes for and with local residents. We will use our combined resources to deliver the best value and outcomes in Rutland and will consider relevant

funding sources and shared resources where this can enable us to improve outcomes through targeted and more collaborative delivery action whilst enhancing partnership working. We will also continue to work closely with voluntary sector partners, business and specific communities (including the armed forces, travelling families and rural farming communities) to understand and effectively respond to their strengths and needs.

3.2.2. Enablers underpinning Plan Delivery

- **Evidence-led.** We will be evidence-led, calling on a wide range of sources of data to cast light on the health and wellbeing situation and challenges in Rutland. We will also generate evidence around what works by monitoring and evaluating services and interventions. This will help to ensure we target actions in the right way and to those who need them most. We will renew the core Rutland Joint Strategic Needs Assessment (JSNA), using new Census data available from April 2022. This will offer a baseline for the Strategy and will be supplemented with periodic thematic chapters, guided by the Rutland Health and Wellbeing Board, supporting the design and targeting of health and wellbeing interventions and informing funding decisions across Rutland bodies.

- **Working with you through ongoing engagement, consultation and co-production.** We will develop an engagement plan to run alongside this delivery plan addressing ongoing engagement (sharing of information), consultation (eliciting of views) and co-production (co-creation of solutions). The engagement plan will seek to ensure that the delivery plan is informed by an ongoing process of listening to what residents need from their local services when they are ill and to live well. This will include an equalities dimension to better understand seldom heard groups with lower uptake or worse outcomes so that the design and promotion of interventions can be tailored to be more inclusive. Users of services will also be involved in the co-design of interventions to tackle needs, working alongside other stakeholders. We will work together to strengthen co-production as an approach to design and problem solving, working with organisations like HealthWatch Rutland.

- **Workforce development.** Our workforce is a valuable asset to drive change and improve health and wellbeing outcomes across Rutland. However, we know it is under additional pressures due to growing needs and the COVID-19 pandemic. We will therefore continue to build and develop our integrated workforce, making Rutland an attractive place to work and thrive.

- **Information sharing, supported by technology.** Patients and service users often complain about having to tell their story multiple times. In parallel, health and care professionals involved in a person's direct care can find it difficult to access the information they need to support that person effectively. We are committed to using technology and appropriate information sharing effectively to guide and inform patient care, so that people can be better served.

- **Health and equity in all policies and plans.** The Health and Wellbeing Board will be asking all partners to consider making an ongoing commitment to systematically consider the impact of their plans and interventions on health, wellbeing and equity, so that more opportunities are taken to make Rutland a healthy place to live for everyone.

3.2.3. Cross-cutting Themes

A number of cross-cutting themes have also been identified which interlink with multiple priorities across the strategy. These themes - addressing mental health, reducing inequalities and COVID-19 recovery - have been collected together as a seventh priority (see Section 4).

4. Priority Themes

Priority 1: The best start for life

The best start for life recognises that a stable and supportive childhood sets the foundation for future physical and mental health. "Positive early experiences provide a foundation for sturdy brain architecture and a broad range of skills and learning capacities. Health in the earliest years—beginning with the future mother's well-being before she becomes pregnant—strengthens developing biological systems that enable children to thrive and grow up to be healthy adults."[11] Disruptions to early healthy development can have the opposite effect, leading to lifelong impacts on learning, health and wellbeing.

Creating a positive environment starts at home and extends into many aspects of our communities and services. Children and young people must have the emotional and physical well-being to navigate and prosper in society.

Where are we now and what do we want to achieve?

Rutland performs similarly to the national average for several indicators related to early years, children and young people. However, there is a significantly higher proportion of secondary school pupils with special educational needs in Rutland with 14.0% in 2018 compared to the England value of 12.3%.**Error! Bookmark not defined.** Therefore, although most children and young people start out well in Rutland, some face challenges which could impede their healthy development and affect their future potential. There are a number of other areas where Rutland performs significantly less well than the England or benchmark averages, including low birth weight babies at term, school readiness in females receiving free school meals and visible tooth decay in 5 year olds.**Error! Bookmark not defined.** The public also highlighted a number of further opportunities for improvement, including a wish for enhanced information about children's and young people's services, the practical challenges of accessing distant appointments with children, and a need for quicker and

[11] In brief: the foundations of lifelong health, Harvard University, 2021, Center on the Developing Child https://developingchild.harvard.edu/resources/inbrief-the-foundations-of-lifelong-health/

easier access to dental and mental health services. Families also indicated they wanted to be at the centre of any decision-making relating to them.

We will work together to further strengthen our approaches in 2022-27 to ensure that all children and young people get the best start in life that they can. This will include prioritising the first 1,001 critical days (from conception to aged 2 years), supporting confident families and young people, and having access to the health services. Future plans to work together are being brought together into a renewed Children's and Young People's Partnership Plan for Rutland which will run alongside and inform this Plan.

Priority 2: Staying healthy and independent: Prevention

Good health and social wellbeing is an asset to individuals, communities and the wider population. Maintaining good health and social wellbeing throughout our lives will allow Rutland the opportunity to have active communities that live well. To achieve this, we must look wider than health and wellbeing focussed services to acknowledge and consider a wide range of social, economic and environmental factors which impact on people's health. We must also recognise that Rutland has an aging population, so ensuring older people live with good health and social wellbeing for as long as possible will benefit the whole population.

Where are we now and what do we want to achieve?

The Rutland population enjoys better than average health and a lengthy life expectancy[12]. However, we also face some challenges. The percentage of those offered an NHS health check in 2016/17-2020/2021 in Rutland was significantly worse than the national average[13]; this could represent a missed opportunity for early diagnosis and treatment. Take-up rates for vaccinations and screening offers are also not uniformly good, meaning that some people are missing out on opportunities to prevent sometimes serious illness or to be diagnosed sooner, when conditions such as cancer are more easily treated. At a more fundamental level, three very effective actions people can take for their health are to move more, maintain a healthy weight and avoid loneliness. Although Rutland performs relatively well here, there is scope to improve in all of these areas, with potentially significant impacts for health and wellbeing.

We want people in Rutland to live long and healthy lives. This broad area of work aims to embed prevention in everything we do, create active and inclusive communities, and increase the opportunities to maintain good mental and physical health. It will support increasing access to preventative interventions, including information and advice, vaccination, screening and social prescribing which reconnects people with the goals that motivate them and empowers them towards self-care

[12] Source: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
[13] Source: https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/0/gid/1938132726/pat/6/par/E12000004/ati/102/are/E06000015

Priority 3: Healthy ageing and living well with long term conditions

Evidence suggests that as the number of long-term conditions (rather than age) of an individual increases, so does the level of health and social care support needed and the impact on their health outcomes. When people develop ill health, timely and well-coordinated support is needed to ensure this does not dominate their lives and to allow them to stay independent for as long as possible. People also have a key role to play in their own care, monitoring and managing their conditions to help them to have more good days. Family and friends can also play a critical role as carers and may themselves need support to maintain their own wellbeing alongside their caring role.

Where are we now and what do we want to achieve?

People of all ages may be living with long term health conditions. Rutland also has an older population, which is predicted to grow over the coming years. While ensuring good care services for people of all ages with impaired health, we also want to support healthy ageing, in particular for those with several long term conditions, complex care or frailty (a state which makes people more vulnerable to serious consequences from fairly minor health events such as an infection or fall). This includes encouraging and enabling earlier diagnosis of conditions. The dementia diagnosis rate, for example, (the proportion of people with a formal diagnosis relative to the number predicted to be living with the condition) in 2020 for Rutland was significantly lower than the target of 66.7%.**Error! Bookmark not defined.**

We also want to work together to ensure coordinated, joined up services that respond to people in the round, not just in terms of their health conditions, and which involve individuals and support and empower them to live well. This priority also addresses the important role of carers and support for those with learning or cognitive disabilities and dementia.

Priority 4: Ensuring equitable access to services for all Rutland residents

The aim of this priority is to understand and take steps to ameliorate some of the inequities that are faced in Rutland in the ability to access services. This has a number of aspects which are set out below. Related to this, the sufficiency of GP services is also addressed in Priority 5, which looks at evolving services in response to a growing and changing population.

Where are we now and what do we want to achieve?

Rutland is a rural county that borders a number of other local authorities and healthcare systems and has no acute healthcare facilities within its boundaries. This creates challenges for many in accessing services which can often be distant, requiring long travel times by car and even longer times by public transport.

The challenge of accessing services in Rutland is one of the public's most frequently raised health and care issues, with experiences varying depending on individual factors such as the extent of health need, any access needs, the remoteness of the home address, modes of transport, and time and money available. While we cannot entirely remove the challenges

around access to services, we will work to improve access to health and wellbeing services and opportunities, by working on a number of dimensions of this problem.

Equity of access to services across borders is a challenge for Rutland. The Council can only provide statutory services to people defined as living in Rutland, but some people registered with the Rutland GP practices live outside the area and require other solutions if a Council service is needed. Likewise, some people living in Rutland are served by GP practices outside the county. This can lead to inequities between the health and care support available to different residents and patients. We will work with cross border partners to understand and reduce some of these barriers.

To reduce the overall distances that need to be travelled, we also intend to bring a wider range of planned and diagnostic health services closer to Rutland residents. We will also be working to improve access to primary and community health and care services in Rutland, including community pharmacy. We will also consider the implications of the UHL reconfiguration on Rutland residents specifically.

We will work to improve access to services and wider opportunities for people who are less able to travel, including through access to public transport and increased use of technology where appropriate, while recognising that suitable options need to be in place for those who are vulnerable or isolated or who do not have access to suitable technology.

Priority 5: Preparing for significant population growth and change

For Rutland to remain a great place to live, work and grow we need to ensure the appropriate infrastructure and services are in place to support its current and increasing population.

Where are we now and what do we want to achieve?

The overall population of Rutland is projected to grow by 5% to 42,277 by 2025, an increase of 1,890 residents. Additional demand for health and care services is expected, particularly in Oakham and Empingham, requiring local capacity to be increased.[14]

The population is also ageing, requiring expansion of some services more than others, and posing the need for the health and care workforce to keep pace. Our young people are an important asset in that regard.

A Primary Care Estates Strategy is in development, with joint work underway with local GP practices, Strategic Health partners and the Council to understand local issues and solutions, including consideration of the cross-border impact of changes to GP services in Stamford. Planning takes place against population change predictions and housing growth plans which are currently in flux. During the duration of this Strategy, we will take opportunities to

[14] ONS Subnational Population Projections 2018
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

review the trajectory of developments alongside the Local Authority and Voluntary Sector Asset Reviews to ensure we have a health and care infrastructure that is fit for the future.

Readiness in terms of infrastructure only goes so far if we do not work actively to develop a health and care workforce that keeps pace in terms of size and skills to deliver future models of care.

We will also embed a 'Health and Equity in all Policies' approach across Rutland to ensure that future housing planning and wider infrastructure decisions have due regard to their potential impact on improving health and reducing health inequalities.

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

The aim of this priority is to support and care for people to live well during the last period of their life, and to ensure those important to them are given the support during this phase and after the death of a loved one. This support is needed whether the loss of someone is sudden or takes place following a life limiting diagnosis. The aim is to support people to comfortably, proactively plan ahead for the end of their life by working in partnership with the person, family, services and the local community. This priority aims to normalise end of life as an important part of the life course and extends the support to their carers (including young carers) and families throughout this period and into bereavement.

Where we are now and what do we want to achieve?

Rutland currently performs significantly higher than England for the percentage of deaths that occur in care homes and at home, and significantly lower than England for the percentage of deaths occurring in hospital and in a hospice. In terms of premature mortality, the highest percentage of deaths from the indicators presented on the underlying causes for the under 65 age group were cancer (50.0%), followed by circulatory disease (22.2%).**Error! Bookmark not defined.**

We want to ensure that people are supported to be cared for and, where possible, to die in the place of their choice with the people around them whom they are familiar with. We want to support people in Rutland to have as good a quality as life as they can for as long as possible, irrespective of their life limiting conditions. We want people to feel comfortable to have conversations about end of life care planning when they are well and their wishes to be clearly documented to ensure they get the right for care and integrated support at the end of their lives. We want to support carers and families when they are caring for a loved one who is nearing the end of their life, and after their bereavement.

Priority 7: Cross-cutting themes

This priority brings together three cross-cutting themes that interlink with multiple priorities across the strategy as follows:

Supporting good mental health.

Mental health issues will affect at least one in four people at some point in their life. Good mental health is an important part of our overall health and wellbeing, and the impacts of

poor mental health are wide-reaching including lower employment, reduced social contributions and reduced life expectancy.

The NHS Long-term plan and NHS 5 year forward view for mental health have highlighted that mental health has been proportionally under-funded and had insufficient focus through statutory services. The national strategies set out a commitment to achieve parity of funding, esteem and outcomes between mental and physical health needs. A sizeable investment programme is being put in place to enhance and increase support targeting mental health needs including:

- Accessible mental health self-management, guidance and support.
- Joining up mental health, physical health, wider care and voluntary sector support in local geographical areas.
- Increasing access and strengthening offers for children and young people, and for women and families before, during and after pregnancy.
- Earlier intervention for people presenting with early signs of psychosis.
- Psychological offers for the full range of defined mental health conditions.
- Increasing retention and attainment of employment for people with mental health illness.

The LLR vision for mental health of both children and adults across the system is 'We will deliver the right care to meet the needs of individual patients at the right time. We will integrate with health and social care partners to care for people when they feel they have mental health needs'. This strategy will progress the Rutland place specific elements of this work to champion Rutland's needs and support delivery of mental health prevention, care and treatment services that improve local patient experience and outcomes.

Reducing health inequalities across Rutland.

In large part, Rutland is a healthy place to live. However, not everyone enjoys the same prospects for health and wellbeing. "Health inequalities are the **preventable, unfair and unjust differences** in health status between groups, populations or individuals that **arise from the unequal distribution of social, environmental and economic** conditions within societies" (NHS England) [5]. They are determined by the broad social and economic circumstances into which people are born, live, work and grow old and exist between different geographical areas and vulnerable/ socially excluded groups within Rutland.

To ensure all people in Rutland have the help and support they need, we will focus on those living in the most deprived areas and households of Rutland and some specific groups (for example the military, carers and learning disability population and those experiencing significant rural isolation) as a priority over the time of this strategy.

We will embed a 'proportionate universalism' approach to the overall strategy and services, meaning there will be a universal offer to all, but with equitable variation in service provision in response to differences in need within and between groups of people, that will

aim to 'level up' the gradient in health outcomes to those achieving the best outcomes across Rutland.

COVID-19 recovery

The Covid-19 pandemic has and continues to be a long and difficult period for everyone in Rutland and will continue to impact on our mental and physical health and wellbeing for some time. This strategy will acknowledge what the local population has been through, and the losses it has felt, and support the population and services to live with Covid-19 in the longer term. This will include harnessing the community spirit and innovation that has emerged throughout the pandemic and maintaining a strong health protection response.

5. Rutland Health and Wellbeing Delivery Action Plan

Building on previous joint working, this strategy provides a new opportunity for a wider range of partners to work together to improve health and wellbeing across Rutland as part of the evolving LLR Integrated Care System. This is a high level strategy that complements and is supported by a wide range of more detailed strategies and plans including: the NHS Long term plan; the national Enhanced Health in Care Homes framework; the LLR Health Inequalities Framework; LLR ICS programmes including 'Step up to great mental health' and Home First; UHL's Building Better Hospitals; the LLR and Rutland dementia and carers strategies; the Rutland Corporate Plan; the Rutland Local Plan; the Rutland Transport Plan; the Rutland Children, Young People and Families Plan, and the Rutland Better Care Fund programme.

It is acknowledged that some actions will be delivered at system as well as place and these will be carefully reviewed through the newly developed LLR Integrated Care Partnership and translated to Rutland by the HWB. The HWB will also evolve its approach to ensure effective support, monitoring, engagement and co-production during implementation of the strategy.

Whilst we have been careful to select priorities for the plan that reflect the future need as well as the present, inevitably needs may change over time. For this reason, our partnership action planning will be reviewed on an annual basis, with HWB approval to ensure these priorities are still the right ones. The overall action plan will be supplemented by a specific implementation plan for each financial year with clear commitments and timescales from the various participating partners.

A dashboard will be employed to monitor progress against this plan with SMART performance measures (Specific, Measurable, Achievable, Realistic, and anchored in a Time frame) and we will provide regular performance reports and progress updates to the HWB.

We will also share our progress with you and celebrate our successes by publishing an annual report each year and promoting its findings through the partnership and community events.

Plan priorities and action areas: Summary

The overall structure of the plan, set out in full in Appendix 1, is as follows.

Priority 1: Best start for life

1.1 Healthy child development in the first 1001 days
1.2 Confident families and young people
1.3 Access to health services

Priority 2: Staying healthy and independent: prevention

2.1 Taking an active part in your community
2.2 Looking after yourself and staying well in mind and body
2.3 Encouraging and enabling take-up of preventative health services

Priority 3: Healthy ageing and living well with ill health

3.1 Healthy ageing, including living well with long term conditions and frailty, and falls prevention
3.2 Integrating services to support people with long term health conditions
3.3 Support, advice and community involvement for carers
3.4 Healthy fulfilled lives for people living with learning or cognitive disabilities and dementia

Priority 4: Equitable access to services

4.1 Understanding the access issues
4.2 Increasing the availability of diagnostic and elective health services closer to home
4.3 Improving access to primary and community health and care services
4.4 Improving access to services and opportunities for people less able to travel
4.5 Enhancing cross boundary working across health and care

Priority 5: Preparing for our growing and changing population

5.1 Planning and developing fit for the future health and care infrastructure
5.2 Health and care workforce fit for the future
5.3 Health and equity in all policies, including developing a healthy built environment for projected growth

Priority 6: Dying well

6.1 Each person is seen as an individual
6.2 Each person has fair access to care
6.3 Maximising comfort and wellbeing
6.4 Care is coordinated
6.5 All staff are prepared to care
6.6 Each community is prepared to help

Priority 7: Cross-cutting themes

7.1 Supporting good Mental health
7.2 Reducing health inequalities
7.3 COVID-19 recovery

Glossary and Acronyms

A&E	Accident and Emergency
ACG	Adjusted Clinical Groups (tool for health risk assessment)
BCF	Better Care Fund
CAR	Citizens Advice Rutland
CIL	Community Infrastructure Levy
CCG	Clinical Commissioning Group(s)
Core20PLUS5	NHS England and Improvement approach to reducing health inequalities
CPCS	Community Pharmacy Consulting Service
CVD	Cardio Vascular Disease
CYP	Children and Young People
EHCP	Education and Health Care Plan
FSM	Free School Meals
HEE	Health Education England
HIA	Health Impact Assessment
HWB	Health and Wellbeing Board
ICON	Framework to prevent shaking of crying babies (Infant crying is normal, Comfort methods can work, Ok to take 5, Never shake a baby)
ICB	Integrated Care Board
ICS	Integrated Care System
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Child
LD	Learning Disability
LeDER	Learning from deaths of people with a learning disability programme
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust
LTC	Long Term Condition
MDT	Multi-Disciplinary Team
MECC+	Making Every Contact Count
MH	Mental Health
NCMP	National Child Measurement Programme
NEWS	National Early Warning Score
NHS LTP	NHS Long Term Plan
ONS4	A 4-factor measurement of personal wellbeing
OOA	Out of Area
OOH	Out of Hospital
OPCC	Office of the Police and Crime Commissioner
PCH	Peterborough City Hospital
PCN	Primary Care Network
PH	Public Health
RCC	Rutland County Council
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIS	Rutland Information System
RISE	Rutland Integrated Social Empowerment
RMH	Rutland Memorial Hospital
RR	Resilient Rutland

SEND	Special Educational Needs and Disability
SMI	Serious Mental Illness
TBC	To be confirmed
UHL	University Hospitals of Leicester
VAR	Voluntary Action Rutland
VCF	Voluntary Community and Faith
VCS	Voluntary and Community Sector

Appendix 1: Delivery Plan

Rutland Joint Health and Wellbeing Strategy

Appendix 1: Initial Place Based Delivery Plan 2022 – 2027

V1.0

February 2022

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The Rutland Joint Health and Wellbeing Strategy Delivery Plan

This Delivery Plan sets out the programme of work through which the Rutland Joint Health and Wellbeing Strategy (JHWS) 2022-27 will be delivered. The plan should be viewed in conjunction with the JHWS. Please note the following:

- In keeping with the collaborative nature of this Strategy, further joint work is anticipated to finalise these plans, and the plans will therefore be subject to some further change, including to timescales. Governance structures are being adjusted to support delivery of the Strategy, including through thematic sub-groups which will work together to prioritise and schedule their actions to a confirmed timetable.
- In common with previous JHWS, this plan 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. The JHWS, in setting out shared priorities across health and care partners, is intended to support and inform commissioning of local health and care services for 2022-27. It is not associated at this stage with new recurrent funding.
- While lead organisations are identified at a high level below, many of the plans will be implemented through the participation or collaboration of wider groups of partners.
- After July 2022, when the Leicester, Leicestershire and Rutland (LLR) Integrated Care System is fully operational, the LLR Clinical Commissioning Groups (CCGs) will transition to the LLR Integrated Care Board (LLR ICB). 'CCG' should then be read to mean 'ICB'.

Priority 1: The best start for life

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
1.1	**Healthy child development in the 1,001 critical days from conception to 2 years old**						
1.1.1	**Clear 'Start for Life' offer for parents and carers**, showing families what support they can expect during the 1,001 critical days. Including development of family hubs. Feasibility study and project manager appointed.	RCC	RCC General Fund	TBC March 22	Place	• Healthy Together 2.5 year development checks (communication, fine and gross motor skills) • Early Years Foundation Stage Progress Check between 2-3 years of age, including communication and language, physical development and personal, social and emotional development • Attainment of a Good Level of Development (GLD) at the end of reception year, taking into consideration children eligible for Free School Meals (FSM) • Qualitative feedback from parents on feeling supported through 1,001 critical days	Do Do
1.1.2	**Healthy lifestyle information and advice for pregnant women or those planning to conceive,** Including: a) Implementation of MECC+ healthy conversations across prevention services including GP and integrated sexual health service. b) Targeted communication campaigns.	RCC/ CCG/ LPT/ PCN	RCC/ PH budget/ CCG	23/24	System and Place	• Smoking in pregnancy and at time of delivery • Proportion of pregnant women that are overweight/obese • Relevant immunisation rates • Mental health indicator re postnatal depression - number of MECC conversations with pregnant women highlighting possible causes of PND	Sponsor

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	c) Increase awareness of postnatal depression and social isolation through midwifery and 0-10 children's public health service. d) Immunisations in pregnancy (flu/Covid) e) Ensuring women are also reached who have chosen to give birth out of area. Link to 2.1.1 communications and 2.2.3 healthy conversations, 7.1.1 Perinatal mental health support.					and provision of information such as that provided by the Royal College of Psychiatrists. • Screening in pregnancy by healthcare professionals - using validated self-report questionnaires, such as the Edinburgh Postnatal Depression Scale [EPDS], Patient Health Questionnaire [PHQ-9] or the 7-item Generalized Anxiety Disorder scale [GAD-7]) as per NICE Guidelines.	Do Do Do Sponsor
1.1.3	**Local implementation of the Maternity Transformation Programme** considering: a) The implications of the UHL reconfiguration (including LGH obstetrics and St Mary's birthing unit) on maternity services for Rutland residents. b) Access to cross border maternity services and implications including relating to funding and the flow of clinical information.	CCGs	LLR LMS Transformation Funding	22/23	Place and system	• Maternity service patient satisfaction surveys • Qualitative feedback re maternity service access, including cross border • Location of Rutland births • Low birth weight for term babies • Infant mortality	Sponsor
1.1.4	**Implementation of 0-19 Healthy Child Programme – 0-10year Public Health service**, to support the Family Hub national Programme. Including: 0-10year mandated child development checks (including 3-4month and 3.5year checks), a digital offer, evidence-based interventions for children (antenatal,	RCC/ PH/ LPT	PH budget	0-10year service starts Sep 2022	Place	• New Born Visits within 14 days • Breast milk is baby's first feed • Breastfeeding initiation and continuation rates • 2.5 year development checks (fine, gross and motor skills) • Healthy Together 2.5 year development checks	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	breastfeeding, dental care and peer support for developing active, resilient children, awareness around shaking and head trauma (ICON)), and safeguarding. Consideration of accessibility of related health services, including dental. Specific consideration for military population.					(communication, fine and gross motor skills) • Early Years Foundation Stage Progress Check between 2-3 years of age, including communication and language, physical development and personal, social and emotional development • Attainment of a Good Level of Development (GLD) at the end of reception year, taking into consideration children eligible for Free School Meals (FSM) • Immunisation rates in under 2years • School readiness at the end of foundation year (especially those receiving Free School Meals) • Children with visibly obvious tooth decay at age 5years • A&E attendance for children aged under 1years and aged under 4years. • Qualitative feedback from parents on feeling supported through 1,001 critical days	
1.1.5	**Further investigation into** • **High proportion of low birth weights** at term in Rutland. • **Children and Young People's dental care** in Rutland, including dental education and access to services**.**	RCC/ PH	PH Grant	22/23	Place	• Report into low birth weights in Rutland presented to HWB/ subgroups. • Report into dental education and care to HWB/subgroups.	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
1.2	**Confident families and young people**						
1.2.1	**Implementation of 0-19 Healthy Child Programme, 11-19year element,** reflecting the Family Hub national programme - including face to face element, a digital offer, health promotion campaigns including via schools, health behaviours survey, safeguarding, evidence-based interventions for healthy, active resilient children and young people who are able to transition effectively into adulthood. Specific work on transitions for children with LD (up to the age of 25years.) Link to 1.4 for vaccinations, 2.1 communication campaigns, 4.4.1 Digital inclusion, 7.1.3 Children and Young People's mental health need.	RCC/ PH	RCC General fund/ PH Budget	11+ service implemented for Sep 2022	Place and system	• Immunisation uptake (Covid, HPV, school leavers booster especially for those in care) • Proportion of children at a healthy weight (NCMP data at reception and year 6) • Under 18year conceptions • Health behaviour survey results indicating positive lifestyle choices and access to a trusted adult • A&E attendance for under 18years • Rate of hospital admissions caused by unintentional and deliberate injuries (Children aged 0-14yrs) • Educational attainment • Proportion of young people not in education, employment or training • Specific split of data from those with LD including qualitative feedback on transition from CYP service to Adult Services for those with additional needs.	Do
1.2.2	**Strengths-based approach to growing and supporting confident families** across Rutland. Including a) Peer support including for fathers, face to face wherever possible. b) Links to Rutland voluntary sector.	RCC, VCS	RCC General Fund/ PH budget	23/24	Place	• Qualitative feedback from parents on feeling supported through 1,001 critical days • Social prescribing referrals for families	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	c) Increased awareness and access to local children's services. Link to RIS development action 2.1. d) Family social prescribing referrals. Link to 1.1.1 Family hub and 1.1.4 0-10years public health service.					• ONS4 surveys showing improvements to wellbeing from social prescribing	
1.2.3	**Targeted, coordinated support for disadvantaged or vulnerable children** to access their 2-2.5 year and Early Years Foundation Stage Progress Check (including those in care, SEND, Free school meals (FSM), young carers and those with parents actively or recently serving in the Armed Forces). Option of family social prescribing referrals. Link to 1.1.1 Family hub and 1.1.4 0-10years public health service.	RCC/ PH	RCC General Fund/ PH budget	22/23	Place	• 0-5 year development indicators specifically for target groups • Healthy lifestyle indicators reviewed for specific groups including immunisation uptake for SEND in over 14years • Proportion of annual Looked After Child Reviews carried out by Looked after Children Nurses • Proportion of Strengths and Difficulties Questionnaires (SDQ) undertaken for Looked After Children • Proportion of Education and Health Care Plans completed	Do
1.2.4	**Reduce the impact of Adverse Childhood Experiences on children and their families** by embedding a 'trauma informed approach' to the workforce.	PH/ RCC/ CCG/	RCC/ CCG	TBC	System	• Workforce trained in trauma informed approach	Sponsor
1.3	**Access to health services**						

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
1.3.1	**Increase health checks for SEND children aged 14years and over** ensuring that status is built into the education and health provision set in a Child's Education and Health Care Plan.	LA/GP/PH	CCG	22/23	Place	• Immunisation uptake especially in SEND over 14s • Proportion of SEND Health check completed	Do
1.3.2	**Increase immunisation take-up for children and young people** where this is low, including identifying sub-groups where take-up is lower and understanding why.	RCC PH/ PCN	CCG/ PH budget	23/24	Place and system	• Review into immunisation uptake across Rutland • Immunisation uptake rates (Covid, HPV, school leavers' booster especially for those in care)	Do
1.3.3	**Coordinated services for children and young people with long term conditions (LTCs).** Long term condition support for children and young people with asthma, diabetes and obesity including access to appropriate medication, care planning and information to self-manage their conditions, and to relevant support services. To include learning from the Leicester City CYP asthma review and take-up of Tier 3 weight management services. Link to 1.1.1 Family hub and 3.2 Integrated care for LTCs and 7.1 Integrated Neighbourhood Team development.	LPT/ UHL PCN	CCG	22/25	Place and System	• Report with review of Leicester City Evaluation in context of Rutland needs	Do (Place) Sponsor (System)

Priority 2: Staying healthy and independent: prevention

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
2.1	**Supporting people to take an active part in their communities**						
2.1.1	**Communication of Rutland's community and health and wellbeing offe**r including; • Develop and implement a multi-channel communication plan to enhance information for signposters and for the public, including distinctive groups. This will also align with the work of the HWB and cater for those that are digitally excluded or use cross border services. • To include enhancing the reach and scope of the Rutland Information Service (RIS) via multiple channels (web, social media, print). • Enhancement of online functionality for clearer routes into preventative services.	RCC	RCC General Fund/ BCF/ further invest-ment required	22/23 22/24	Place	• Completed Health and Wellbeing Communication plan aligned with the HWB • RIS monthly visitor figures • Indicators to demonstrate the reach of the communication campaigns including social media followers, posts and shares • Qualitative feedback on the awareness and access to service across Rutland	Do
2.1.2	**VCF collaboration.** Further strengthening collaborative relationships across the voluntary, community and faith (VCF) sector via: a) The VCF forum coordinated by Citizens Advice Rutland (CAR), also working with wider bodies and services e.g. Parish Councils, statutory and commissioned services. Sharing intelligence, skills and resources; mutual aid; joint responses to community needs and funding opportunities.	CAR/ RCC	RCC General Fund/ VCS	22/23	Place	• VCF forum participants • Collaborations including events, shared resources, joint services, grants obtained • Number of new community groups formed or placed on a more robust/ sustainable footing • Mapping of Rutland voluntary and community sector	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	b) VCF groupings with a shared focus e.g. deprivation, armed forces. c) Community development encouraging the formation and confident operation of new groups in Rutland for shared interests. d) Mapping of the Rutland voluntary and community sector to understand its strengths and areas for development. e) Collaboration, also with statutory and commissioned services, around sustainable improvement for households with multiple and/or complex needs impacting on health and wellbeing. Link to 7.2.1 mapping inequity, including deprivation.						
2.1.3	**Increase volunteering**, including through the Citizens Advice Rutland (CAR) volunteering marketplace, building on positive experiences in the pandemic.	CAR	RCC General Fund	22/23	Place	• Number of volunteers registered • Number of hours of volunteering committed to	Do
2.1.4	**Building Community Conversations.** Explore the potential application of innovative models to empower individuals and communities, including: the Healthier Fleetwood model in which facilitated conversation spaces enable communities/groups with a common interest to meet informally to discuss opportunities and issues and progress improvements; and	TBC	TBC	24/25	Place	• Feasibility study on implementation of potential community models in Rutland • Qualitative feedback that community conversations are taking place • Number of participants in the model .	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Camerados, an approach designed around people looking out for each other.						
2.2	**Looking after yourself and staying well in mind and body**						
2.2.1	**Living more active lives.** Including: a) Increasing exercise on referral and promotion of active opportunities – helping people to increase activity positively in ways that work for them - personalised approach building on strengths. Also targeting groups such as patients on waiting lists, with mental ill health or living with dementia or cancer, people isolated or unable to travel. b) Local progress of the LLR Active Together strategy, including engaging organisations including businesses, care homes and schools in facilitating active lives. c) Secure funding for the active referral scheme following leisure contract review. Consider feasibility of subsidised participation for people on lower incomes. d) Secure funding via PCN to develop a wider offer e.g. hip, knee and back school. Link to 2.1 Active Communities, 2.4.1 Health in all policies.	Active Rutland/ Active Together/ PCN	Multiple incl PH Budget, CCG, RCC	22/25	Place	• Exercise referrals made • Exercise referral service user numbers • Reduction in the proportion of adults overweight or obese • Increased proportion of physically active adults • Increased proportion of adults engaging in active travel (cycling or walking) at least 3 days a week • Proportion of health checks completed	Do Sponsor Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
2.2.2	**Health awareness and self-care.** Including: a) Providing information to increase awareness of changing health needs, and confidence to self-care. b) Clear prevention 'front doors' for additional support (See 2.2.4 Social Prescribing). c) Increase uptake of Weight Management Rutland service for adults, and family-focused support programmes, including Holiday Activities and Food Programme. Encourage take-up of NHS health checks and ongoing blood pressure monitoring for early diagnosis of cardio vascular risk. d) Review Chlamydia screening across Rutland to identify reasons for low level of Chlamydia detection and screening.	RCC (incl RIS, RISE, libraries), PCN, VCF sector	Yes	23/24	Place	• Communication measures on Health awareness campaigns and RIS webpages (reach, shares, posts etc.) • Uptake of prevention services • Uptake of NHS health checks and numbers of referrals to prevention services • No. of blood pressure checks in the community • Improvement in Chlamydia screening rate and understanding of detection rate	Do
2.2.3	**Healthy conversations.** Implement Healthy Conversations training (Making Every Contact Count Plus – MECC+) to empower Rutland's diverse front line staff to discuss health and wellbeing with service users and signpost them To include professionals working with housebound and digitally excluded people, and those who struggle to travel. Accessible signposting resources. See development of the RIS in 2.1.1.	RCC/ PH/ LPT	PH Budget/ LLR Cancer funding	23/24	Place and System	• Numbers trained in MECC+, train the trainers and super trainers in Rutland • Data on source of referrals to prevention services • Reach of RIS website • Qualitative feedback and evaluation of MECC+ training package	Do and sponsor for wider system roll out

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
2.2.4	**Increase and enhance social prescribing for wellbeing,** focussing on personalised, strengths based care assessment and planning via the joint RCC and PCN 'RISE team' and other local providers. Including; a) Promote clear routes for wellbeing enquiries/ requests for support through Rise front door and RIS. b) Enhance social prescribing tools by developing: • Consistent assessment frameworks for use across agencies. • Social prescribing signposting network. • Service maps for consistent referral. • Social prescribing platform managed by RISE, aiding referral between agencies and monitoring of pathways and outcomes.	RCC (RISE)/PCN	BCF and PCN	22/23	Place	• Increased social prescribing referrals • Social prescribing platform users and activity • Development of signposting network • Number of groups/activities referred to by RISE team • Patient changes to ONS4 scores (a 4 element self-assessed measure of wellbeing) • Evaluation of the impact on social prescribing including understanding the impact on GP practices by service users	Do
2.3	**Encourage and enable take up of preventative health services**						
2.3.1	**Increase uptake of immunisation and screening programmes**. Including; a) Completion of a health equity audits on immunisation and screening programme uptake across Rutland**.** (Including childhood immunisations.) See 1.1 and 1.2. b) Targeted communications campaigns using behavioural science to support increasing uptake. (See 2.1)	PH/ NHS England	PH Budget/ NHS EI	24/25 as required	Place and System	• Health Equity audits completed on areas of concern. Results/ recommendations reported to HWB and LLR Health Protection Board. • Uptake of specific immunisation and screening programmes. Specifically reviewing vulnerable or under-served groups. • Including offer/ uptake of health checks (including those for LD), uptake of screening programmes (including breast and bowel scope screening),	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	c) Use the Health and Wellbeing Coach, healthy conversations (MECC+) and other routes to increase cancer screening uptake including mammograms, bowel scope screening and cervical screening [see 2.2] d) Considering how services could be delivered closer to home (for example breast and bowel scope screening) See 4.2.					uptake of screening programmes closer to home.	
2.4	**Maintaining and developing the environmental, economic and social conditions to encourage healthy living for all**						
2.4.1	**Health and equity in all policies**. Focus will include the economic, social and environmental contributions to health (wider determinants of health). a. Aiming for an overall commitment of relevant organisations in Rutland to building in consideration of health and equity in all that they do. b. Health Impact Assessments (HIA) or Integrated Assessments for decision making and policy development. Health Impact Assessment (HIA) of individual policies/investments, considering social value. c. Produce a wider determinants review with partners for Rutland. The review will explore existing work across Rutland, identifying any gaps to consider additional action across partners. Focus will include the built environment; open and green spaces; active	RCC PH	RCC General Fund/ PH budget	24/25 22/23	Place	• Organisations committed to a Health and Equity in all Policies approach. • Evidence that organisations have embedded a process to systematically consider health, wellbeing and equity in everything they do. • Evidence of enhanced designs/decisions from HIAs • Development of wider determinants review.	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	travel; fuel poverty; air quality; and healthy housing.						

Priority 3: Healthy ageing and living well with long term conditions

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
3.1	**Healthy ageing, including living well with long-term health conditions, and reducing frailty and over 65s falls**						
3.1.1	**Accessible information and advice supporting people to adapt their self-care** as they age for optimum health, tailored to populations with worse outcomes. (Links to 2.1)	RCC/ CCG	Yes	24/25	Place	• See 2.1.	Do
3.1.2	**Tailored support to help individuals live well with changing health circumstances, including through the Proactive Care @home programme. Including;** d. Personalised information, advice and support to help people and their families to adapt as they become more vulnerable to illness or are diagnosed with long term conditions, to play a full role in their care and to manage the wider impact of ill health on their lives. e. Building patient and family skills in managing illnesses at home, including using monitoring equipment/ telehealth such as SystmOne Airmid, Whzapp and over the counter monitoring equipment. f. Wider involvement in recognising and assessing signs of deterioration including using NEWS. g. Extended local rehabilitation offer.	RCC RISE. PCN, comm unity pharm acy	Partial	24/25	Place & System	• Numbers taking up these 1:1 services • Positive changes to service users' ONS4 self-assessed wellbeing scores. • Telehealth and monitoring: TBC based on target conditions and PCN metrics. • Numbers assessed at key levels of frailty • No. of individuals with active care plans. • Rate of ambulatory admissions in categories considered as preventable (BCF)	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Link to 3.1.3 Falls, 3.3 Carers, 3.4 Learning disabilities and cognitive impairment, 4.4.1 Digital inclusion.						
3.1.3	**Falls prevention, including promoting strength and balance and faller response. Including;** a) Awareness raising re strength and balance preventing falls and availability of preventative exercise referral, plus what to do in the case of a fall (See 2.1) b) Exercise for strength and balance offered to patients who have fallen or are at risk of falling, including Steady Steps courses and enabling virtual as well as in person delivery. Putting Steady Steps on a sustainable financial footing. c) Embedding the DHU quick response pilot for fallers not seriously injured. d) Personalised falls prevention plans for Rutland care homes, tailored to individual residents. Frailty champions and training. Initial priority to reduce the impact of lockdown deconditioning through reablement/ social prescribing/ self-help. e) e) Patients with frailty flag referred for assessment by integrated care	RCC incl Active Rutland, LPT Therapy/OTs/ PCN	Partial	22/25	Place & System	• No. of Steady Steps participants • Rate of hip fractures in people aged 65-79 and 80+ • Rate of emergency admissions due to falls injuries in people aged over 65yrs • Number and proportion of people rated at different levels of frailty (defined by ACG tool) • Integrated care coordinator referrals relating to falls/frailty • Structured Medication Reviews relating to falls/frailty	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	coordinator and for structured medication reviews (SMR).						
3.1.4	**Peer support.** Encouraging and enabling peer support for people living with related challenges (both physical and mental health). Build expertise and materials supporting high quality peer support. Develop via support groups and via shared interests or experiences e.g. art and exercise classes, veterans. Link to building strong communities 2.1	RCC incl RISE/ VCS	RCC/ VCS	TBC	Place	• Peer support groups established • No. of service users participating • Qualitative feedback on impact of peer support groups.	
3.2	**Integrating services to support people living with long-term health conditions**						
3.2.1	**Collaborative coordinated care.** Including; a) Planning for greater structural integration across and between health and care services through a population health management approach. b) Working together to shape integrated neighbourhood teams, multidisciplinary working and services to better serve the needs of the Rutland population living with ill health. (Including relationships between nursing and therapy.)	RCC, PCN, LPT	RCC/ CCG	TBC	Place	• Pooled budgets • Qualitative feedback from patients that services are more integrated. Including families and friends test. • Reduced delays in hospital discharges, length of stay etc. • Increased scope and use of trusted assessments as appropriate. • Proportion of complex patients that have an active, up to date care plan	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	c) All staff working to the top of their capabilities. Using trusted assessment and delegated tasking to expand capacity. d) Enhancing coordinated care planning, including with specialist support for the most complex patients. e) Clear and coordinated communication with patients.						
3.2.2	**Building a resilient care sector** Working with the care sector in all its forms to support a clear and sufficient offer providing choice in high quality services to service users and reducing pressure on acute hospitals through collaborative care and prompt hospital discharge. a) Further progress implementation of the Enhanced Health in Care Homes (EHCH) model, led by the Rutland Clinical Care Home Coordinator, including multi-disciplinary team working, use of technology to support collaborative care, and frameworks to identify and manage health deterioration. b) Supporting a resilient care sector, including workforce development to make the care sector in Rutland an attractive place to work.	RCC Clinical Care Home Coordinator and Broker Commissioning team	RCC/ Care sector	TBC	Place and System	• Participation in the provider forum • Covid related compliance (e.g. vaccination take-up) • Care sector capacity • Number of homes participating in MDT working for residents • Breadth of MDT working in place • Care home hospital admissions	Do (place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Link to 3.2.4 Hospital discharge.						
3.2.3	**Sharing information for better informed direct care.** Embedding use of the LLR electronic Shared Care Record across the Rutland health and care workforce and pathways to support coordinated, fully informed patient care, initially within LLR. Link to 4.5.2 which addresses future cross-boundary sharing, building on 3.2.3.	LHIS	DHSC	TBC	System and place	• Number of organisations connected to the LLR care record • Number of accesses made to the LLR CR for direct care.	Watch
3.2.4	**Prompt, safe hospital discharge.** Working together including out of area to minimise long hospital stays and to get people home promptly to their usual place of residence and reabled whenever possible.	RCC discharge team, Micare		24/25	System and place	• Rate of patients staying in hospital 14+ and 21+ days (BCF) • Rate of discharge to usual place of residence (BCF)	Sponsor (System) Do (Place)
3.3	**Support, advice, and community involvement for carers**						
3.3.1	**Understanding carer needs.** Understand carers' support needs to ensure interventions are well tailored, including transitions to adulthood for child carers and appropriate respite opportunities.	RCC carers team	RCC	24/25	Place	• Qualitative feedback on carers needs.	Do
3.3.2	**Carer recognition and wellbeing.** Identifying more carers of all ages and offering support. a) Increasing take-up of carer health checks and eligible benefits.	RCC carers team	Existing budgets	24/25	Place	• Proportion of estimated carers identified (including young carers)	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	b) Addressing barriers to social contact for carers, including via peer support opportunities, social prescribing and digital channels. c) Support for carer mental health. d) Contingency planning for carers. e) Build the role of the VCF sector, including armed forces groups, in enhancing carer wellbeing. Link to 2.1 Active communities, 2.2.2 Health awareness and self-care, 2.2.3 Healthy conversations, 2.2.4 Social prescribing, 2.3.1 Preventative health services, 3.1.4 Peer support, 4.4.1 Digital inclusion, 7.2 Good mental health.					• Proportion of carers who have as much social contact as they would like • Proportion of carers taking up health checks	
3.3.3	**Supporting households during hospitalisation of the cared for person or carer.** Multi-disciplinary working across involved teams when a carer or an individual with a carer is hospitalised. Inclusion of the carer in home first planning for discharge - confirming realistically what the carer is able to undertake and what additional support may be needed. Enabling honest dialogue for safe, sustainable discharge.	RCC carers, discharge, hospital teams, PCH carer liaison	Existing budgets	24/25	Place	• Carer feedback on hospital episodes	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Link to 3.2.4 Prompt, safe hospital discharge.						
3.4	**Healthy, fulfilled lives for people living with learning or cognitive disabilities or impairments, or dementia**						
3.4.1	**Timely annual health checks** for people with learning disabilities to identify health issues early, supporting good quality care.	PCN	CCG	22/23	Place	• Increased % people registered with learning disabilities who have had an annual health check	Do
3.4.2	**Active learning to enhance care for people with learning disabilities.** Sharing LeDER findings widely and acting on them to enhance care for people with learning disabilities. Ensuring safe discharge for people with learning disabilities.	LLR LD group	CCG/ RCC	24/25	System	• LeDER recommendations actioned • Qualitative feedback on quality of life from people with LD	Sponsor
3.4.3	**Meeting care needs in Rutland for people with significant disabilities.** Wherever possible, pursuing creative solutions enabling people with significant disabilities to be cared for in Rutland rather than having to go out of area See Bring care closer to home 4.2.	RCC (ASC, CSS)	Allocated personal budgets	24/25	Place	• Service users brought fully or partially in-county • If care is returned to Rutland, cost differential • Proportion of people with LD in their own homes	Do
3.4.4	**Community involvement.** Further strengthening opportunities in Rutland for people with learning disabilities to have	RCC/ VCS	RCC General	24/25	Place	• Proportion of those with learning disabilities in work and volunteering	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	healthy, fulfilled lives and be a full part of Rutland's communities, including engagement in education, work and volunteering.		fund/ CCG				
3.4.5	**Dementia friendly communities in Rutland.** Explore the potential to progress accreditation as dementia friendly villages, high streets, facilities and tourist attractions in Rutland.	TBC	TBC	24/25	Place	• No. of dementia friends trained • No. of venues advertising themselves as dementia friendly • Improved dementia diagnosis rate	Do
3.4.6	**Increase the diagnosis rate for dementia** including: a) Giving people confidence to come forward when they are experiencing memory issues. b) Addressing the backlog in diagnosis of memory issues.	PCN, RCC	CCG	23/24	Place & System	• Improved Dementia diagnosis rate • Reduced waiting list for memory services diagnosis	Sponsor
3.4.7	**Equity in access to Admiral Nurse support provided by RCC.** Confirm approach enabling everyone registered with a Rutland GP practice to benefit from Rutland Admiral Nurse support or its equivalent. Ensure Rutland residents with a GP outside Rutland are aware they are able to use the RCC service.	RCC, PCN, Alzheimer's UK	BCF. funding required	22/23	Place	• Confirmation that all Rutland residents and Rutland GP practice patients have access to a service	Do

Priority 4: Ensuring equitable access to services for all Rutland residents and patients

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.1	**Understanding the access issues**						
4.1.1	**Map inequities and patient experience feedback in health and care services across boundaries** between Rutland residents and those registered with a Rutland GP and living outside Rutland. Findings to inform future pathway design. To also include the challenges for patients using non-GP services out of area.	RCC, CCG, PH	CCG/ PH/BCF Budget	22/23	Place	• Report on border issues • Agreement on areas of focus of inequalities as part of delivery of PCN Network DES	Do
4.1.2	**Ensure equitable services are developed and available** ensuring Rutland's residents and those registered at a Rutland GP have greater choice, enabled through cross boundary service contractual agreements and other solutions. Build equitable access into pathway design. See 4.5.3 cross border collaboration.	**RCC, CCG**				• Improved patient feedback from people reporting health and care inequity	Do
4.2	**Increase the availability of diagnostic and elective health services closer to the population of Rutland**						
4.2.1	**Improving public information about local diagnostic and planned care services** as part of increasing access (e.g. including urgent care and when mobile facilities such as the mobile	RCC	RCC, LPT, CCG	22/23	Place	• See 2.1. Local communication plan and RIS development including specific campaign on out of hours access	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	breast screening unit are in the area, and accessible out of area provision). See 2.1. Improving communication.						
4.2.2	**Develop understanding of used and vacant space at Rutland Memorial Hospital to inform scope for potential solutions.** Followed by strategic review of other vacant space that could enable health services closer to the population.	CCG / LPT	TBC	22/23	Place	• Quantified understanding of available space and existing medical facilities' appropriateness for clinical activity	Do
4.2.3	**Review and identify immediate potential solutions for Elective and Community services feasible for closer local delivery**, through optimising existing Estate Infrastructure whilst facilitating restoration and recovery including considering e.g. cancer 2 week wait, cardio respiratory service and orthopaedics and the delivery methods for such services i.e. virtual or face or face. Consider longer term options for children's services (incl phlebotomy), end of life, chemotherapy and diagnostics. Consider existing infrastructure sites including Rutland Memorial Hospital (RMH).	CCG	CCG	22/23	Place	• Review of current and potential services delivered at RMH • Evaluation of AI Tele - dermatology service	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.2.4	**Explore the possibility** for a localised Pulmonary Rehabilitation Service through the evaluation of the pilot project in train to inform local feasibility models/review in Rutland.	PCN/CCG LPT/Inspire2 Tri	CCG	22/23	Place	• Evaluation of local pulmonary rehabilitation take-up • Increased take-up of pulmonary rehabilitation by relevant patients	Do
4.2.5	**Develop a longer term locally based integrated primary and community offer and supporting infrastructure for the residents of Rutland**, driven forward by a dedicated partnership Strategic Health Development Group.	CCG	CCG / National/ RCC	23/24	Place	• Partnership agreement on way forward and dedicated plan on next steps	Do
4.3	**Improving access to primary and community health and care services**						
4.3.1	**Improve access to primary and community health care:** In primary care, take steps to increase the overall number of appointments in comparison to a baseline of 2019 and to ensure an appropriate balance between virtual and face to face appointments. (NB dependency on premises constraints). Increase uptake of community eye scheme provided by local optometrists and monitor usage. In community health, understand and work to reduce waiting lists/wait times for key services	CCG, GP practices, optometrists LPT	CCG	23/24	Place	• Increased access to GP practice appointment in comparison to 2019 • Appropriate proportion of appointments delivered face to face in comparison to Aug 21 baseline • Qualitative feedback on GP practice access across Rutland	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	such as dementia assessment, community paediatrics and mental health. See also 4.3.3 b Community Pharmacy Consultation Service.					• Identified waiting lists/wait times reduced	
4.3.2	**Informing patients.** Review PCN and practice website developments and online tools including review of usage data analysis to inform further website enhancements and engagement with registered population. Link to 4.4.1 Digital inclusion.	PCN	CCG	22/23	Place	• Evaluation of PCN and practice websites and future developments.	Do
4.3.3	**Review local pathways**, with focus on: a) Satellite clinics nearer to Rutland – e.g. Joint injections at RMH being explored to manage local backlog b) Community Pharmacy Consultation Service (CPCS) pilot to support increase in referrals in key areas and reduce pressures in Primary care. This will be supported by the Rutland Pharmaceutical Needs Assessment.	CCG	CCG	23/24	Place	• Review of joint injections pathway • Reduced joint injection backlog • Reduced pressure on primary care • Review of community pharmacy services • PNA complete for October 22	Do
4.3.4	**Investigation and follow up to increase primary care consulting space capacity,** including within existing primary care premises.	PCN CCG	TBC	23/26	Place	• Practices with increased consulting spaces • Increased appointment capacity	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.3.5	**Review of GP registrations in the context of seldom heard or under-served groups to increase coverage where required** for communities such as the travelling community, veterans and armed forces families (i.e. health equity audit learning from Leicester City Approach). Link to health inequalities needs assessment 7.2.1.	CCG/ PH	CCG/ PH budget	23/24	Place	• Health equity audit on GP registrations	Do
4.3.6	**Ensuring full use of specialist primary care roles tailored to needs** (e.g. practice pharmacist, muscular-skeletal first contact, health coach). Link to 4.3.4 Primary care infrastructure capacity.	PCN	CCG	TBC	Place	• Employment and delivery of specialist primary care roles in Rutland • Impact on primary care capacity of specialist roles	Do
4.3.7	**Engage with local Armed Forces Defence Medical Services (DMS) facilities** to inform changes in local Health and Care services including referral processes/documentation e.g. RMH provision. Due regard for the armed forces in health referral (e.g. duty to consider this population in pathway design and communicate health pathways to military primary care).	CCGs/ PCNs	CCG	TBC	Place	• Qualitative feedback that local services better reflect the needs of the military population	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.3.8	**Development of a Rutland wide partnership community transport project** to look at demand and response bus service models with outline of enabling financial models. This will include current pilots e.g. CPRE Community Transport pilot in Uppingham.	RCC with CPRE and Parish Councils	RCC	TBC	Place	• CPRE Pilot evaluation report of findings and recommendations • Options appraisal of community transport models including collaborative financial strategy with Parish Councils	Do
4.4	**Improving access to services and opportunities for people less able to travel, including through technology**						
4.4.1	**Increase digital inclusion** targeting people who want to use technology to improve access to services and/or reduce social isolation. a. Collaborative approach across involved agencies and services. Tailor responses to reasons for digital exclusion (affordability, skills, confidence, connectivity). Include supporting to take up digital services e.g. access to medical record, prescription ordering (POMI) b. Fit for purpose access to the internet across Rutland including access to high speed broadband within community setting such as libraries. Advice to support household choices.	TBC RCC	TBC RCC/ individual budgets	22/25	Place	• Number of people digitally enabled. • Residents in Rutland have the option to subscribe to high speed broadband • No. of public access points for high speed broadband • Number of people with access to their GP record • Numbers of people using the NHS app to order repeat prescriptions and make GP appointments	Do
4.4.2	**Identify existing issues and routes /modes to improve physical access to services from rural areas** by working with RCC Transport Plan team (including through further travel time	RCC	RCC	22/23	Place	• Review of current transport routes and health inequalities needs assessment	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	mapping for different modes of transport and times of day, to support wider planning, also considering out of area access to services and ambulance response times). Link to access and health inequalities needs assessment 7.2.1.					• Rutland travel time and bus route napping including costs	
4.4.3	**Delivering commissioned services within Rutland.** Encouraging LLR services commissioned from third party providers to be offered directly in Rutland including through venue support. See 7.1.6.d VitaMinds local delivery.	RCC	RCC/ VCS	22/25	Place	• More services delivered within Rutland wherever possible	Do
4.5	**Enhance cross boundary working across health and care with key neighbouring areas**						
4.5.1	**Undertake an Out of Area contract review of LLR CCG commissioned services**	CCG	CCG	23/24	System	• Review of cross boundary working across health and care	Watch
4.5.2	**Phase 2 of electronic shared care records** including sharing with organisations not on the LLR Care Record system, notably out of area providers and other specialist providers including Defence Medical Services. Dependency on national shared care record programme.	CCG	National funding	26/27	System	• Electronic shared records implemented across a range of health and care providers	Watch Do for specific links to Rutland services

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Explore potential for future digital referral routes from out of area. See 3.2.3 LLR Care Record.						
4.5.3	**Maintain close operational working with neighbouring CCGs, Councils and associate commissioners** in Lincolnshire, Northamptonshire, Peterborough and Cambridgeshire with an initial focus on Primary Care impact on local provision, and implications of UHL restructure on demand for out of area services. Consider representation on respective governance groups.	CCG/ RCC	CCG/ RCC	22/23	Place	• Clear links with local CCGs and LAs re cross boundary working	Do

Priority 5: Preparing for our growing and changing population

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
5.1	**Planning and developing 'fit for the future' health and care infrastructure**						
5.1.1	**Work with neighbouring areas around cross border development impact and opportunities through Strategic Infrastructure Development Planning** (notably currently South Kesteven CCG and Lincolnshire CCGs) to support future cross border funding allocation commensurate to local impact of out of area growth.	CCGs	CCG	22/23	Place	• Aligned fit for the future plans with neighbouring ICS's	Do
5.1.2	**Reviewing the implications of the UHL reconfiguration and redistribution of planned and diagnostic care for Rutland patients**, feeding Rutland population needs into wider system planning, including consideration of key needs such as children and young people's services closer to home. To include out of area use patterns and impact on budgets.	CCG, UHL, RCC, PH for HWB	CCG, RCC	26/27	System and Place	• Rutland feedback and insight supplied into system level reconfiguration	Do
5.1.3	**Undertake a Community Infrastructure Levy (CIL) policy review** with due consideration of enabling greater support for local healthcare infrastructure to ensure this is a key priority area of support going forward	RCC	RCC	22/23	Place	• Health Strategic Partners Involvement in CIL review process and receipt of report on new policy implications	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
5.1.4	**Develop and agree a Rutland population model to inform future Health funding decisions and CIL application** to enable Strategic Health Infrastructure Investment commensurate to future population healthcare needs. Including; a) Ensuring health partners have visibility of Rutland's latest non-local plan trajectory of speculative and planned developments to enable development of joint strategic planning for future growth. b) Ensuring the Board has access to CCG estates information relating to the Rutland PCN area. c) Consideration of anticipated growth in care home population and impact on local health services. d) Consideration of the impact of rurality and distance from acute services on demand for primary and community care.	CCG/RCC	RCC/ CCG	As required	Place	• Monitoring of the number of speculative and planned applications • Reviewed CIL policy • Clear plan for future health infrastructure	Do
5.2	**Health and care workforce fit for the future**						
5.2.1	**Adapt PCN roles to changing needs.** Plan for and undertake recruitment of the Rutland Health PCN Additional Roles reimbursement scheme and align with RISE team.	PCN	CCG	23/24	Place	• PCN additional roles recruited and services delivered. • Roles meeting their objectives	Do
5.2.2	**Workforce sufficiency.** Develop links with Health Education England (HEE) around	CCG	CCG	24/25	System	• Sustainable health and social care workforce	Watch

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	sustainable long-term recruitment and succession planning for clinicians.						
5.2.3	**Career development structures.** Consider projects to increase career development and satisfaction for retention e.g. via delegation of health tasks to care workers, transition from carers to nursing associates	CCG	CCG	TBC	System	• Carer development and increased potential for workforce • Proportion of health and care staff remaining in work after 55	Watch
5.2.4	**Promoting career opportunities.** Increase engagement with local young people around careers in health and care, including through collaboration with schools and opportunities for work experience	CCG	CCG	TBC	System	• Sustainable health and social care workforce • Increase in proportion of staff in health and care sector locally	Watch
5.2.5	**Meet training needs.** Identify training needs for the PCN in relation to the Enhanced Basket of services where agreed for local delivery in Rutland. Also consider training needs of associated teams/professionals working with PCN roles.	PCN	CCG	22/23	Place	• Completion of PCN training courses and evaluation of training and impact on patient outcomes	Do
5.3	**Health and equity in all policies, in particular developing a healthy built environment aligned to projected growth in Rutland**						
5.3.1	Embed Health and Equity in all strategies and policies across Rutland County Council and then partner organisations, considering their impact on mental and physical health, health	RCC/CCG/ PH	RCC/ PH budget	24/25	Place	• Completion of a Local Plan Health Impact Assessment with clear and achievable recommendations	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	inequalities and climate change. This will include Health and Equity Impact assessment development and training. See 2.4. Public Health and Health Strategic partners to support the Planning Authority on the RCC Local Plan development to maximise the opportunity for a healthy built environment aligned to projected growth in Rutland. Work will utilise the national evidence base combined with locally developed resource, for example the 'Active Together – Healthy Place Making' toolkit. Completion of a Health Impact Assessment of the Local Plan at the appropriate point of development with clear recommendations for mitigation and/or enhancement.					• Progress against identified recommendations in the Local Plan development • Health and Equity in all policies embedded across Rutland	

Priority 6: Dying well

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
6.1	**Each person is seen as an individual**						
6.1.1	**Ensure there is choice at the end of life**, in terms of place and type of care, to include continuity of care.	CGG/ RCC / LPT/ LOROS	CCG/ RCC	TBC	Place and system	• Qualitative feedback on end of life experience and quality of services including from family and carers	Do (Place) Sponsor (System)
6.1.2	**Support individuals in achieving their wishes around end of life care**, including through awareness raising about support already available for them and their carers, and how to access it, including the Integrated Community Specialist Palliative Care Service, specialist nursing, virtual day therapy, befriending support and training	CCG/ RCC/ LPT/ LOROS	CCG/ RCC existing budgets	TBC	Place and System	• Qualitative feedback on the quality of support received • Proportion of people dying in usual place of residence (DiAPR)	Do (Place) Sponsor (System)
6.2	**Each person has fair access to care**						
6.2.1	**Explore the possibility of delivering more end of life care services closer to home,** with consideration for the use of the Rutland Memorial Hospital. Also consider out of hours palliative care access. See 4.2 Care closer to home.						

6.2.2	**Improve access to hospice care**, including transport issues, and facilitating commissioning where the provider is not within LLR. See 4.4	CCG/ RCC	CCG/ RCC existing budgets	TBC	Place and System	• Qualitative feedback on the quality of support received	Do (Place) Sponsor (System)
6.2.3	**Support early identification of those likely to be in the last year of their life**, through the use of assessment tools (e.g. Aristotle Population Health Management system validated tools) to support further ReSPECT planning.	CCG/ PCN	CCG/ PCN	23/24	Place and System	• Defined list of patients nearing the end of their lives • Increased proportion of those at the end of life with a ReSPECT plan in place	Do (Place) Sponsor (System)
6.3	**Maximising comfort and wellbeing**						
6.3.1	**Review bereavement support services for families and carers**, including for armed forces, and children and young people.	CCG/ RCC	CCG/ RCC existing budgets	TBC	Place and System	• No. of people accessing bereavement support • Qualitative feedback on the quality of support received	Do (Place) Sponsor (System)
6.3.2	**Understand access to hospice and other services for End of Life care**, and requirements for these commissioned services.	RCC/ PH/ VSC	RCC/ PH budget/ VCS	22/23	Place	• JSNA chapter recommendations	Do
6.3.3	**Timely management of medical equipment and small aids for palliative/terminal care at home** - provision and removal	RCC	RCC	22/23	Place	• Qualitative feedback on support around equipment to remain at home	Sponsor
6.4	**Care is coordinated**						

6.4.1	**Full and confident embedding of the ReSPECT process** to capture and share wishes for care, and increasing coverage of advance care plans for those likely to be in the last year of life.	CCG/ PCN	CCG	TBC	Place and system	• Proportion of people at end of life that have ReSPECT plans in place	Do (Place) Sponsor (System)
6.4.2	Utilise **responsive and flexible pathway**s to allow for rapid discharge from hospital where needed.	CCG/ RCC	CCG/ RCC existing budgets	TBC	Place and System	• Qualitative feedback on the quality of support received	Do (Place) Sponsor (System)
6.4.3	**Review of end of life care coordination**. To include cross border coordination and hospital discharge facilitating next steps of palliative support. Link to needs assessment (see 6.6.4)	RCC/ PH/ VCS	PH budget	22/23	Place and System	• Review of end of life coordination as part of JSNA chapter	Do (Place) Sponsor (System)
6.5	**All staff are prepared to care**						
6.5.1	**Provide training for carers (formal and informal) in end of life care**, so that individuals can receive appropriate care irrespective of place, with awareness raising around advance care planning and Power of Attorney.	CCG/ PCN/ LOROS/ Carers Matter Stake-holder Group	CCG	TBC	Place and system	• Proportion of people at end of life that have ReSPECT plans in place	Do (Place) Sponsor (System)
6.5.2	**Provide training to support the care of those identified** through a population health management approach **as approaching the end of their lives**. Training can help identify major life events that serve as trigger points	CCG/ PCN	CCG/ PCN	23/24	Place and System	• Defined list of patients nearing the end of their lives • No. of people trained in palliative and End of Life support • No, dying in usual place of residence (DiAPR)	Do (Place) Sponsor (System)

	for conversations. Support transition to palliative care phase.						
6.6	**Each community is prepared to help**						
6.6.1	**Further develop the Dying Matters website** to support coordination and choice of End of Life services.	Dying Matters	TBC	23/24	Place	More accessible website and links to RIS	Do
6.6.2	**Support a Compassionate Community approach** across Rutland, developing volunteer networks skilled to work with people facing terminal illness or at end of life.	Dying Matters / RCC / LOROS	TBC	TBC	Place	• Volunteers trained • Rutland achieving Compassionate County status.	Do
6.6.3	**Behavioural change campaign** to work towards changing social norms, to promote greater acceptance of discussions relating to end of life. This may include the use of alternative terminology and promote conversations about getting affairs in order. Use of behaviour change wheel methodology.	RCC/ PH/ Dying Matters	RCC/ PH Budget	24/25	Place	• Behavioural change campaign. • Communication indicators re reach and shares etc. • Qualitative feedback that people feel more comfortable to discuss end of life	Do
6.6.4	**Joint Strategic Needs Assessment** (JSNA) to be undertaken to understand the needs of the local population (including those nearing the end of their lives, their carers and the bereaved), the services available, and the quality of care provided. A focus will be given to capturing the views of those who use and provide services.	PH/ RCC	PH Budget	22/23	Place	• End of Life JSNA chapter with clear recommendations to the HWB. Including self-assessment against national ambitions	Do

	To include a comparison of progress against the National Ambitions for Palliative and End of Life Care, using the self-assessment tool.						

Priority 7: Cross cutting themes

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.1	**Mental health**						
7.1.1	**Increase access to perinatal Mental health support services**, wherever Rutland women have chosen to give birth. Link to 1.2.2 Healthy lifestyle information for women pregnant or planning to conceive (c) mental health.	LPT	LLR LMS Transformation Budget	**22/23**	System	• No. of people accessing perinatal support • Qualitative feedback on the support provided	Sponsor
7.1.2	**Understand the gaps in service reported by service users where children and young people need help with their mental health** but have not reached the thresholds for mainstream mental health services, or have reached thresholds but are on waiting lists for CAMHS services, and ways to address these, including via new local services and low level/interim support offers delivered through library and wider commissioned and community services. Factor in anticipated future changes e.g. end of Resilient Rutland funding for children and young people's counselling in 2023.	LPT/ PH	LLR LMS Transformation Budget	TBC	Place and system	• Gap analysis on service provision for children and young people and recommendations for the HWB	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.1.3	**Increasing local resource to respond to children and young people's mental health need** through implementation of Key Worker role, Mental Health support workers support in Schools, contribution of Resilient Rutland programme (funding ending Jan 23). Support to families on waiting lists and for those requiring support but not reaching CAMHS thresholds. Parallel support for parents and carers of children and young people with mental health needs.	LA/ Vol sector /CCG	TBC	22/23	Place	• Reduced presentation of children and young people at urgent care settings in crisis	
7.1.4	**Support system implementation of 'Step up to Great' LLR Mental Health Transformation Programme**, following results of the consultation. Transformation project for Rutland- Ensuring MH services are delivered in Rutland including; a) Mental Health VCS grant scheme – crisis café - £30k - open from 14/1 - 4/2 2022 b) Small grants - £3k - £50k - open until 31/1/22 c) OPCC commissioner safety fund – up to £10k	LPT/ CCG/ RCC	LLR MH transform ation budget VAL coordinati ng	22/23	System Place Place	• Waiting times reduced for VitaMinds service users • Mental Health neighbourhood lead in post • Crisis café in Rutland • Rutland voluntary sector access to grant funding	Sponsor Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
	d) Covid permitting, face to face provision in Rutland of relevant commissioned services e.g. VitaMinds e) A clear co-designed approach to supporting farmers' and other individuals' needs linked to rurality f) A clear co-designed approach to better meeting veterans' and armed forces families' mental health needs g) A clear local plan to better coordinate care across neighbouring service areas					• Commissioned services accessible face to face in Rutland	
7.1.5	**Increased response for low level mental health issues.** Promotion of recognised self-service self-help tools and frameworks notably *Five ways to wellbeing.* Expansion of capacity in local low level mental health services and closer working between involved local agencies and services, including in the voluntary and community sector and peer support, so more people access help sooner in their journey. Opportunities to develop resilience skills, e.g. through the Recovery College.	PCN, LPT, RCC, VCS	CCG	TBC	Place	• Increased support for low level mental health conditions for all ages • Self-help tools promoted	Do
7.1.6	**Deliver on the Long-term plan objectives for mental health for the people of Rutland**:	LPT, PCN, RCC, Vita	CCG - LLR LMS Transfor	22/23	System and place	• 60% physical health checks for individuals with Serious Mental Illness (SMI)	Sponsor

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
	a) Move towards an integrated neighbourhood based approach to meeting mental health needs in Rutland b) Annually assessing the physical health needs of people with Serious Mental Illness (SMI) in Rutland c) Aiding people with serious mental illness into employment d) Delivering psychological therapies (IAPT - VitaMinds) for individuals as locally as possible to Rutland		mation Budget			• Evidence of integrated working (e.g. 3 conversation innovation site) • Increase in people with SMI being supported into employment • Increase in people accessing IAPT treatment	Do Watch Watch
7.2	**Reducing Health Inequalities**						
7.2.1	**Complete a needs assessment to understand the current health inequalities in Rutland.** Including understanding specific factors contributing to the decline of Rutland Female Life Expectancy. This will include understanding impact of isolation, lifestyle factors, carer status and local end of life patterns for females. To also consider deprivation, including hidden, and the resultant needs, calling on wider sources of intelligence across the community, voluntary and faith sector.	PH	PH Budget	22/23	Place	• Completed needs assessment and recommendations to HWB	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.2.2	**Embedding a proportionate universalism approach to service delivery including principles of the CORE 20 PLUS 5.** Targeted support based on need including for families and communities who experience the worst health outcomes across Rutland e.g. military, rurally isolated, carers, SEND, LD children in care etc.	All	Existing budgets	24/25	Place and System	• Tailoring of service delivery to meet the needs of specific vulnerable groups. • Reduction in social gradient of health. (Index slope of inequality.) • Improved healthy life expectancy in females.	Do (Place) Sponsor (System)
7.2.3	**Strengthen leadership and accountability for health inequalities** including health inequalities training with senior leaders and use of the Inclusive Decision Making framework	CCG/ PH/ LLR Academy	CCG	23/24	System	• Take-up of senior Rutland leaders on training course.	Sponsor
7.2.4	**Embed Military Covenant duties** across all key organisations across the system but specifically in Rutland (due regard for armed forces in health, housing, and education).	RCC/ CCG/ Providers		22/23	Place / System	• Update report on how organisations have embedded this legislation • Armed forces health needs assessment	Do
7.2.5	**Complete military and veteran health needs assessment** to understand the inequalities facing this group	CCG/PH	CCG/ PH budget	22/23	Place and System	• Completed needs assessment on military and veteran population. Recommendations taken to HWB to progress	Do (System)
7.2.6	**Mapping Rutland community assets, including its voluntary and community sector.**	RCC	RCC	TBC	Place	• Single register of local community assets to support development of	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
						RIS, community development and inclusive design of interventions	
7.2.7	**Role of anchor institutions in reducing health inequalities** Working with key Rutland organisations considering how they can support reducing health inequalities through employees, resources and estate.	System plus RCC	RCC/ CCG/ ICS	24/25	System	• Organisational plans and commitments to reduce health inequalities. Regular uptakes on progress • Slope index of inequality • Rate of improvement on life and healthy life expectancy between the most and least deprived groups in Rutland	Sponsor (Do for Rutland specific organisations)
7.2.8	**Ensuring complete and timely datasets**. Collecting data on protected characteristics (including ethnicity and disabilities) to support future service needs and development	All providers	RCC/ CCG/ ICS	24/25	System	• Accurate recording of protected characteristic including ethnicity and disabilities	Sponsor
7.3	**Covid recovery**						
7.3.1	**Review the impact of the Covid-19 pandemic period on emerging demand for prevention services** including sexual health and provide recommendations for service adjustments or future commissioning of services to respond to these changing needs. This will take place in response to intelligence about patterns of need, and/or as each service is recommissioned.	RCC/ Public Health	Various Covid funds/ RCC/ PH budget	22/23	Place	• Services adjusted/ increased/introduced in response to post-pandemic needs • Outcomes in those services	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.3.2	**Consider the service offer for patients with long Covid**, including accessibility.	LPT	CCG/ Covid funding	TBC	Place	• Clear pathway and accessible service offer for long Covid patients	Do (Rutland)
7.3.3	**Pandemic readiness.** Maintaining a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.	PH	PH budget	Ongoing	Place and System		Do (Rutland) Sponsor (System)

Glossary

A&E	Accident and Emergency
ACG	Adjusted Clinical Groups (tool for health risk assessment)
BCF	Better Care Fund
CAR	Citizens Advice Rutland
CIL	Community Infrastructure Levy
CCG	Clinical Commissioning Group(s)
Core20PLUS5	NHS England and Improvement approach to reducing health inequalities
CPCS	Community Pharmacy Consulting Service
CVD	Cardio Vascular Disease
CYP	Children and Young People
EHCP	Education and Health Care Plan
FSM	Free School Meals
HEE	Health Education England
HIA	Health Impact Assessment
HWB	Health and Wellbeing Board
ICON	Framework to prevent shaking of crying babies (Infant crying is normal, Comfort methods can work, Ok to take five, Never shake a baby)

ICB	Integrated Care Board
ICS	Integrated Care System
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Child
LD	Learning Disability
LeDER	Learning from deaths of people with a learning disability programme
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust
LTC	Long Term Condition
MDT	Multi-Disciplinary Team
MECC+	Making Every Contact Count
MH	Mental Health
NCMP	National Child Measurement Programme
NEWS	National Early Warning Score
ONS4	A 4-factor measurement of personal wellbeing
OOA	Out of Area
OOH	Out of Hospital
OPCC	Office of the Police and Crime Commissioner
PCH	Peterborough City Hospital
PCN	Primary Care Network
PH	Public Health
RCC	Rutland County Council
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIS	Rutland Information System
RISE	Rutland Integrated Social Empowerment
RMH	Rutland Memorial Hospital
RR	Resilient Rutland
SEND	Special Educational Needs and Disability
SMI	Serious Mental Illness
TBC	To be confirmed
UHL	University Hospitals of Leicester

VAR	Voluntary Action Rutland
VCF	Voluntary Community and Faith
VCS	Voluntary and Community Sector

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Report No: 65/2022
PUBLIC REPORT

MEETING OF THE HEALTH AND WELLBEING BOARD

5 April 2022

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE AND GOVERNANCE

Report of the Portfolio Holder for Health, Wellbeing and Adult Care

Strategic Aim:	Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	John Morley, Strategic Director for Adult Services and Health	01572 758442 jmorley@rutland.gov.uk
	Mike Sandys, Director Public Health RCC	0116 3054259 mike.sandys@leics.gov.uk
	Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs	07717 346584 fay.bayliss@nhs.net
Ward Councillors	n/a	

DECISION RECOMMENDATIONS
That the Board: 1. Notes the context for renewal of the Terms of Reference of the HWB. 2. Reviews and endorses the Terms of Reference attached at Appendix A of this report for recommendation to be adopted by full Council. 3. Considers the recommendation, aligned to the Council's Constitution, that HWB meetings be held virtually unless the Board is required to take a formal decision, when an in-person meeting is required.

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is to recommend to full Council an update to the Terms of Reference of the Board to ensure that there is consensus on its composition and

purpose, and clarity on its operation, helping to ensure that it can fulfil its role and potential, to the benefit of Rutland residents, service users and patients.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The HWB is a statutory committee of RCC, established to fulfil functions conferred on Rutland County Council by Section 196 of the Health and Social Care Act 2012.

2.2 The previous HWB Terms of Reference (ToR) were last renewed in 2016. There have been a range of changes since then across partners which mean that it is timely to refresh the ToR.

3 UPDATES TO THE TOR

3.1 The main proposed amendments to the ToR are as follows:

- **Reflecting changes**
  - Updates to reflect organisational changes (e.g. the introduction of the Primary Care Network and Integrated Care System, the disbanding of CCGs, and change to roles within organisations).
  - Updates to reflect changes to other boards and committees.

- **Clarity of roles and responsibilities**
  - Setting out more fully the membership of the HWB so that it is clearer who is collectively accountable for delivery of the HWB's remit.
  - Introducing the role of non-voting 'Officers to the Board' who support the programme and functioning of the HWB.
  - Making explicit the HWB's responsibilities in relation to the Better Care Fund.
  - Building in an annual development session to review the Joint Strategic Needs Assessment so that it remains current and to consider implications for the Joint Health and Wellbeing Strategy work programme.
  - Highlighting the HWB's role in reducing health inequalities, in line with the increased national, ICS and local focus on this priority.
  - Making more prominent the responsibility to communicate with the public about Rutland's health, care and wellbeing needs, services and developments, and to capture the experiences and views of the public in order to inform the work of the HWB.

- **Wider context**
  - Setting out how the HWB fits into the wider map of governance structures.
  - Highlighting the importance of working closely with partners in neighbouring health systems, as well as with local partners.

- **Effectiveness**
  - The duration of HWB meetings has been extended to three hours, with meetings closing early should this not be required.
  - Currently, formal decisions may only be taken in face-to-face meetings. However, online meetings offer a number of benefits: they are time efficient; they make it more likely that partners working outside Rutland can attend; and we have seen greater public participation with online meetings. The ToR therefore proposes that meetings will be held in person where formal

decisions need to be taken, and online otherwise, to retain the advantages of both formats.

4 DELIVERING THE AIMS OF THE HWB

4.1 The HWB has a significant agenda to address around health, care and wellbeing in Rutland, and, even with the extension to 3 hours per meeting, would convene for just 12 hours a year for its core meetings. This means it is incumbent on the Board to agree how it can operate most effectively.

4.2 This includes members and their organisations taking forward the aims of the HWB and its vision as set out in the Joint Health and Wellbeing Strategy between meetings, whether singly or working in combination, helping to deliver the HWB's work programme.

4.3 Focussed tactical or operational groups meeting with greater frequency to deliver specific parts of the work programme are also a key aspect of delivering to the locally agreed agenda.

4.4 There are two directly associated sub-groups of the HWB, the Children and Young People's Partnership and the Integrated Delivery Group. It is also vital that these groups are operating effectively to use the time of the HWB to best effect. This includes driving forward the development and delivery of the JHWS and BCF plan on behalf of the HWB. Their Terms of Reference will be reviewed and presented at the next HWB meeting. They may in turn need to form or work closely with further focussed groups, whether ongoing or temporarily, to deliver the change programmes at an operational level.

5 ALTERNATIVE OPTIONS

5.1 Up to date Terms of Reference are mandated for the HWB. Alternative options are therefore not in scope.

6 FINANCIAL IMPLICATIONS

6.1 The responsibility for financial decisions implied by the JHWS and BCF plan remains with the relevant individual funding partners.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 The Terms of Reference as updated remain in line with the statutory requirements on HWBs and strengthen the visibility of the HWB's obligations in relation to the Better Care Fund.

7.2 They also reflect the transition in July 2022 to the Integrated Care System.

7.3 The ToR has been updated in coordination with the updating of the RCC Constitution by the RCC Interim Monitoring Officer to ensure alignment.

8 DATA PROTECTION IMPLICATIONS

8.1 There are no new data protection implications.

8.2 The HWB is a statutory board meeting in public and therefore its membership is in the public domain.

9 EQUALITY IMPACT ASSESSMENT

9.1 An Equality Impact Assessment is not in scope for the ToR.

9.2 The ToR supports the effective functioning of the HWB, which increases the potential for positive impacts on equality of access to care and equity in health outcomes as a result of the HWB's activities.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 The ToR supports the effective functioning of the HWB, which increases the potential for positive impacts of its activities on community safety.

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 The ToR supports the effective functioning of the HWB, supporting local partners to work together effectively with the Rutland population to enhance and maintain health and wellbeing.

12 ENVIRONMENTAL IMPLICATIONS

12.1 Maintaining online meetings reduces travel and supports reductions to partners' carbon footprint.

12.2 The ToR supports the effective functioning of the HWB, supporting local partners to deliver the Joint Health and Wellbeing Strategy, which also has the potential to secure environmental benefits from developments with health and wellbeing benefits, for example promoting and enabling active travel.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

13.1 The proposed ToR for the HWB clarifies the role, functions and composition of the HWB, supporting this partnership board in working together effectively to enhance health and wellbeing for the Rutland population, including through successful delivery of the BCF programme and JHWS.

14 BACKGROUND PAPERS

14.1 There are no background papers.

15 APPENDICES

15.1 Appendices are as follows:

A. Health and Wellbeing Board Terms of Reference

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

Revised March 2022

Rutland Health and Wellbeing Board
Terms of Reference

The Health and Wellbeing Board (HWB) has been appointed by Rutland County Council as a statutory committee of the Local Authority. It will discharge directly the functions conferred on Rutland County Council by Section 196 of the Health and Social Care Act 2012 and any other such legislation as may be in force for the time being.

1. Aim

To achieve better health, wellbeing and social care outcomes for Rutland's whole population, reducing health inequalities and delivering a better quality of care for people using services through the provision of:

1) collaborative leadership that influences, shapes and drives a wide range of services and interventions spanning health care, social care and public health.

2) strategic oversight of, and challenge to, the planning, strategy, commissioning and delivery of services across health, social care, public health, children's and young people's services and other services that the Board agrees impact on the wider determinants of health.

2. Statutory Functions

Under the Health and Social Care Act 2012, the HWB has the following duties and functions:

1) To encourage integrated working between health and social care commissioners, including arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.

2) To prepare and publish successive Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) that are evidence based and supported by all stakeholders to set out Rutland's objectives, trajectory for achievement and how members of the Board will be jointly held accountable for delivery.

3) To encourage close working between commissioners of health-related services and the Board itself.

4) To encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.

5) Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

The HWB has an additional responsibility derived from the amended NHS Act 2006, under which NHS England has powers to attach conditions to the payment of the Better Care Fund (BCF):

1) The HWB is required to jointly agree plans for how BCF pooled funds will be spent to progress health and care integration in Rutland, with plans signed off by the relevant Local Authority and Clinical Commissioning Group or its successor body.

3. Additional Responsibilities

The Board has also agreed additional responsibilities which complement its statutory functions:

1) To constructively challenge and hold to account partners (including local partners, those delivering services, projects and programmes across LLR, and those delivering services outside the ICS area that have significant Rutland implications), to ensure that their strategies, plans and services are aligned to Rutland's JHWS priorities, and to consider what is best for Rutland within their plans and actions.

2) To have oversight of the use of relevant public sector resources across a wide range of services and interventions, with greater focus and integration across outcomes spanning health care, social care and public health.

3) To task relevant groups, whether standing or time-limited, including the sub-groups of the HWB, to develop solutions to challenges outlined in the JSNA and JHWS.

4) To inform the development and assure the delivery of the Rutland BCF programme.

5) To facilitate partnership working across health and social care to ensure that services are joined up around the needs of service users.

6) To focus resources on the agreed set of priorities for health, wellbeing and social care (as outlined in the JSNA and JHWS).

7) To ensure alignment, where appropriate, between ICS commissioning plans and the Rutland JHWS and BCF programme.

8) To ensure that the work of the Board is aligned with policy developments both locally and nationally.

9) To communicate with the public about Rutland's health, care and wellbeing needs, services and developments and to use their experiences and views to inform the work of the HWB.

4. Principles

The Board agree to work to the following principles:

1) Shared ownership of the Board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves for delivering the Board's priorities.

2) Commit to driving real action and change to integrate services and to improve services and outcomes, also by making investment decisions that support shared aims.

3) To adapt a proportionate universalism approach that targets resources to prioritise the most vulnerable and reduce health inequalities and improve wellbeing opportunities and outcomes.

4) Support people to maintain their independence and play a full role in looking after themselves, encouraging and enabling people to make informed healthy choices.

5) Share success and learning to make improvements cross-organisationally for the wider benefit of Rutland.

6) Be evidence led, open and transparent in the way that the Board carries out its work, using local data and intelligence, and listening to service users/patients and the public, and acting on what this tells us.

7) Represent Rutland at LLR, regional and national platforms to ensure Rutland's voice is heard.

5. Position within wider governance

The Board will coordinate its work with that of the system-level LLR Integrated Care Partnership (the Health and Wellbeing Partnership), the former fulfilling the responsibilities of 'place' (Rutland) and the latter of 'system' (Leicester, Leicestershire and Rutland).

There will be two permanent sub-groups of the Board:

a. Children and Young People's Partnership (CYPP):
Responsible for the development and improvement of services for children and young people 0-19 years, (and to the age of 25 years for some vulnerable young people), overseeing the delivery of the agreed vision and priorities of the Children, Young People and Families Plan.

b. Rutland Integrated Delivery Group (IDG):
Responsible for health and care needs in Rutland, managing the resources available to do this and working in partnership to provide leadership, direction and assurance to the integration and enhancement of health and care services in Rutland, with a particular focus on key local change programmes contributing to this aim, notably the JHWS and BCF programme.

The Terms of Reference for each of these sub-groups is attached [to follow].

Additional sub-groups may be formed on a time-limited basis at the request of the Board to address specific issues or undertake specific pieces of work. Where additional sub-groups are formed, the Chair of the Board will appoint a Chair for the sub-groups and agree reporting requirements and timescales.

Other temporary or permanent groups taking forward relevant work may also be asked to provide updates to the HWB.

6. Safeguarding

The Board work in line with the agreed protocol in place between the Leicestershire & Rutland Children's Safeguarding Board (LRCSB), the Leicestershire & Rutland Safeguarding Adults Board (LRSAB) and the HWB. The protocol outlines the relationship between the Boards, how safeguarding shall be taken into account within the business of the HWB, and how health & wellbeing shall be taken into account within the business of the LRSCB and the LRSAB.

The protocol shall be approved by both the Board and by the LRSCB and the LRSAB and reviewed at least three yearly. [Updated protocol to follow].

7. Membership

The minimum membership of the Board shall consist of the following voting members:

- Two representatives from the Leicester, Leicestershire and Rutland Clinical Commissioning Groups or their successor body. (2)
- Two local elected representatives (2) at least one to be the Portfolio Holder for Health.
- The Director of Adult Services and Health for Rutland County Council. (1)
- The Director for Children and Families for Rutland County Council. (1)
- The Director of Public Health for Rutland County Council. (1)
- One representative of Rutland Healthwatch. (1)
- One representative of NHS England. (1)
- The Clinical Director of the Rutland Health Primary Care Network. (1) (Non statutory member)
- One senior representative of the Leicestershire Partnership Trust. (1) (Non statutory member)
- One representative from the Voluntary and Community Sector (1) on behalf of this sector. (Non-statutory member)
- One representative from a Registered Social Landlord on behalf of social landlords. (1) (Non statutory member)
- One representative from Leicestershire Constabulary. (1) (Non statutory member)
- One representative of current and veteran Armed Forces. (1) (Non statutory member)

and such other members as the Board thinks appropriate, including, but not limited to: - additional system and place representatives from neighbouring areas, voluntary sector representatives; clinicians; and provider representatives, to be added to the Terms of Reference at the next review point.

Meetings may also be attended by non-members, bringing agenda items or supporting with particular skills and knowledge. They are non-voting.

Members are kindly asked to attend all HWB meetings. All members can appoint a maximum of one deputy to attend meetings by exception in their absence.

Members (and their deputies where required) will act with the necessary delegated responsibility from their organisation and take decisions on behalf of that organisation in relation to the work of the Board. It is acknowledged that resource allocation and formal approval will need to be sought from the members' respective governing bodies.

8. Voting

All members of the Health and Wellbeing Board are allowed to vote (unless the County Council directs otherwise).

Rutland County Council's Meeting Procedure Rules in relation to voting apply; however, it is hoped that decisions of the Board can be reached by consensus without the need for formal voting.

Decisions can be taken by the Chair where necessary for reasons of urgency outside of formal meetings. Any decisions taken outside of formal meetings shall be recorded at the following meeting along with the reasons for the urgency and the basis for the decision.

Under current legislation, decisions may only be formally taken in meetings held face to face. Decisions in principle can be taken during virtual meetings and carried forward to the next in-person HWB meeting for ratification.

9. Standing Orders and Meetings

The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Rutland County Council will apply with any necessary modifications including the following:

a. The Chairperson will be Rutland County Council's Portfolio Holder for Health; the vice-chair will be elected from one of the other statutory members of the Board.

b. The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the East Leicestershire and Rutland Clinical Commissioning Group/LLR Integrated Care Board.

The business of the Board will be supported by Officers of the Board, the Rutland Consultant for Public Health and the Health and Wellbeing Integration Lead at Rutland County Council. Administration support will be provided by Rutland County Council.

There will be standing items on each agenda to include:

1. Declarations of interest

2. Minutes of the previous meeting
3. Matters arising
4. JHWS, JSNA and BCF update
5. Updates from each of the subgroups of the Board

Meetings will be held online and in public at least quarterly (4 times a year), unless members agree otherwise, or as guided by decision-making requirements or any pandemic-related guidelines in force. In particular, significant decisions must currently be taken in person.

Public meetings will be up to three hours in duration.

The Board may also meet for workshops or seminar sessions and for Board learning and development. These meetings, to include an annual review of the JSNA and JHWS, will be informal and not held in public, although outcomes will be made public (e.g., as relates to the JSNA and JHWS) as part of subsequent main Board meetings.

10. Review

These Terms of Reference will be reviewed at least annually, and more frequently where circumstances dictate.

Rutland Health and Wellbeing Board Work Plan 2022-23

Notes

- The next year's meeting dates will be confirmed by RCC Annual Council on 9 May 2022.
- Key external dependencies:
  - Availability of Census data
  - Leicester, Leicestershire and Rutland Integrated Care Board programme
  - The national timetable for Better Care Fund planning, including publication of the Better Care Fund policy and planning guidance
  - Covid-19 pandemic status

Standing items

- Chair's statement, including Integrated Care Partnership update (for information)
- Leicester, Leicestershire and Rutland (LLR) Integrated Care System update (for information)
- Joint Health and Wellbeing Strategy progress (statutory) (discussion/decision) including updates from sub-groups (Integrated Delivery Group, Children and Young People Partnership, Rutland Strategic Health Partnership Board),
- Better Care Fund (statutory) (discussion/decision)

Additional items - provisional timetable

Meeting	Proposed Item	Author	Purpose
Summer	JSNA scope and plan (statutory)	Public Health	Decision
Summer	Director of Public Health Annual Report (statutory)	Public Health	Discussion
Summer	Pharmaceutical Needs Assessment Report - consultation (tbc) (statutory)	Public Health	Discussion
Summer	Bus Service Improvement Plan	RCC Places	TBC
Summer	Local Plan Issues and Options	RCC Places	Discussion
Summer	Levelling Up Fund bid	RCC Places	Discussion
Autumn	Health inequalities in Rutland	Public Health	Discussion
Autumn	Pharmaceutical Needs Assessment Report (tbc) (statutory)	Public Health	Decision
Autumn	End of life needs assessment	Public Health	Discussion
Winter	JSNA overview (statutory)	Public Health	Discussion
Spring	Primary Care task and finish survey - revisit	TBC	Discussion

Prospective agenda items

Proposed Item
Health services development
End of life needs assessment
Armed forces health needs assessment
Understanding health patterns for children and young people where the data has highlighted challenges

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