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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 LE15 6HP on **Tuesday, 12th July, 2022** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews
Chief Executive

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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/86210964314

A G E N D A

1) WELCOME AND APOLOGIES RECEIVED

2) CHAIR'S STATEMENT

To receive a brief update from the Chair on the Integrated Care Partnership and any other matters arising.

a) ELECTION OF A VICE CHAIR

To appoint the Vice Chair of the Rutland Health and Wellbeing Board for the municipal year 2022-2023.

3) RECORD OF MEETING

To confirm the record of the meeting of the Rutland Health and Wellbeing Board held on 5th April 2022.
(Pages 7 - 16)

4) ACTIONS ARISING

To review and update the actions arising from the previous meeting.

No.	Ref.	Action	Person
1.	8	The Chair requested that by the next Health and Wellbeing Board meeting in July 2022, the Place Led Delivery Plan was updated for the first year and that the sub-groups had identified their work-streams, named their work-streams and taken ownership of their work-streams	**Debra Mitchell & Sandra Taylor**

5) 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.

6) 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 73.

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.

7) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions from Members received under Procedure Rule 75.

8) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted under Procedure Rule 77.

STANDING AGENDA ITEMS

9) LEICESTER, LEICESTERSHIRE & RUTLAND (LLR) INTEGRATED CARE SYSTEM: UPDATE

To receive a presentation from Andy Williams, Joint Chief Executive, LLR CCGs.
(Pages 17 - 18)

10) JOINT HEALTH AND WELLBEING STRATEGY: PLACE LED DELIVERY PLAN

To receive Report No. 131/2022 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care and presented by Sandra Taylor, Health and Integration Lead, RCC.
(Pages 19 - 108)

11) BETTER CARE FUND

To receive Report No. 130/2022 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care and presented by Sandra Taylor, Health and Integration Lead, RCC.
(Pages 109 - 132)

12) UPDATE FROM THE SUB-GROUPS:

a) CHILDREN AND YOUNG PEOPLE PARTNERSHIP

To receive an update from Councillor David Wilby, Chair of the Children and Young People Partnership.
(Pages 133 - 134)

b) INTEGRATED DELIVERY GROUP

To receive an update from Debra Mitchell, Chair of the Integrated Delivery Group.
(Pages 135 - 136)

ADDITIONAL AGENDA ITEMS

13) JOINT STRATEGIC NEEDS ASSESSMENT: SCOPE AND PLAN

To receive Report No. 132/2022 from Mike Sandys, Director of Public Health and presented by Hannah Blackledge, Public Health Intelligence Lead.
(Pages 137 - 142)

14) RUTLAND PHARMACEUTICAL NEEDS ASSESSMENT

To receive Report No. 135/2022 from Mike Sandys, Director of Public Health and presented by Andy Brown, Public Health Business Intelligence Team Leader.
(Pages 143 - 206)

15) RUTLAND MEMORIAL HOSPITAL

a) HEALTH PLAN UPDATE

To receive a presentation from Sarah Prema, Executive Director of Strategy and Planning, LLR CCGs
(Pages 207 - 218)

b) THE LEVELLING UP FUND

To receive Report No. 127/2022 from the Leader of the Council and presented by Angie Culleton, Interim Head of Safe and Active Public Realm, RCC.
(Pages 219 - 258)

16) REDUCING HEALTH INEQUALITIES - CORE20PLUS5

To receive Report No. 133/2022 from Sarah Prema, Executive Director of Strategy and Planning, LLR CCGs
(Pages 259 - 284)

17) 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

18) ANY URGENT BUSINESS

19) DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board will be on Tuesday, 11th October 2022 at 2.00 p.m. and will be held in the Council Chamber, Rutland County Council, Catmose, Oakham, Rutland LE15 6HP

Proposed Agenda Items:

PROPOSED ITEM		**AUTHOR**	**PURPOSE**
1.	Health Inequalities in Rutland	Public Health	Discussion
2.	Pharmaceutical Needs Assessment Report (statutory)	Public Health	Decision
3.	End of Life Needs Assessment	Public Health	Discussion
4.	Director of Public Health Annual Report (statutory)	Public Health	Discussion
5.	Local Plan Issues and Options: consultation feedback	RCC Places	Discussion

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DISTRIBUTION

MEMBERS OF THE RUTLAND HEALTH AND WELLBEING BOARD:

Name		Title
1.	Councillor Sam Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	David Wilby (Councillor)	Portfolio Holder for Education and Children's Services
3.	Andy Williams	Joint Chief Executive, LLR CCGs
4.	Dawn Godfrey	Strategic Director of Children and Families (DCS), RCC
5.	Debra Mitchell	Deputy Director Integration & Transformation, LLR CCGs
6.	Duncan Furey	Chief Executive Officer, Citizens Advice Rutland
7.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
8.	Ian Crowe	Armed Forces Representative
9.	James Burden (Dr)	Clinical Director, Rutland Health Primary Care Network
10.	Janet Underwood (Dr)	Chair, Healthwatch Rutland
11.	John Morley	Strategic Director for Adults and Health (DASS), RCC
12.	Lindsey Booth (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
13.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
14.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
15.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
16.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
17.	Steve Corton	Ageing Well Team Support, NHS England - Midlands

OFFICERS ATTENDING:

Name		Title
18.	Jane Narey	Scrutiny Officer, RCC
19.	Sandra Taylor	Health and Wellbeing Integration Lead, RCC
20.	Vivienne Robbins	Consultant in Public Health, RCC

FOR INFORMATION

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

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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 in the Council Chamber, Catmose, Oakham, Rutland LE15 6HP and via Zoom on Tuesday, 5th April, 2022 at 2.00 pm

PRESENT

1.	Councillor S Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Councillor David Wilby	Portfolio Holder for Education and Children's Services (Non-voting Remote Attendee)
3.	Debra Mitchell	Deputy Director Integration & Transformation, LLR CCGs
4.	James Burden (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.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
8.	Paul Kear (Sgt)	Leicestershire Police (rep. Lindsey Booth)
9.	Steve Corton	Ageing Well Team Support, NHS England - Midlands

APOLOGIES:

10.	Dawn Godfrey	Strategic Director of Children and Families (DCS)
11.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
12.	John Morley	Strategic Director for Adults and Health (DASS)
13.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
14.	Vivienne Robbins	Consultant in Public Health, RCC

ABSENT:

15.	Lindsey Booth (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
16.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
17.	Rachel Dewar	AD Urgent & Emergency Care, Leicestershire NHS Partnership
18.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland

OFFICERS PRESENT:

19.	Jane Narey	Scrutiny Officer
20.	Sandra Taylor	Health and Integration Lead, RCC

IN ATTENDANCE:

21.	Andy Williams	Joint Chief Executive, LLR CCGs (Remote Attendee)
22.	Fay Bayliss	Deputy Director Integration & Transformation, LLR CCGs (Remote Attendee)

1 WELCOME AND APOLOGIES RECEIVED

Councillor Harvey welcomed everyone to the meeting. The Scrutiny Officer confirmed that apologies had been received from Melanie Thwaites, Fiona Myers, Vivienne Robbins, John Morley and Dawn Godfrey.

2 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 11th January 2022 and the special meeting held on the 22nd February 2022 were both approved as an accurate record.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 PETITIONS, DEPUTATIONS AND QUESTIONS

The Scrutiny Officer confirmed that a total of three questions had been received. One question with notice from Mr Jennings and two questions with short notice from Mr Nebel and Mr Touchin respectively. However, neither Mr Nebel or his representative were able to attend the meeting so, as per Procedure Rule 93, his question would be replied to in writing and published with the minutes.

She reminded all attendees that every question should be put and answered without discussion and that no discussion was permitted nor a resolution moved with reference to any question or reply to a question. She also confirmed that, as per Procedure Rule 93, the total time allowed for a question submitted with notice including the response was 5 minutes and that Mr Jennings could ask 1 supplementary question for the purpose of clarifying the response.

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Mr Jennings joined the meeting at 2.08 p.m.

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Mr Jennings addressed the Committee with his question regarding Rutland Memorial Hospital.

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Mr Jennings left the meeting and Mr Touchin joined the meeting at 2.14 p.m.

---oOo---

Mr Touchin addressed the Committee with his question regarding the Joint Health and Wellbeing Strategy.

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Mr Touchin left the meeting at 2.18 p.m.

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Councillor Harvey confirmed that Rutland County Council continued to work in close collaboration with stakeholders, such as Rutland Healthwatch as part of the Integrated Delivery Board and the Rutland Health and Wellbeing Board, to ensure that the voice of residents was heard in such matters as community healthcare and integrated services.

5 QUESTIONS WITH NOTICE FROM MEMBERS

There were no questions received from members.

6 NOTICES OF MOTION FROM MEMBERS

There were no notices of motion received from members.

7 PRIMARY CARE TASK AND FINISH GROUP: FINAL REPORT

Councillor Ainsley joined the meeting as Chair of the Primary Care Task and Finish Group to brief the Board on the final report from the Group. During the discussion, the following points were noted:

- The report noted the significant number of people who had responded to the survey (nearly 1,000); the overview of feedback across the practices; and the recommendations set out.
- The proposed recommendations had been amended slightly following presentation of the report to the Adults and Health Scrutiny Committee.
- In section 8.1.e, the references to Public Health and RCC would be omitted and an additional recommendation would be added stating 'That the Rutland PPG's contact Lakeside Healthcare Stamford PPG to share good practice for the best interests of Rutland residents.'
- The final report would be presented to Council for approval on the 11th April 2022 and it would be distributed to the medical practices, the PCN and the LLR CCGs. The Task and Finish Group would then be disbanded.
- The report had been produced in a very short space of time with the whole process only taking 72 days from beginning to end.
- The Deputy Director Integration & Transformation confirmed that the recommendations would be integrated into the Joint Health and Wellbeing Strategy's Delivery Plan, whilst working with the Primary Care Network, the Integrated Care Board and other partners, to ensure follow-up and to enable the Health and Wellbeing Board to track progress.
- LLR CCGs' working group would take forward the recommendations and build them into the Place Led Delivery Plan whilst the Primary Care Network would take onboard the recommendations about the sharing of good practice.
- Councillor Ainsley personally thanked Rachna Vyas, Dr Hilary Fox, Dr Janet Underwood, John Morley and Councillor Harvey as well as other members and officers for their hard work and support in producing the final report.
- Scrutiny Committee thanked members of the Group for all their hard work in doing an outstanding job in producing the report.

RESOLVED

That the Committee:

a) **AGREED** that the responsibility to follow-up on the report's recommendations be transferred to the Health and Wellbeing Board once the Primary Care Task and Finish Group had been disbanded.
b) **AGREED** that a follow-up survey (driven by the Health and Wellbeing Board) would be undertaken by January 2023, recognising the importance of these services to the public.
c) **AGREED** that the Health and Wellbeing Board would work with partners to present a short report at the HWB meeting in July 2022, to update residents on the outcomes of the recommendations from the Primary Care Task and Finish Group.

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Councillor Ainsley left the meeting at 2.42 p.m.

---oOo---

8 RUTLAND JOINT HEALTH AND WELLBEING STRATEGY

Report No. 64/2022 was received from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care and presented by Sandra Taylor, Health and Wellbeing Integration Lead. During the discussion, the following points were noted:

- The Health and Wellbeing Integration Lead presented 4 slides to attendees (copy attached) which detailed some changes to the wording for the Foreword, the Introduction, Section 1.2 and Priority 4 in the Joint Health and Wellbeing Strategy.
- Elective Hubs would be created nationally alongside the community diagnostic centres as a way of solving the current waiting list crisis.
  NHS England » NHS publishes electives recovery plan to boost capacity and give power to patients
- A draft strategy for communication and engagement across Leicester, Leicestershire and Rutland (LLR) had been produced by the LLR Integrated Care Board (engagement open until 24 April: https://www.leicestercityccg.nhs.uk/get-involved/the-nhs-in-leicester-leicestershire-and-rutland-how-we-will-work-with-people-and-communities/). A local communications and engagement plan for Rutland was also in preparation to support the JHWS. This would include relevant communications-related recommendations from the Primary Care Task and Finish Group and would complement the JHWS Delivery Plan.
- The JHWS Delivery Plan was being further developed whilst working with involved stakeholders. In the meantime, delivery of some items from the Delivery Plan e.g. Inequalities Research had already been started.
- First-year actions would be discussed at the next Health and Wellbeing Board meeting in July 2022.
- There would be two substantive sub-groups reporting to the Rutland Health and Wellbeing Board - the Integrated Delivery Group (IDG) and the Children and Young People's Partnership (CYPP).
- Work around complex care and prevention might require the creation of a separate sub-group but this would be confirmed at a later date.
- The Chair requested that, by the next Health and Wellbeing Board meeting in July 2022, the Place Led Delivery Plan was updated for the first year and that the sub-groups had identified their work-streams and taken ownership of them.

  ACTION: **Debra Mitchell and Sandra Taylor**
- It was confirmed that the JHWS: Place Led Delivery Plan would be a standing item on future meeting agendas.

RESOLVED
That the Committee:

a) **NOTED** 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.
b) **APPROVED** the *Rutland Joint Health and Wellbeing Strategy: A Plan for Place 2022-27;* **APPROVED** the amendments for inclusion in the plan and **ENDORSED** the production of a public-facing strategy document for publication in paper and electronic format.
c) **NOTED** the initial Delivery Plan and **AUTHORISED** 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.
d) **SUPPORTED** 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.

9 NEW TERMS OF REFERENCE

Report No. 65/2022 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care was presented by Sandra Taylor, Health and Integration Lead. During the discussion, the following points were noted:

- The Terms of Reference had not been reviewed since 2016 and many people/groups had changed.
- Conversations regarding membership were still ongoing with the LPT but a representative had been confirmed for active and veteran Armed Forces.
- Debra Mitchell confirmed that she would be replacing Fay Bayliss as a member of this Board.
- Dr James Burden confirmed that he would be replacing Dr Hilary Fox as a member of this Board.
- It was agreed to review the membership following the meeting in July 2022 to agree if any additional or co-opted members would be required at the Board i.e. EMAS, cross-border Local Authorities, Fire Service etc.

RESOLVED
That the Committee:

a) **NOTED** the context for renewal of the Terms of Reference of the HWB.
b) **REVIEWED** and **ENDORSED** the Terms of Reference attached at Appendix A of this report for recommendation to be adopted by full Council.
c) **AGREED** with the recommendation, aligned to the Council's Constitution, that HWB meetings would be held virtually unless the Board was required to take a formal decision, when an in-person meeting would be required.

10 REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN

- The Chair of Healthwatch Rutland requested that 'Dentistry in Rutland' be added to the annual work plan.
- The Scrutiny Officer reported that the Adults and Health Scrutiny Committee and the Children and Young People Scrutiny had both requested performance data regarding dentistry in Rutland and that both Chairs had agreed to hold another Joint Scrutiny Committee once the data had been received from the NHS.
- Councillor S Harvey confirmed that the responsibility for dentistry services in Rutland would transfer to the Integrated Care Service in July 2022 and suggested that the matter would be better discussed at the Integrated Care Board as it was an LLR issue and not just a Rutland issue.
- Councillor S Harvey informed attendees that she would email further information regarding dentistry in Rutland to Board members.
  How to find an NHS dentist - NHS (www.nhs.uk)
  Your views on NHS Dental Services | Healthwatch Rutland

11 ANY URGENT BUSINESS

a) CHAIR'S STATEMENT

Councillor S Harvey, Chair of the Board provided the following position statement:

'We are welcoming Dr James Burden for the first time today, representing the Rutland Primary Care Network. As many of you will be aware, Dr Hilary Fox has just retired (for the second time, in fact!). She has for many years been an active member of the Health and Wellbeing Board and a key partner working with us all, both in Rutland and across LLR, to enhance health and care services. I would like to take a moment to thank her for her tireless service to Rutland. We have benefitted greatly from her expertise, creativity, dedication and clear-sightedness, and I am sure you will join me in wishing her every happiness in her well-earned retirement.

As we pass the two-year anniversary of the start of the Covid pandemic, and three months on from my first Chair's statement, we are in a markedly different position - locally, nationally and internationally.

We have entered a new phase in the management of Covid-19, one of learning to live with the disease, relying on the levels of immunity gained through vaccination or recovery from Covid-19, and the transition to less virulent strains. Covid is very much still present in our communities, with rates still rising. The Rutland rate was 880 cases per 100,000 people in the week ending 26 March, compared with an England average of 909. While unpleasant, however, it is not usually leading to the serious consequences we were seeing previously.
Restrictions in England are progressively being replaced with guidance relying on individual judgement – vaccination, fresh air, face covering in crowds, hand washing, testing if symptomatic and staying at home if positive.

- Since 1 April, the Government has stopped providing free universal symptomatic and asymptomatic public testing in England, moving instead to a private market in tests, with a few exceptions, notably ongoing free symptomatic testing for a small number of 'at risk' groups and health and social care staff.
- Most requirements for negative tests prior to visiting a care home were also removed from 1 April.
- A second round of boosters is being rolled out for those who are more vulnerable – aged over 75, care home residents or with a weakened immune system.

If new concerning variants arise, we will of course adapt as required. Otherwise, the focus is on recovery.
March 23 was a National Day of Reflection to mark the losses experienced through Covid-19. In Rutland, we have lost 88 residents to Covid, and many have experienced the loss of others, of course, beyond our county borders. Many people who have recovered from Covid are still feeling its effects in many forms, and still others have seen the pandemic impact on diverse aspects of their lives – including their mental health, livelihoods or education. Our sympathies go to everyone who has suffered.

Many played significant and selfless roles during the pandemic, and I would like to congratulate Ali Wainwright, Chair of the Rutland Foodbank, who received her MBE in person on 23 February, recognising the considerable contribution she and the Foodbank have made to people in Rutland during the pandemic and ongoing.

At the forefront of everyone's minds now is the conflict in Ukraine. Our Elected Members pledged their unanimous support for Ukraine and its people at the last Full Council, and this was echoed by the strength of feeling in our communities. There are various ways that people can help.

- Under the New Homes for Ukraine programme, members of the public can register online (https://homesforukraine.campaign.gov.uk) to host Ukrainian refugees for a minimum of six months' rent free, for a monthly fee from the government of £350. Associated with this, the Council has received further information on its role in providing wraparound support for Ukrainian refugees and their host families.
- The Council's website has information on other ways in which people can contribute, including through donations, with advice on recommended channels. (https://www.rutland.gov.uk/my-community/support-for-ukraine/)

Related to the crisis, we anticipate that our veteran and Armed Forces community may be particularly moved or troubled by the situation in Ukraine. The charity Combat Stress provides mental health support for veterans and has added information to its website to help veterans and their families find ways of managing their feelings at this difficult time: https://combatstress.org.uk/about-us/news/ukraine.

A further impact of the conflict has been to accentuate the trend of rising living costs which started during the pandemic. This includes sharp recent rises to fuel costs which, in a rural area, are being felt particularly acutely, impacting on the ability to heat (particularly) older homes and make necessary journeys. The Council is rolling out a £150 rebate to houses in Council Tax bands A-D and has a discretionary fund for households in higher bands. I would also encourage people in need to reach out to local services, including Citizens Advice, who provide debt and benefits advice and administer the Council's crisis fund, and the Foodbank.

I was pleased in February to be invited to attend the launch of the recently published Parliamentary Inquiry into Rural Health and Care. This supports rural counties by recognising that rural areas have distinctive health and care needs, and highlights that current socio-economic data fails to cast light on rural deprivation because of its dispersed nature. Collaborative work has started, under the Joint Health and Wellbeing Strategy, on a more detailed report into Rutland's health inequalities, involving many of the organisations around this table. That will help to add detail and nuance to our current picture and support our response to current hardships.

Against a challenging backdrop of Covid recovery, the Integrated Care System is in the process of coming into being, with 1 July being the start date for the Integrated Care Board – the successor body to the CCGs. I attend the LLR Integrated Care Partnership, alongside the chairs of the Leicestershire and Leicester Health and Wellbeing Boards and will be using this to highlight the distinctive context and needs of Rutland and to ensure that we are working together effectively as a system to shape health and care services for our residents. This includes keeping visible the out-of-area patterns of service use which are Rutland's reality.

As we embark on delivering our new Joint Health and Wellbeing Strategy for Rutland as a place from July, this is also in the context of the Government's February White Paper on Integrated Care which adds some detail to proposals for integration at place level. It is the start of reforms, however, not the full picture by any means. It includes a number of proposals for local delivery.

- Governance models are required by spring 2023, including a shared plan underpinned by pooled and aligned resources, and encouragement for further aligning and pooling of budgets.
- A 'single accountable person' will lead on delivery of the shared plan and outcomes in each place, this role to be agreed between the relevant local authority and Integrated Care Board, building on existing arrangements. Place clinical leads are also being nominated.
- National priorities will be defined, which we will need to reflect locally from April 2023.
- Coordinated digital investment and improved use of data are being encouraged. We are already deploying the LLR Care Record as part of this, with Rutland's Discharge Team as early adopters.
- The workforce is also an important area for joint work.

We, as the HWB, will be instrumental in helping to inform and shape how the White Paper's proposals are translated into changes that move Rutland forward as a 'place' within the wider ICS.

Finally, I wanted to bring to your attention that Rutland County Council, working with Anglian Water and Uppingham Town Council has secured £158k of grant funding from the government to develop two 'changing place' toilets, one at Sykes Lane and one in Uppingham, to complement the existing facilities in Oakham. Changing Places Toilets, unlike standard accessible toilets, have an adult changing bench and hoist facilities as well as extra space for carers. These facilities will increase the opportunities for local people and visitors who need these enhanced facilities to be able to spend time out and about in their communities, improving their health and wellbeing. I would like to thank everyone involved for their work on this project, which helps to show how much we can achieve by working together.'

b) CONDOLENCES

The Board offered their sincerest condolences to Sgt Paul Kear and officers of the Leicestershire Police force on the sad news of the death of former Chief Constable Simon Cole. He was a well-respected member of the police force within the communities of Rutland and would be greatly missed.

12 DATE OF NEXT MEETING

Future meeting dates would be confirmed at Annual Council on the 9th May 2022.

SUMMARY OF ACTIONS

No.	Ref.	Action	Person
1.	8	The Chair requested that by the next Health and Wellbeing Board meeting in July 2022, the Place Led Delivery Plan was updated for the first year and that the sub-groups had identified their work-streams, named their work-streams and taken ownership of their work-streams	**Debra Mitchell & Sandra Taylor**

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Chairman closed the meeting at 4.17 pm**.**

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Leicester, Leicestershire and Rutland
Integrated Care Board

NHS Leicester, Leicestershire and Rutland Integrated Care Board Update – Andy Williams, Chief Executive

Current position

- NHS Leicester, Leicestershire and Rutland Integrated Care Board formally established 1 July 2022 with the inaugural Board meeting taking place on the same day
- Fully constituted Board in place with Local Authority Partner Members
- Mark Andrews confirmed as Rutland County Council Partner Member
- Final LLR CCGs Governing Bodies meeting and AGM took place on 28 June 2022. Officially dissolved at midnight on 30 June 2022
- Existing LLR CCGs staff TUPE's across to the ICB – your contacts remain the same
- Membership of the Health and Wellbeing Partnership (the 'integrated care partnership' for LLR) to be reviewed over the coming months

Report No: 131/2022
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

12 July 2022

JOINT HEALTH AND WELLBEING STRATEGY UPDATE

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
	Debra Mitchell, Deputy Director of Integration and Transformation, LLR CCGs	07969910333 debra.mitchell3@nhs.net
Ward Councillors	n/a	

DECISION RECOMMENDATIONS

That the Board:

1. Notes the further development of the JHWS Delivery Plan coinciding with the July transition to the Integrated Care System, and the summary of progress to date.
2. Endorses the direction of travel of the associated Communications and Engagement plan and approves:

   - public engagement to enhance and refine that plan; and
   - as the plan is not cost neutral, the development of an options appraisal addressing what could be achieved under the plan with different levels of resourcing.

2 PURPOSE OF THE REPORT

2.1 The Joint Health and Wellbeing Strategy (JHWS) is a statutory responsibility of the Health and Wellbeing Board (HWB) and falls under its governance.

2.2 The purpose of this report is to update the board on readiness for implementation of the JHWS, coinciding with the launch of the system-level Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) in July 2022.

2.3 It is also to seek feedback on the JHWS's draft Communications and Engagement Plan and agree next steps in relation to this plan.

3 MOVING TO IMPLEMENTATION OF THE STRATEGY

3.1 Rutland's Joint Health and Wellbeing Strategy was formally approved at the 5 April Health and Wellbeing Board.

3.2 The overall aim of the joint strategy, which will be delivered across five years, is 'people living well in active communities.' It aims to 'nurture safe, healthy and caring communities in which people start well and thrive together throughout their lives'. In order to achieve its objectives, the Strategy is structured into seven priorities following a life course model.

3.3 At the May Integrated Delivery Group (IDG) meeting, leads were nominated for each of the JHWS priorities at both HWB and IDG level, with the aim of supporting the balanced and collaborative delivery of the strategy via IDG and the HWB.

Priority	**HWB lead**
1. Best start for life.	Dawn Godfrey
2. Staying healthy and independent: prevention.	Mike Sandys
3. Living well with long term conditions and healthy ageing.	John Morley
4. Equitable access to health and wellbeing services.	Rachna Vyas
5. Preparing for population growth and change.	Sarah Prema
6. Ensuring people are well supported in the last phase of their lives.	Dr James Burden
7. Cross-cutting themes: 7.1 mental health 7.2 health inequalities 7.3 pandemic recovery and readiness	 7.1 TBC 7.2 Mike Sandys 7.3 Mike Sandys

3.4 Appendix A provides a **high-level summary of progress across the JHWS's priorities**, also highlighting where the input of the HWB is requested to key issues or decisions. To add colour and greater insight to this high level view, future reporting will include slide decks, case studies or other formats provided by relevant priority or action leads to offer a more vivid picture of developments of particular interest or importance, bringing to life choices that the Board are asked to make, or the progress that the strategy is making.

3.5 All the teams progressing priorities have seen a twin track of progress: working together to further define their action programme in readiness for formal launch of

the strategy and getting delivery underway. The included updates prioritise work that is to go ahead this financial year, and are informed by the **'Do, Sponsor, Watch' approach** highlighted at the April HWB, in which the attention of the HWB and IDG is focussed on those actions to which these groups can bring most value, with actions tagged as 'Do' receiving greater oversight and intervention than those in the Sponsor and Watch categories.

3.6 Further development of **governance structures** to support strategy delivery was explored by the IDG. In the first instance, it is likely that partners will progress via the HWB's statutory sub-groups, the IDG and the Children and Young People's Partnership (CYPP) plus the Strategic Health Developments Group, the Communications and Engagement Working Group, and a mental health group yet to be convened. A group for prevention and the wider determinants of health is also under consideration.

3.7 Appendix B is an **Outcomes Summary Report** which provides additional context by setting out the most recent Public Health data available for indicators relevant to each of the Strategy's priorities. It highlights whether Rutland rates are below, similar to or above either national rates or the rates in a group of 16 similar areas of the country, offering greatest detail on indicators of concern. These data are released with a time lag, so the impact of the early work undertaken to deliver the strategy will not initially be reflected here. The reports will be used ongoing by priority teams in their targeting and prioritisation.

3.8 The **JHWS delivery plan** (Appendix C) has been further developed via the HWB sub-groups, identifying ownership for this year's actions and confirming their scope. It also includes a short progress update per action that is underway. Partners are adjusting to some turnover and changes to roles, and some change programmes are still under development (e.g. for mental health, working to a wider timetable of change across LLR).

3.9 As requested at the April HWB meeting, the plan has also been adjusted to include actions being taken forward from the Council's Primary Care Task and Finish Group Final Report to facilitate follow-through. The primary care public survey is to be repeated in Q4 of this year to capture overall changes.

3.10 The following are highlights from the progress reported:

- **Understanding needs through data and engagement:** Analysis is well underway into two aspects of the Joint Strategic Needs Assessment that are important to shaping and targeting next steps: health inequalities in Rutland (Priority 7) and end of life care (P6). In parallel, further detailed analysis has added detail to the proposals for strategic health developments in Rutland, which aim to use infrastructure to best effect to bring more care closer to home (P4 and 5). A mapping of the Rutland voluntary and community sector (VCS) is also underway.
  Complementing this, a consultation is underway on a new LLR carers strategy (closing 22 July), whose conclusions will feed through into Rutland's JHWS (P3). Carers are also currently being asked to feed back their experience of local end of life care in the End of Life Needs Assessment Survey (closing 6 July) to help to inform Priority 6 actions.

- **A number of key 'enablers' are coming into place:** These include the establishment of the family hub (P1), the communications and engagement plan detailed below (P2), the procurement of an online multi-partner social prescribing platform (P2), the rollout of the shared LLR Care Record (P3), recruitment of the new RCC Armed Forces lead and Neighbourhood Facilitator (P7) and the recruitment for a Neighbourhood Mental Health lead which is underway (P7).
- **'Quick wins':** A number of actions have been undertaken or are underway which are improving services for the public.
  - The Primary Care Network (PCN) have been increasing take-up of bowel cancer screening through personalised phone calls to non-responders (P3).
  - Recognising the challenges with waiting lists for dementia diagnosis, additional posts are in recruitment in the memory service at LLR level and the CCG has part-funded pre- and peri-diagnosis support which AgeUK are delivering (P3).
  - A learning disabilities nurse has been working with the PCN to increase take-up of annual health checks (P3).
  - The PCN have set up an innovative academy in partnership with Nottingham University to develop seven clinical pharmacists to advanced practitioners, giving them diagnostic skills and increased autonomy, which will benefit patients (P5).
  - A local venue has been agreed so that VitaMinds can provide mental health support services directly in Rutland improving access (P7).

4 COMMUNICATIONS AND ENGAGEMENT

4.1 The Plan

4.1..1 A **draft communications and engagement plan** supporting the work of the HWB and the delivery of the JHWS has been developed by the Communications and Engagement Working Group (Appendix D).

4.1..2 In designing this plan, we have been guided by practical national communication and engagement principles published as part of 2021 LGA and NHS guidance on building a strong Integrated Care System (ICS). The principles aim to set out how each level of the ICS (system, place and neighbourhood) should aim to work closely with people and communities for the best outcomes.

4.1..3 This has been informed by national guidance on successful 'place' development, and is being designed to align with: the LLR People and Communities plan which was recently approved by the Integrated Care Board; the Council's corporate Communication and Engagement Strategy which went to Cabinet on 5 April; and, the communications strategies and approaches of other key HWB partners.

4.1..4 The draft plan has been informed by views the public have already shared about communications and engagement. Building on this, and with the agreement of HWB, **the working group propose to undertake wider engagement to further inform the plan before finalising it for the October HWB meeting.**

4.1..5 Key messages identified from the public so far have been the following:

- **Communications**
  - People want easy access to information that enables them to care for themselves and make timely and informed choices.
  - They can find it difficult to discover what services and opportunities are available to them to support their health and wellbeing.
  - Not everyone can access digital channels and so we must cater for all.
- **Engagement**
  - Many people want to help to inform and shape service improvements, including by sharing their own experience of services.

4.1..6 The plan is organised around three aims:

1. Ensuring people can access the information they need to maintain their health and wellbeing and navigate change.

2. Raising the profile of the Rutland Health and Wellbeing Board.

3. Involving the public and professional stakeholders in service design and change.

4.1..7 The plan sets out a ladder of increasing depths of involvement, drawing on definitions used by *Think Local, Act Personal*, which has extensive experience in this domain and promotes the meaningful participation of people in shaping services. The plan then sets out how each of these types of dialogue will be used to deliver the three priorities above. The scale covers:

- **Educating and informing**: imparting information and promoting awareness supporting health and wellbeing.
- **Consulting**: where there is a more formal and structured process of gathering views to inform decisions and actions.
- **Engaging, co-design and co-production**: three increasing levels of more active and involved dialogue or exchange involving 'experts by experience' and the workforce, helping to generate increased mutual understanding informing jointly derived solutions.

4.2 Resourcing

4.2..1 A key matter for the consideration of the HWB is that a broadening of communications and engagement activity associated with the JHWS is not resource-neutral. A lot is achievable using current resourcing, particularly by coordinating existing communications and adjusting how we undertake communication, service design and improvement activities. Partners are currently drawing together a communications asset audit (covering e.g. communications channels, staffing, skills and software tools) to help develop new approaches.

4.2..2 However, for communications and engagement to achieve their full potential, unlocking take-up and effectiveness benefits across the whole JHWS, delivering on inequalities and accessibility-related aims, and moving towards a more participative culture, some capital and recurrent investment is likely to be needed (for example printed resources, 'easy reads', branding, training, etc). It is proposed that the working group brings an options paper to the next HWB which more fully addresses resourcing options. This should not preclude taking up opportunities that present

themselves in the interim.

4.3 **Promoting the JHWS to the public**

4.3..1 At the last HWB, a succinct and visual public-facing version of the JHWS was requested, to set out the context for the JHWS, share the strategy's vision and scope and set out what it will mean to the public.

4.3..2 With the formal launch in July of the Integrated Care Board (ICB) at system level, Rutland partners have started a dialogue with the ICB and the City and County HWBs about coordinating JHWS-related communications across the system and the three LLR places. The aim of this is to make the inter-relationships in the system clearer to the public. This is developing favourably. A brand has been developed for the system and details of this are awaited. The production of the public-facing JHWS has been put on hold for a short time pending the outcome of this dialogue, rather than duplicating work and production costs.

4.3..3 As an interim measure, the Council's website has been updated with the new JHWS.

4.3..4 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 role of the Board and of the Strategy for health and wellbeing in Rutland.

4.3..5 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, potentially 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 may be beneficial, with reusable assets and a recognisable style, for use across involved partners. 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.

5 ALTERNATIVE OPTIONS

5.1 The JHWS is a statutory responsibility and has been consulted on publicly.

5.2 An options report is proposed for the October HWB meeting to review the potential scope of the Communications and Engagement Plan depending on resourcing levels available.

6 FINANCIAL IMPLICATIONS

6.1 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.

6.2 The JHWS and communications and engagement plan, in setting out shared priorities across health and care partners, are intended to support and inform the commissioning of local health and care services and communications activities in

Rutland for 2022-27.

6.3 While the JHWS itself is not associated at this stage with new recurrent funding, there are still choices to be made around resourcing to support balanced delivery of the JHWS and its communications and engagement plan. In particular, RCC and the ICB are reviewing opportunities for one-off investment to boost the achievement of joint HWB priorities.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 The JHWS meets the HWB's statutory duty to produce a JHWS, and the ICS duty for there to be a Place Led Plan for the local population.

7.2 JHWS actions will be delivered on behalf of the HWB via the CYPP and IDG.

8 DATA PROTECTION IMPLICATIONS

8.1 Data Protection Impact Assessments (DPIA) will be undertaken for individual projects as and when required to ensure that any risks to the rights and freedoms of natural persons through proposed changes to the processing of personal data are appropriately managed and mitigated.

9 EQUALITY IMPACT ASSESSMENT

9.1 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.

9.2 The initial Equality Impact Assessment sets out how the Strategy, successfully implemented, could help to reduce a wide range of inequalities. It is acknowledged that the strategy and delivery plan are high level and therefore additional equality impact assessments will be completed as appropriate as services are redesigned or recommissioned within the life of the strategy.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 Having a safe and resilient environment has a positive impact on health and wellbeing. National evidence has also shown that more equal societies experience less crime and higher levels of feeing safe than unequal communities. The JHWS has no specific community safety implications but will work to build relationships across the Community Safety Partnership and to build strong resilient communities across Rutland.

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 The JHWS is a central tool in supporting local partners to work together effectively with the Rutland population to enhance and maintain health and wellbeing.

12 ORGANISATIONAL IMPLICATIONS

12.1 **Environmental implications:** Rutland's JHWS 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.

12.2 **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.

12.3 **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.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

13.1 The JHWS provides 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. The progress against the plan set out in this paper supports the HWB in tracking and steering delivery.

13.2 The draft Communications and Engagement Plan that has been presented is a vital complement to the JHWS, increasing the public and workforce input to designing actions, and making it easier for people to identify information and opportunities beneficial to their health and wellbeing. Endorsing engagement on this plan over the next quarter will help to ensure it benefits from the ideas and feedback of the public and workforce. By examining resource implications, the proposed options paper will help to set shared realistic expectations for the plan.

14 BACKGROUND PAPERS

14.1 There are no additional background papers.

15 APPENDICES

15.1 Appendices are as follows:

A. JHWS Update Report April to June 2022

B. JHWS Outcomes Summary Report June 2022

C. JHWS Delivery Plan June 2022

D. Draft Health and Wellbeing Communications and Engagement Plan

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

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Joint Health and Wellbeing Strategy

The JHWS is the 2022-27 health and wellbeing work programme of the Rutland Health and Wellbeing Board, whose aim is "safe, healthy and caring communities in which people start well and thrive together throughout their lives".

Performance Report	Apr-Jun 2022
Senior Reporting Officer:	Debra Mitchell and John Morley

Status Summary	**RAG**	

Overview of progress

The JHWS was formally approved by the Health and Wellbeing Board in April 2022.
Priority level leads have been identified who have been enriching the delivery plan to ensure it is implementation-ready for JHWS launch in July 2022. Many key actions are already underway across the programme. In parallel, a working group has developed a Communications and Engagement Plan to complement and support delivery of the JHWS. This will be considered by the Rutland HWB at the July meeting.

Areas where work is underway and running to plan

1. Finalising the JHWS delivery plan.
2. Reviewing funding available to support balanced progress across the JHWS delivery plan.
3. Aligning the JHWS delivery plan and health investment plans to ensure the JHWS place plan can be used as a single point of reference for place priorities

Variations to plan

None currently.

Dependencies

Launch of the Integrated Care Board July 2022.
The state of the pandemic

Key decisions and achievements this period

Decision requests

1. Note progress on the delivery plan to date and endorse JHWS reporting formats.
2. Endorse the direction of and approve the next steps for the Communications and Engagement Plan.
3. Endorse a coordinated approach where possible across the system and three places for JHWS communications and promotion.

Key Achievements

1. HWB approval of the JHWS in April.
2. Identification of priority leads and development of the JHWS delivery plan to implementation readiness.
3. Health investment proposals for Rutland further developed.

Focus next period

Jul-Sep – start-up of JHWS implementation.

Risks and Issues

JHWS Progress Update: Priority 1 Best start for life

Priority update

Priority Focus Area	'Socialising' the plan, increasing clarity around implementation priorities for Year 1.
Lead	Dawn Godfrey (HWB), Bernadette Caffrey (IDG)
Objective	Giving children and young people the best start for life, supporting confident families, access to health services.
Strategy Phase	Preparation

Reporting Period: Apr-Jun 2022

Overall Current	**Green**	**Previous**	**n/a**
Decisions			
Escalation issues			
Other risks and issues			

Achievements this period: Apr-Jun 2022

Do

Health equity across the LLR system - To achieve the vision for Maternity and Neonatal - Twin Aims:
To achieve equity for **mothers and babies** from Black, Asian and Mixed ethnic groups, and those living in the most deprived areas.
To achieve equality and experience for staff from minority ethnic groups.
Phase 1 –November 2021 -Submitted Equity and Equality Gap analysis report for LLR to NHSE/I
Phase 2 – Develop co production plans based on gap analysis with key partners to include the wider determinants of health and map the assets of communities which help address the social determinants of health through multistakeholder engagement exercise and community engagement to identify key areas that will have high impact on the outcomes of mother and child. (JSNA; Population profiles; physical factors e.g., transport, deprivation, disability, needs of culturally diverse communities, areas of multiple deprivation.

9th June Multi stakeholder Workshop in collaboration with key system partners- to develop the shared vision and to identify key priorities that will have the highest impact on the outcomes of Mother and Child

Sponsor, watch

Forward Plan for next period: Jul-Sep 2022

Do

Initial Priority Actions from Stakeholders event 9th June 2022
1.Build on and develop further register of community assets.
2.Re launch Peer Support Programme- New pool of workforce
3.Focus on Preconception Health for public health interventions- Early Education in schools etc
4.Work under one roof- physically or virtually to create a 'One Stop Shop' for communities
5.Utilising community services(place based) - make the most of what we have- e.g. pop up clinics etc.
These will be further developed following community engagement exercise and consultation with Task and finish group to set SMART actions (short, medium and long term)

Next steps
June – July - Community engagement exercise to understand the needs of the communities and what they consider are priorities
June -July follow up with key stakeholders on their commitments for actions identified as part of Equity and Equity (Task and Finish group)
July - August - co produce Equity action plans across LLR with timelines for completion (short term, medium term and long term) over next 5 years
September – Submit our Equity and Equality action plans to NHSE/I.
Sponsor, watch

JHWS Progress Update: Priority 2 Staying healthy and independent: prevention

Priority update

Priority Focus Area	'Socialising' the plan, increasing clarity around implementation priorities for Year 1.
Lead	Mike Sandys (HWB), Viv Robbins (Sandra Taylor) (IDG)
Objective	Empowering people to take a full role in maintaining good health and wellbeing, in healthy communities.
Strategy Phase	Preparation

Reporting Period: Apr-Jun 2022

Overall Current	**Green**	**Previous**	**n/a**
Decisions	• Communications and engagement plan approval/feedback		
Escalation issues	• None		
Other risks and issues	• Extending communications and engagement has resource implications which are being worked through. Rutland Information Service website also needs investment to fulfil its potential as a key information hub. • Feedback is that volunteers are in short supply: looking at collective action to help to encourage people to come forward, also given the potential wellbeing benefit from this.		

Achievements this period: Apr-Jun 2022

Do

2.1 Active communities: Draft Joint Communication and Engagement Plan developed for July HWB – aims to make it easier for people to find out what's available to them, and get more involved in shaping services.
Support to VCS underway alongside a study into VCS development needs.
2.2 Staying well. Social prescribing platform has been procured. This will help to enhance the 'front door' into prevention services and how agencies work together to support individuals.
2.3 Take up of preventative health services. Targeted actions underway, notably GP practices contacting people who have not returned bowel cancer screening tests, to increase take-up.
2.4 Communities in which to thrive. Validated that RCC considers the health and wellbeing impact of its actions and policies. The aim is to extend this wider.

Sponsor, watch

2.1 Active communities: The website supporting volunteering is live. Volunteer numbers are low relative to opportunities.

Forward Plan for next period: Jul-Sep 2022

Do

2.1 Active communities: Move into implementing the comms and engagement plan if approved by HWB. Progress the review of the development needs of the voluntary sector.
2.2 Staying well: Local implementation of the social prescribing platform to support social prescribers (RCC and PCN), public health, health and VCS to deliver wellbeing and prevention services efficiently to the public.
Development work on a stronger prevention front door for Rutland and defining requirements from the Rutland information Service website.
Progress training of 'making every contact count' trainers so we can locally increase the front line staff able to offer tailored recommendations to the public on boosting health and wellbeing.

Sponsor, watch

2.1 Active communities: Explore joint actions around increasing volunteering.

JHWS Progress Update: Priority 3 Living well with long term conditions and healthy ageing

Priority update

Priority Focus Area	'Socialising' the plan, increasing clarity around implementation priorities for Year 1. Refreshing connections across partners, identifying and progressing quick wins.
Lead	John Morley (HWB), Emma Jane Perkins (IDG)
Objective	Timely and well-coordinated support enabling people living with ill health to live well, without ill health dominating, postponing deterioration, ageing well.
Strategy Phase	Preparation

Reporting Period: Apr-Jun 2022

Overall Current	**Green**	**Previous**	**n/a**
Decisions			
Escalation issues	For awareness: LLR Carers Strategy consultation – ends 22 July.		
Other risks and issues			

Achievements this period: Apr-Jun 2022

Good progress has been made to confirm the scope of actions in this priority and a range of actions are already progressing well.

Do

3.2.1 Early changes are enhancing integrated and multidisciplinary working, better supporting people with complex health needs e.g. integrating health and adult social care teams around therapy has improved the patient journey and reduced duplication of work by improved communication, upskilling of staff and a shared vision at manager level. Looking at rolling this successful model out wider across LLR.

3.2.4 Good hospital discharge performance – high reablement success and minimising use of interim beds means patients successfully going straight home.

Sponsor, watch

3.1.2 Progressing approaches supporting people living with ill health e.g. via integrated care coordinator support and loan of GP blood pressure monitors for home management.

3.1.3 Active work on falls prevention in care homes, using a personalised approach for greater impact.

3.4.6 Additional local capacity to alleviate waits for dementia diagnosis – CCG funding additional posts in the LLR memory service (in recruitment) and part-funding pre- and peri-diagnosis support which AgeUK are delivering locally.

Forward Plan for next period: Jul-Sep 2022

Do

3.1.1 Looking at options for the 'prevention front door' in Rutland as the social prescribing platform comes into place.

3.2.4 Learning from outcomes of a 6 month nursing pilot.

3.3 Follow through on LLR carers consultation.

Sponsor, watch

3.2.3 LLR Care Record ready to pilot with Rutland discharge team.

3.1.4 Looking at peer support opportunities for people living with ill health.

JHWS Progress Update: Priority 4: Ensuring equitable access to services

Priority update

Priority Focus Area	'Socialising' the plan, increasing clarity around implementation priorities for Year 1.
Lead	Rachna Vyas (HWB), Debra Mitchell (Charlie Summers) (IDG)
Objective	Improve access to services and wider opportunities for people less able to travel – e.g., via care closer to home, access to public transport, use of technology.
Strategy Phase	Preparation

Reporting Period: Apr-Jun 2022

Overall Current	**Green**	**Previous**	**n/a**
Decisions			
Escalation issues			
Other risks and issues			

Achievements this period: Apr-Jun 2022

Links being established with cross border partners. Task and finish group being established to look at cross border communication and linkages to the IT Infrastructure programme.

PCN's inequality plan approved and focuses on patients who are housebound and/or frail and access to services.

Direct targeting of patients is already being undertaken for 4 diagnostic tests locally. Once the local diagnostic offer is confirmed we will work to promote this.

Comms and engagement group established - draft plan in review.
Outline communications plan drafted.
Primary care access survey undertaken by the LA in Sept 2021 and results will be fed in to overall access plans.

Rutland Strategic Health Developments Project Board formed.
First meeting planned for the INT development.
Recruitment underway of ARRS staff and other supporting roles.

Sponsor, watch

Forward Plan for next period: Jul-Sep 2022

Agree priorities for the first year of the plan.

Make linkages to the local and national IT infrastructure projects and identify key areas of concern for Rutland.

Commence an Out of Area contract review of LLR CCG/ICB commissioned services

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.

Agree communications and engagement priorities for year one of the plan.

Sponsor, watch

JHWS Progress Update: Priority 5 Preparing for our growing and changing population

Priority update

Priority Focus Area	'Socialising' the plan, increasing clarity around implementation priorities for Year 1. More detailed planning around future health and care infrastructure.
Lead	Sarah Prema (HWB), Joanna Clinton (Adhvait Sheth) (IDG)
Objective	Ensuring we have a health and care infrastructure and workforce fit for the future.
Strategy Phase	Preparation

Reporting Period: Apr-Jun 2022

Overall Current	**Green**	**Previous**	**n/a**
Decisions			
Escalation issues			
Other risks and issues	• Alternatives to achieving Levelling Up proposal aims and objectives will need to be considered if not successful at stage one. Risk of reduced scope and / or shift in timelines of improvement.		

Achievements this period: Apr-Jun 2022

5.1 Planning and developing 'fit for the future' health and care infrastructure : Routine Dialogue and visibility of key neighbouring area plans in development. Senior cross border partnership representation agreed for C&P north place partnership group. Awaiting establishment of LLR collaboratives to support alignment with wider LLR elective plans. In principle RCC Cabinet support for wider investment in healthcare via Levelling Up Opportunity for RMH if included in submission. Draft proposal and in principle support from partners being sought. RMH site feasibility underway.

5.2 Health and care workforce fit for the future. Additional roles recruitment and new ways of working in development. Draft LLR workforce plan in development. Career opportunities engagement with local educational settings by local teams in train.

5.3 Health and equity in all policies: Initial engagement is taking place across partnership to inform local plan developments.

Forward Plan for next period: Jul-Sep 2022

5.1 Finalise stage Levelling Up Proposal and submit for consideration. Review findings of RMH feasibility Study. Obtain in principle support of Submission of Stage One Levelling Up Proposal from all key partners.

5.2 Health and care workforce fit for the future: Discussions planned to develop programme of educational and other settings for engagement

5.3 Health and equity in all policies:

JHWS Progress Update: Priority 6 Ensuring people are well support in the last phase of their lives

Priority update

Priority Focus Area	'Socialising' the plan with partners, increasing clarity around implementation priorities for Year 1. Understanding needs and current services.
Lead	Dr James Burden (HWB), Charlie Summers (IDG)
Objective	Support individuals, their families and carers, in achieving their wishes around end of life care and ensuring they are informed to make decisions.
Strategy Phase	**Preparation**

Reporting Period: Apr-Jul 2022

Overall Current	**Green**	**Previous**	**n/a**
Decisions	• n/a		
Escalation issues	• Awareness of survey of carer and workforce experiences of end of life care. Closing 6 July.		
Other risks and issues			

Achievements this period: Apr-Jun 2022

Do

Analysis underway by Public Health of end of life care needs and services, including a survey of carers and workforce experience of end of life care in Rutland. Will help to inform future actions.

Linkages being made to the LLR end of life and palliative care task force. Exploration of expansion of compassionate communities.

JSNA chapter on end of life in preparation. Engagement survey of carers and workforce underway.

Forward Plan for next period: Jul-Sep 2022

Do

Linking end of life in to the review of RMH and understanding local provision. Identification of local hospices and commissioning arrangements in place.

Identification of bereavement support in and around Rutland. Link with VSC contracts lead at CCG.

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 for Rutland patients, family and carers.

Further develop the Dying Matters website to support coordination and choice of End of Life services.

JHWS Progress Update: Priority 7.1 Mental Health

Priority update

Priority Focus Area	Establishing the team and approach. 'Socialising' the plan, increasing clarity around implementation priorities for Year 1. System-wide workshops on approach to Mental Health.
Lead	TBC (HWB), TBC (IDG)
Objective	Supporting delivery of mental health prevention, care and treatment services that improve local patient experience and outcomes.
Strategy Phase	Preparation

Reporting Period: Apr-Jul 2022

Overall Current	Green	**Previous**	n/a
Decisions	n/a		
Escalation issues	n/a		
Other risks and issues	• Challenges in recruitment of Neighbourhood Mental Health Lead role		

Achievements this period: Apr-Jun 2022

Do

7.1.6 – Agreement of physical space for Vita Minds to deliver support from within Rutland.
7.1.6 – Resources agreed and transferred to Rutland Council by CCG to support development of prevention and resilience schemes.

Sponsor, watch

Forward Plan for next period: Jul-Sep 2022

Do

7.1.4 – Procurement of crisis café for Rutland.
7.1.4 – Rutland officer involvement in Round 2 panels of 'Getting help in neighbourhoods' VCS grant scheme (September)
7.1.5 –Recruitment of Peer Support Worker, seeking to appoint x1 PSW for Rutland
7.1.6 – Commencement of Rutland innovation site for integrated mental health neighbourhoods, working with Partners 4 Change, developing 3 Conversation/strength based approach.
7.1.6 – Mental health workforce planning for Rutland in collaboration with LPT.
7.1.6 – Commence recruitment of additional ARRS role to work with the PCN and closely with RISE team.

Sponsor, watch

JHWS Progress Update: Priority 7.2 Reducing health inequalities 7.3 Pandemic recovery and readiness

Priority update

Priority Focus Area	'Socialising' the plan, increasing clarity around implementation priorities for Year 1. Analysis into Rutland health inequalities well advanced – will support future intervention design and prioritisation.
Lead	Mike Sandys (HWB), Viv Robbins (IDG)
Objective	To understand and reduce health inequalities in Rutland, including relating to the armed forces, including through a proportionate universalism approach. To ensure Covid-19 recovery and pandemic readiness.
Strategy Phase	Preparation

Reporting Period: Apr-Jul 2022

Overall Current	Green	**Previous**	n/a
Decisions	n/a		
Escalation issues	n/a		
Other risks and issues	Awaiting Census data for parts of the analysis. Expected summer 2022.		

Achievements this period: Apr-Jun 2022

Do

7.2.1. Health Inequalities Joint Strategic Needs Assessment chapter well underway.

7.2.5. Work underway on reviewing the health needs of military and veteran populations across LLR.

Sponsor, watch

7.2.2,3 & 7- Leicestershire Partnership Trust development session on strengthening prevention and health inequalities. Looking to develop further sessions with other large NHS providers.

Forward Plan for next period: Jul-Sep 2022

Do

7.2.1. Finalise the Health Inequalities Joint Strategic Needs Assessment chapter for presentation at the October HWB.

7.2.5. Further develop the LLR military and veterans needs assessment and link to the wider Rutland Health Inequalities Needs Assessment.

Sponsor, watch

7.2. Refine LLR Health Inequalities Framework to include the NHS Core20Plus5 approach and look to develop a system action plan.

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

Rutland

June 2022

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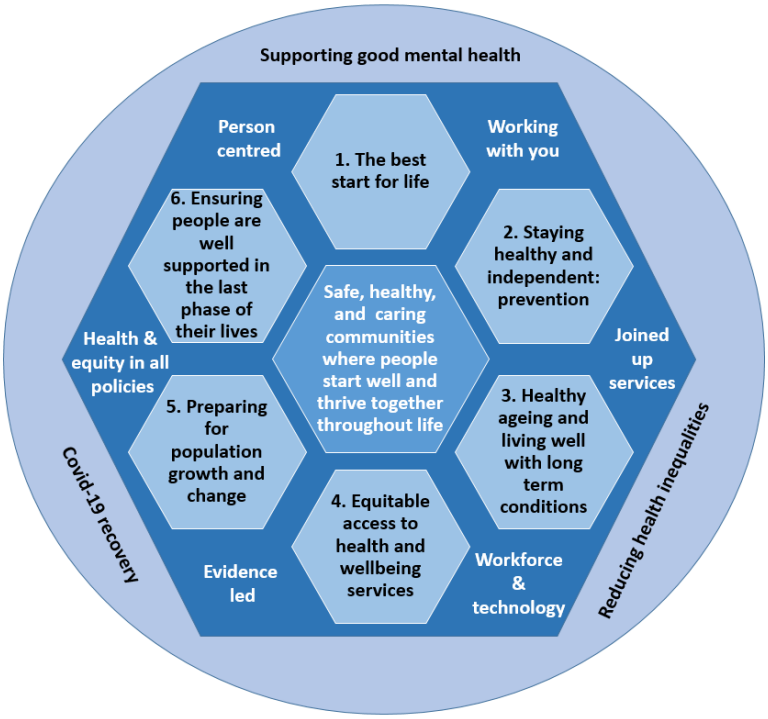
Produced by the Business Intelligence Service at Leicestershire County Council.

Purpose of Report

In line with the Rutland Joint Health and Wellbeing Strategy (2022-2025), this report has been produced to support and monitor the performance of indicators that are linked to each priority area within the strategy. A dashboard of indicators has also been developed to aid discussion and monitor progress.

The Rutland Joint Health and Wellbeing Strategy has six priority areas for action, with three cross cutting themes. The diagram below summarises the priorities and principles:



The outcomes summary report and dashboards will be updated on a quarterly basis to support the delivery of the Rutland Joint Health and Wellbeing Strategy. It is important to note that the dashboard will continue to be developed as the strategy evolves and the delivery plan is developed.

The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A RAG rating of 'green' shows those that are performing better than the England value or benchmark and 'red' indicates worse than the England value or benchmark.

Appendix 1 provides more details on the similar areas to Rutland.

Priority 1: Enabling the best start in life

Performance Summary

- Out of all the comparable indicators presented for the enabling the best start in life priority, seven are green, 13 are amber and five are red. One indicator has no England data for comparison and two indicators are lower than national.

- Rutland performed significantly worse than England/benchmark for the following five indicators:

  Children in care immunisations - Rutland is ranked 16th out of 16 in 2021. The proportion of children in care for at least 12 months whose immunisations were up to date increased from 56.0% in 2020 to 62.0% in 2021. Rutland has performed significantly worse than England since 2019.

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

  Proportion of new birth visits (NBVs) completed within 14 days - Rutland is ranked 12th out of 16 in 2020/21. The proportion of NBVs completed within 14 days has decreased from 85.5% in 2019/20 (where it performed statistically similar to the England value) to 82.5% in 2020/21.

  Population vaccination coverage for HPV (one dose) for 12-13 years old (Males) - Rutland is ranked 16th out of 16 in 2020/21. The latest value for Rutland is 62.5%, which is below the benchmarking goal of 80%.

  Population vaccination coverage for HPV (one dose) for 12-13 years old (Females) - Rutland is ranked 16th out of 16 in 2020/21. The latest value for Rutland is 61.2%, which is below the benchmarking goal of 80%.

- Of the seven green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicators: Year 6: Prevalence of overweight (including obesity), School readiness: percentage of children achieving a good level of development at the end of reception and Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years).

- There are currently seven indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):

  - Children in care immunisations
  - General fertility rate
  - Neonatal mortality and stillbirth rate

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

- Proportion of children receiving a 12-month review
- HPV Vaccination coverage for one dose (12-13 year) (Females)
- HPV Vaccination coverage for one dose (12-13 year) (Males)
- Percentage of 5 year olds with experience of visually obvious dental decay

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

Rutland Joint Health and Wellbeing Strategy - Priority 1: The best start for life

Indicator				Value	England	DoT	RAG
C04 - Low birth weight of term babies	P	>=37 weeks g..	2020	1.7	2.9	▶	●
C09a - Reception: Prevalence of overweight (including obesity)	P	4-5 yrs	2019/20	23.1	23.0	▶	●
Estimated number of children and young people with mental disorders – aged 5 to 17	P	5-17 yrs	2017/18	752.2	Null	▬	●
New referrals to secondary mental health services, per 100,000	P	<18 yrs	2019/20	4,602.8	6,977.4	▬	●
A&E attendances (0-4 years)	P	0-4 yrs	2019/20	397.6	659.8	▶	●
Admissions for lower respiratory tract infections in infants aged under 1 year	P	<1 yr	2020/21	Null	94.9	▬	●
C05a - Baby's first feed breastmilk	P	Newborn	2018/19	77.6	67.4	▬	●
Children in care immunisations	P	<18 yrs	2021	62.0	86.0	▬	●
General fertility rate	F	15-44 yrs	2020	47.3	55.3	▼	●
Neonatal mortality and stillbirth rate	P	<28 days	2019	7.1	6.6	▶	●
Proportion of children receiving a 12-month review	P	1 yr	2020/21	37.0	76.1	▬	●
Proportion of infants receiving a 6 to 8 week review	P	6-8 weeks	2020/21	76.4	80.2	▬	●
Pupils with special educational needs (SEN): % of school pupils with special educational needs	P	School age	2018	13.1	14.4	▶	●
Average Attainment 8 score	P	15-16 yrs	2020/21	54.3	50.9	▬	●
C06 - Smoking status at time of delivery	F	All ages	2020/21	8.8	9.6	▬	●
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days	P	<14 days	2020/21	82.5	88.0	▬	●
C08a - Child development: percentage of children achieving a good level of development at 2-2½ years	P	2-2.5 yrs	2020/21	80.9	82.9	▬	●
C09b - Year 6: Prevalence of overweight (including obesity)	P	10-11 yrs	2019/20	26.6	35.2	▶	●
Children in care	P	<18 yrs	2021	43.0	67.0	▶	●
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 year old)	F	12-13 yrs	2020/21	61.2	76.7	▼	●
	M	12-13 yrs	2020/21	62.5	71.0	▬	●
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	P	5 yrs	2018/19	25.3	23.4	▬	●
Hospital admissions as a result of self-harm (10-24 years)	P	10-24 yrs	2020/21	309.9	421.9	▶	●
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional ..	P	School age	2021	2.4	2.8	▲	●
B02a - School readiness: percentage of children achieving a good level of development at the end of Rec..	P	5 yrs	2018/19	77.8	71.8	▶	●
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	P	0-4 yrs	2020/21	84.5	108.7	▶	●
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	P	<15 yrs	2020/21	49.6	75.7	▶	●
E01 - Infant mortality rate	P	<1 yr	2018 - 20	3.4	3.9	▬	●
Hospital admissions for mental health conditions	P	<18 yrs	2020/21	127.4	87.5	▬	●

Statistical Significance compared to England or Benchmark:
- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:
- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

Produced by Business Intelligence Service
Updated June 2022

Priority 2: Staying healthy and independent: prevention

Performance Summary

- Out of all the comparable indicators presented for the staying healthy and independent: prevention priority, four are green, three are amber and two are red.

- Rutland performed significantly worse than England/benchmark for the following indicators:

  Cancer screening coverage - breast cancer – Rutland is ranked 15th out of 16 in 2021. The latest value for Rutland is 58.2%, which is significantly worse than the national average of 64.1%.

  Population vaccination coverage (shingles) for 71 years – Rutland is ranked 16th out of 16 in 2019/20. The latest value for Rutland is 31.4%, which is significantly worse than the national average of 48.2%.

- Of the four green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicator: Percentage of physically active adults.

- There are currently three indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):

  - Loneliness: Percentage of adults who feel lonely often/always or some of the time
  - Cancer screening coverage - breast cancer
  - Population vaccination coverage – Shingles vaccination coverage (71 years)

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

Rutland Joint Health and Wellbeing Strategy - Priority 2: Staying healthy and independent: prevention

Indicator				Value	England	DoT	RAG
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	P	16+ yrs	2019/20	24.8	22.3		
C16 - Percentage of adults (aged 18+) classified as overweight or obese	P	18+ yrs	2020/21	59.5	63.5		
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	F	25-49 yrs	2021	75.0	68.0		
C24d - Cancer screening coverage - bowel cancer	P	60-74 yrs	2021	71.1	65.2		
C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	P	40-74 yrs	2016/17 - 20/21	48.0	46.5		
C28d - Self-reported wellbeing - people with a high anxiety score	P	16+ yrs	2020/21	19.5	24.2		
C24a - Cancer screening coverage - breast cancer	F	53-70 yrs	2021	58.2	64.1		
D06c - Population vaccination coverage – Shingles vaccination coverage (71 years)	P	71	2019/20	31.4	48.2		
C17a - Percentage of physically active adults	P	19+ yrs	2020/21	74.0	65.9		

Statistical Significance compared to England or Benchmark:

Better
Worse
Higher
Similar
Not compared
Lower

Direction of Travel:

Decreasing
Decreasing and getting better
Decreasing and getting worse
Increasing
Increasing and getting better
Increasing and getting worse
No significant change
Cannot be calculated

Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

Produced by Business Intelligence Service
Updated June 2022

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

Performance Summary

- Out of all the comparable indicators presented for the healthy ageing and living well with long term conditions priority, one is green, two are amber and one is red.

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

  Excess winter deaths index – Rutland is ranked 16th out of 16 in 2019/20. The latest value for Rutland is 50.2%, which is significantly worse than the national average of 17.4%. Previously, the percentage of excess winter deaths in Rutland had remained statistically similar to the national average since 2001/02.

- There are currently three indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):

  - Percentage of cancers diagnosed at stages 1 and 2
  - Hip fractures in people aged 65 and over
  - Excess winter deaths index

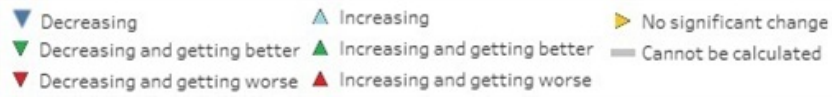
Source:
*NHS Outcomes Framework
**UHL Hospital Admissions Data
*** Office for National Statistics (ONS)

Rutland Joint Health and Wellbeing Strategy - Priority 3: Healthy ageing and living well with long term conditions

Indicator				Value	England	DoT	RAG
C23 - Percentage of cancers diagnosed at stages 1 and 2	P	All ages	2019	53.3	55.0		
C29 - Emergency hospital admissions due to falls in people aged 65 and over	P	65+ yrs	2020/21	1,536.2	2,023.0		
E13 - Hip fractures in people aged 65 and over	P	65+ yrs	2020/21	608.4	528.7		
E14 - Excess winter deaths index	P	All ages	Aug 2019 - Jul 2020	50.2	17.4		

Statistical Significance compared to England or Benchmark:

Direction of Travel:



Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

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Updated June 2022

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

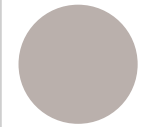
Performance Summary

- The one indicator presented below for the ensuring equitable access to services for all Rutland residents priority is the Access to NHS dental services – successfully obtained a dental appointment indicator.

- The percentage of people who successfully obtained an NHS dental appointment in the last two years has decreased from 94.6% in 2019/20 (where Rutland performed in the 2nd best quintile nationally) to 77.7% in 2020/21, where Rutland now performs in the middle quintile. Rutland is ranked 8th out of 16 when compared to its nearest neighbours.

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

Rutland Joint Health and Wellbeing Strategy - Priority 4: Equitable access to health and wellbeing services

Indicator				Value	England	DoT	RAG
Access to NHS dental services - successfully obtained a dental appointment	P	18+ yrs	2020/21	77.7	77.0		

Statistical Significance compared to England or Benchmark:
- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:
- Decreasing
- Decreasing and getting better
- Decreasing and getting worse
- Increasing
- Increasing and getting better
- Increasing and getting worse
- No significant change
- Cannot be calculated

Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

Produced by Business Intelligence Service
Updated June 2022

Priority 5: Preparing for our growing and changing population

Performance Summary

- Out of all the comparable indicators presented for the preparing for our growing and changing population priority, one is green and four are amber. Three indicators were not suitable for comparison.
- There is currently one indicator where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
    - Gap in the employment rate between those with a long-term health condition and the overall employment rate

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

Rutland Joint Health and Wellbeing Strategy - Priority 5: Preparing for population growth and change

Indicator				Value	England	DoT	RAG
Air pollution: fine particulate matter (historic indicator)	N/A	Not applicable	2020	6.2	6.9		
Average weekly earnings	P	16+ yrs	2021	551.3	496.0		
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	P	16-64 yrs	2019/20	16.0	10.6		
B12b - Violent crime - violence offences per 1,000 population	P	All ages	2020/21	13.7	29.5		
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	N/A	Not applicable	2020/21	4.9	11.3		
B17 - Fuel poverty (low income, high cost methodology)	N/A	Not applicable	2018	10.9	10.3		
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2018/19	38.2	32.5		
Percentage of adults cycling for travel at least three days per week	P	16+ yrs	2019/20	1.1	2.3		

Statistical Significance compared to England or Benchmark:
Better, Worse, Higher, Similar, Not compared, Lower

Direction of Travel:
Decreasing, Decreasing and getting better, Decreasing and getting worse, Increasing, Increasing and getting better, Increasing and getting worse, No significant change, Cannot be calculated

Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

Produced by Business Intelligence Service
Updated June 2022

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

Performance Summary

- Out of the four comparable indicators presented for the ensuring people are well supported in the last phase of their lives priority, two are amber, one is higher and one is lower.

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

  Percentage of deaths that occur at home – Rutland is ranked 1st out of 16 in 2020. The proportion of deaths that occur at home (all ages) has increased from 27.6% in 2019 (where it performed statistically similar to England) to 33.9% in 2020, which is significantly higher than the national average of 27.4%.

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

  Percentage of deaths that occur in hospital – Rutland is ranked 15th out of 16 in 2020. The proportion of deaths that occur at hospital (all ages) has decreased from 39.5% in 2019 to 33.9% in 2020. Rutland has performed significantly lower than England for this indicator since 2019.

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

Rutland Joint Health and Wellbeing Strategy - Priority 6: Ensuring people are well supported in the last phase of their lives

Indicator				Value	England	DoT	RAG
Percentage of deaths that occur at home	P	All ages	2020	33.9	27.4		
Percentage of deaths that occur in care homes	P	All ages	2020	27.5	23.7		
Percentage of deaths that occur in hospital	P	All ages	2020	33.9	41.9		
Temporary Resident Care Home Deaths, Persons, All Ages (%)	P	All ages	2020	29.3	35.2		

Statistical Significance compared to England or Benchmark:

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

Direction of Travel:

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

Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

Produced by Business Intelligence Service
Updated June 2022

Cross Cutting Themes:

Reducing Health Inequalities

Performance Summary

- Out of all the comparable indicators presented for reducing health inequalities, three are green and one is amber.

- Of the three green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicators: Healthy life expectancy at birth (males) and Life expectancy at birth (males).

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

Rutland Joint Health and Wellbeing Strategy - Cross Cutting Theme: Reducing health inequalities

Indicator				Value	England	DoT	RAG
A01a - Healthy life expectancy at birth	F	All ages	2018 - 20	66.8	63.9		
	M	All ages	2018 - 20	74.7	63.1		
A01b - Life expectancy at birth	F	All ages	2018 - 20	85.0	83.1		
	M	All ages	2018 - 20	83.2	79.4		

Statistical Significance compared to England or Benchmark:
Better, Similar, Worse, Not compared, Higher, Lower

Direction of Travel:
Decreasing, Increasing, No significant change, Decreasing and getting better, Increasing and getting better, Cannot be calculated, Decreasing and getting worse, Increasing and getting worse

Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

Produced by Business Intelligence Service
Updated June 2022

Supporting Mental Health

Performance Summary

- Out of all the comparable indicators presented for supporting mental health, four are green and six are amber.

- Of the four green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicators: Admission episodes for alcohol-related conditions (Broad): New method, Percentage of physically active adults and Emergency Hospital Admissions for Intentional Self-Harm (females/persons).

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

Rutland Joint Health and Wellbeing Strategy - Mental Health Indicators

Indicator				Value	England	DoT	RAG
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	P	All ages	2020/21	1,018.8	1,499.8	▶	●
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	P	18+ yrs	2019/20	48.6	45.9	▬	●
		65+ yrs	2019/20	45.5	43.4	▶	●
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2018/19	38.2	32.5	▬	●
		65+ yrs	2018/19	34.1	34.5	▬	●
C17a - Percentage of physically active adults	P	19+ yrs	2020/21	74.0	65.9	▬	●
Depression and anxiety among social care users: % of social care users	P	18+ yrs	2018/19	44.5	50.5	▬	●
Mental Health: QOF prevalence (all ages)	P	All ages	2020/21	0.7	0.9	▶	●
B11 - Domestic abuse-related incidents and crimes	P	16+ yrs	2020/21	23.1	30.3	▬	●
C14b - Emergency Hospital Admissions for Intentional Self-Harm	P	All ages	2020/21	127.4	181.2	▶	●
	F	All ages	2020/21	141.7	238.3	▶	●
	M	All ages	2020/21	110.1	126.4	▶	●
C28d - Self-reported wellbeing - people with a high anxiety score	P	16+ yrs	2020/21	19.5	24.2	▬	●
Depression: Recorded prevalence (aged 18+)	P	18+ yrs	2020/21	10.3	12.3	▲	●

Statistical Significance compared to England or Benchmark:
- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:
- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

Data Source: Office for Health Improvement & Disparities
https://fingertips.phe.org.uk/

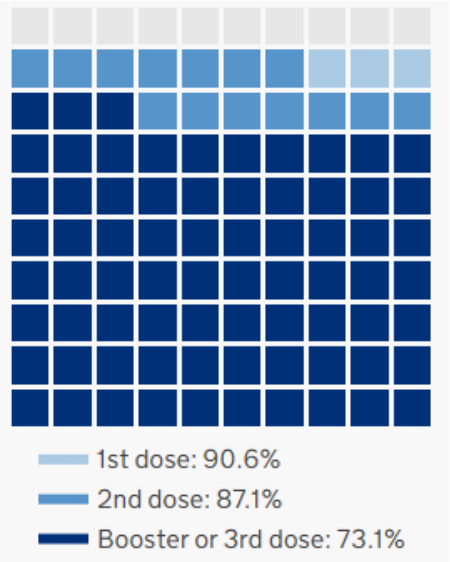
Produced by Business Intelligence Service
Updated June 2022

Covid Recovery

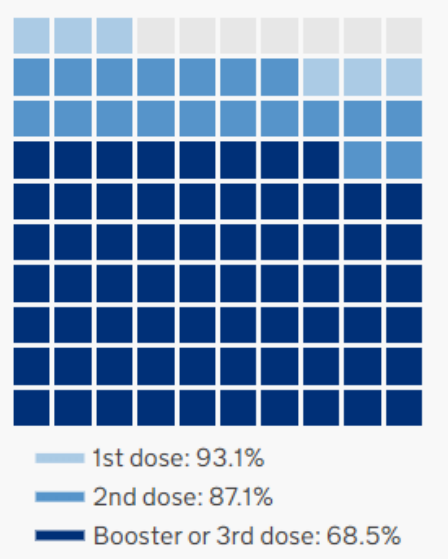
- **COVID-19 vaccinations (% Uptake)**

  The Covid-19 vaccination uptake in Rutland is higher than England for booster/dose 3 for those aged 12 and over, as of 22nd June 2022. The percentage uptake for dose 2 in Rutland is the same as England. The percentage uptake for dose 1 in Rutland is lower in comparison to the national average for those aged 12 and over.

Covid-19 Vaccination Uptake in Rutland (12+)



Covid-19 Vaccination Uptake in England (12+)



Source: Coronavirus (COVID-19) in the UK dashboard (https://coronavirus.data.gov.uk/)

- **COVID-19 Hospital Admissions at University Hospitals of Leicester (UHL)****

  From March 2020 to May 2022 (since the start of the pandemic), there have been a total of 91 hospital admissions with Covid-19 at UHL from Rutland residents. Out of the 91 admissions, 82% were aged over 60 and 18% were aged under 60. It is important to note that Rutland residents would also attend other hospitals across the border.

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

  As of week 23 in 2022, there have been a total of 97 Covid-19 deaths in Rutland. Of the total deaths involving Covid-19 in Rutland, 50 (51.5%) were in a hospital setting and 38 (39.2%) were in a care home setting.

  Since the beginning of the pandemic (week 12, 2020) there have been a total of 910 deaths (all causes) in Rutland.

  Based on the average mortality data for 2015-19, we would expect 847 deaths in Rutland for this period. This reveals an excess of 63 deaths from any cause in Rutland during this period.

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

Appendix 1

Similar areas to Rutland

The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between Local Authorities. The nearest neighbours to Rutland are listed below.

Nearest CIPFA neighbours to Rutland available from fingertips include:

- Bedford
- Buckinghamshire UA
- Central Bedfordshire
- Cheshire East
- Cheshire West and Chester
- Cornwall
- Dorset
- East Riding of Yorkshire
- Herefordshire
- North Somerset
- Shropshire
- Solihull
- South Gloucestershire
- West Berkshire
- Wiltshire

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

Rutland County Council

If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા વ્યવસ્થા કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں 0116 305 6803 اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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Priority 1: The best start for life

Senior Responsible Officer (on HWB) **Dawn Godfrey**

Responsible Officer (on IDG) **Bernadette Caffrey**

NB: GREEN = ok, AMBER & RED = off track, GREY = not yet underway, BLUE = complete

Ref	Activity	HWB role	Signs of success	Dashboard metrics	Lead	Timescale	Progress	RAG
1.1	**Healthy child development in the 1,001 critical days (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 1001 critical days (2022). Including development of Family Hubs - operational by Sep 2023. Complete Early Help System Guide with partner agencies to create a base line of support in Rutland, that will support the Family Hub development. Establish a FH Steering Group. 1001 days embedded in Children's Centre Offer.	Watch	Family Hub operating 0 to 19, (25 yrs. SEND), seamless and integrated services for families in place and well used. Families and professionals are clear on what is available from the 'start for life' offer, what this is for and how it can be accessed.	· 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	RCC	2022-24	1001 Critical days launched across LLR with an agreed vision of 1001 Critical Days. Maternity Transformational Programme in place with key objectives. Family Hub Project plan and Steering Group established.	Green
1.1.2	**Healthy lifestyle information and advice for pregnant women or those planning to conceiv**e, Including: a) Implementation of MECC+ healthy conversations across prevention services including GP and integrated sexual health service. b) Targeted communication campaigns. 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	a Sponsor b Do c Do d Do e Sponsor	* Women healthier during pregnancy: reduction in overweight/obese or smoking. * Improved rates of immunisation for mothers (notably flu/Covid). * Women aware of the risk of Post Natal Depression and isolation. Better able to prevent and seek support where required. * Wherever women give birth, they have access to information about health in pregnancy and access to support.	· 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 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.	RCC/CCG/LPT/PCN	2022-23	LLR Strategic Healthy Baby Group led by Rob Howard. Focus to deliver health diet advice, healthy food boxes, reduce maternal obesity. Safer sleep campaign happening. ICON programme in place. Stork campaign,to support parents with bonding and confidence in caring for their premature babies in neonatal unit and at home.	Green
1.1.3	**Local implementation of the Maternity Transformation Programme** considering: Improving quality and safety for mother and babies. Improving quality of pathway Implementing neonatal critical care review, improving access to perinatal health services.	Sponsor	Mothers in Rutland are happy with the services available to them. Positive change in longer term trends around low birth weights and infant mortality.	· 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	CCGs	2023/24	Delivering all key requirements of the Transformation programme. Submitted a checkpoint equity assessment.	Green

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, 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.	Do	Positive development of children 1-10, in areas covered by the dashboard metrics	• 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 (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	RCC/PH/LPT	From Sep 2022	New contract 0 to 11 awarded and due to start September 2022	Green
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.	Do	Better understanding of the factors contributing to these patterns. Stronger evidence base for next steps to tackle these issues. Oral Health JSNA chpater	· Low birth weight for term babies · Infant mortality •Children with visibly obvious tooth decay at age 5years	RCC/PH	2022/23	Not yet underway	Grey
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.)	Do	Positive development of children 11-19, in areas covered by the dashboard metrics	* 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.	RCC/PH	From Sep 2022	As for Action 1.14	Green
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. c) Increased awareness and access to local children's services. Link to RIS development action 2.1. d) Family social prescribing referrals.	Do		* Qualitative feedback from parents on feeling supported through 1,001 critical days * Social prescribing referrals for families * ONS4 surveys showing improvements to wellbeing from social prescribing	RCC, VCS	2023/24	not yet underway	Grey

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.	Do	Families with additional needs feel better supported with responses that are tailored to them.	* 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	RCC, PH	2022/23	As above for Family Hub. Supporting Families Programme (formerly Troubled Families) in place and meeting targets. Reducing Parental Conflict programme secured and in place.	Green
1.2.4	**Reduce the impact of Adverse Childhood Experiences** on children and their families by embedding a 'trauma informed approach' to the workforce.	Sponsor	Adverse Childhood Experiences have less impact on children and families - through prevention and support to manage/recover.	* Workforce trained in trauma informed approach	PH, RCC, CCG	TBC	Complete	Blue
1.3 Access to health services								
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.	Do	Children with SEND are having their health checks in a timely fashion. This is helping those working with them to do this more successfully.	* Immunisation uptake especially in SEND over 14s * Proportion of SEND Health check completed	RCC, GP, PH	2022/23	Undertaken generally in Q3 and Q4.	Green
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.	Do	It is clear where immunisation take-up is lower than average (including among which demographics), and changes to delivery help to increase take-up to match or exceed comparator averages.	* Review into immunisation uptake across Rutland * Immunisation uptake rates (Covid, HPV, school leavers' booster especially for those in care)	RCC, PH, PCN	2022/24	Uptake in Rutland is good,some dip during Covid. PCN Health and Wellbeing Coach developing advisory role for families around vaccinations.	Green
1.3.3	**Coordinated services for children and young people with long term conditions (LTCs) and SEND.** 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. To explore early planning for ASD/ADHD families between GP and schools.	Do (place), Sponsor (system)		* Report with review of Leicester City Evaluation in context of Rutland needs	LPT, UHL, PCN	2022/25	Iniital work complete. Further areas to develop.	Green

Priority 2: Staying healthy and independent: prevention

Senior Responsible Officer (on HWB) **Mike Sandys**

Responsible Officer (on IDG) **Viv Robbins**

NB: GREEN = ok, AMBER & RED = off track,
GREY = not yet underway, BLUE = complete

Ref	Activity	HWB role	Signs of success	Dashboard metrics	Lead	Timescale	Progress	RAG
2.1	**Supporting people to take an active part in their communities**							
2.1.1	Communication of Rutland's community and health and wellbeing offer 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). * Updating the RIS online platform to meet accessibility standards and be more usable on mobile devices as this is how most users access it. * Enhancement of online functionality for clearer routes into preventative services.	Do	* More people are aware where they can find information about health and wellbeing services in Rutland when they need them. * People are clear where they can access information about services relevant to them. * They can access key information by phone or in print format if they are not online. * They feel more informed about different information channels - online, press, phone options, leaflets, village noticeboards, etc.	* Completed Health and Wellbeing Communication plan aligned with the HWB * Reach of communication campaigns including social media followers, posts and shares * RIS monthly visitor figures * Qualitative feedback on awareness of and access to service across Rutland	RCC - Public Health (Rutland Info Service)	2022/24	* Task and finish work underway preparing comms/engagement plan - deadline mid June for plan to go to July HWB. * RIS website scoping work undertaken with current supplier to understand and cost refresh options. * Trialling an online tool for presenting information more visually that can be integrated into the RIS - Rix Wiki. * Interim interaction improvements requested from RIS supplier - implementation expected by mid June.	Green
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. 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.	Do	VCF organisations are aware of and participate in Rutland networking opportunities and are able to access advice and information to help them to develop, eg. if bidding for funds. There is collaboration around service users whose circumstances are more complex, helping to provide more effective responses that reduce cyclical need.	• VCF forum participants • Collaborations including events, shared resources, joint services, grants obtained • Mapping of Rutland voluntary and community sector • Number of organisations attending the monthly neighbourhood meetings • VCS organisations using the Rutland social prescribing platform for referral	CAR, RCC	2022/23	VCF forum ongoing and CAR providing support to the VCF sector. Research underway into the development needs of the VCF sector to support commissioning of this service from 2022-23. Recent proposal put together by VCS partners to better support individuals calling on many services and reduce ongoing need - however only partially funded as yet. Attendees at neighbourhood monthly meeting increasing.	Green
2.1.3	**Increase volunteering,** notably through the Citizens Advice Rutland (CAR) volunteering marketplace, building on positive experiences in the pandemic.	Watch	CAR's volunteering website is actively managed and successfully matching volunteers with opportunities. Organisations using volunteers and would-be volunteers are aware of the site. Connections have been made with larger Rutland businesses to support meeting corporate responsibility obligations.	* Number of volunteers registered * Number of matches made * Number of hours of volunteering committed	CAR	2022/23	Volunteering site is in place and actively promoted, range of opportunities increasing. Celebrated volunteers week at the end of May. Main current challenge is numbers of volunteers coming forward.	Green
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 Camerados, an approach designed around people looking out for each other.	Do	More people connect around what matters to them. More people feel empowered to make changes that benefit them and their communities.	* increase number of orgs on socila prescribing platform * Qualitative feedback that community conversations are taking place * Number of participants in the model	CAR	2023/24	Community conversations work to start next year. Neighbourhood lead in post and attendance at new neighbourhood meetings increasing.	Grey

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.	Do Sponsor Do	More people embedding phyiscal activity in their daily lives. Broader range of physical activity options available.	• 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	Active Rutland, Active Together, PCN RISE	2022/25	Active Rutland delivering exercise referral ongoing and working to encourage active lifestyles. RISE working with exercise referral lead to refer more patients to exercise referral.	Green
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.	Do	Clear prevention 'front door' and access to a range of prevention services including information and advice to support self help and self care. Increase uptake of prevention services including weight management, stop smoking and health checks.	* 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	RCC (incl RIS, RISE, libraries), Public Health, PCN, VCF sector	2022/24	Weight Management Service being actively promoted across channels. Integrated Care Coordinators undertaking a range of relevant work (eg. advice, support and recipes for those unable to get out; home visits to the housebound to complete NHS checks; showing patients how to use self help equipment, eg. blood pressure monitors).	Green
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.	Do (sponsor for wider system rollout)	Front line workers feel confident to initiate conversation about issues affecting individuals they are working with and offer local signposting. People feel 'heard' and supported in the round. More opportunities for healthy choices.	* 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	RCC, PH, LPT	2022/23	Identifying further MECC+ trainers for Rutland and proposing a local train the trainer course for them, also to enable them to build a local network and local expertise.	Green
2.2.4	**Increase and enhance social prescribing for wellbeing**, including addressing social isolation, 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.Link to' prevention front door.' 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.	Do	Clear access pathways into RISE team linking to prevention front door. Social prescribing embedded across the wider neighbourhood team.	• 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	RCC (RISE), PCN	2022/23	RISE social prescribing ongoing, including where social isolation is a factor. Social prescribing case management and referral system procured - to be implemented to the benefit of RISE, PCN, Public Health, VCS and other providers in supporting the public with prevention. RISE starting to use risk stratification to proactively target patients likely to benefit from social prescribing.	Green

2.3 Encourage and enable take up of preventative health services								
2.3.1	Increase uptake of immunisation and screening programmes and preventative self management. Including; a) Completion of a health equity audit 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) c) Use the Health and Wellbeing Coach, healthy conversations (MECC+), Core20Plus5 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. e) Use of statin therapy to prevent cardio vascular disease in people at risk.	Do (Place) Sponsor (System)	* Take-up of immunisation is at or above national average, including among lower take-up groups. * Fewer people miss out on preventative care for inequality-related reasons. * More illnesses are diagnosed at a treatable stage (1&2) - reduced impact on individuals and the health and care 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), uptake of screening programmes closer to home.	PH/ PCN/ NHS England	24/25 as required	Active PCN work on bowel screening (postal test) already underway - care coordinators phoning non-responders - increasing take-up. Planning to extend this approach around weight management and exercise referral.	Green
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**. An approach to explicitly take into account the health and wellbeing implications of the decisions we make. 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 systematically building in consideration of health and equity in all that they do. b. Utilise evidence based tools to support a consistent approach, including Health Impact Assessments (HIA) or Integrated Assessments for decision making and policy development. c. Produce a wider determinants review with partners for Rutland. The review will explore existing work across Rutland, identifying recommendations to consider additional action across partners. Focus will include the built environment; open and green spaces; active travel; fuel poverty; air quality; and healthy housing.	Do	Health and equity are considered in a more rounded way as part of policy development - integral. Evidenced by demonstrating organisations are considering health, wellbeing and equity in business as usual, e.g. using Health Impact Assessments.	* Organisations committed to a collaborative 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 and recommendations.	RCC PH	2022/25	Initial healthcheck of the mechanisms at RCC through which impact on health and wellbeing is considered during policy development/change design. RCC Head of Places or her deputy to be brought onto IDG to support building in the wider determinants more seamlessly.	Green

Priority 3: Living well with long term conditions and healthy ageing

Senior Responsible Officer (on HWB) John Morley

Responsible Officer (on IDG) Emma Jane Perkins

NB: GREEN = ok, AMBER & RED = off track, GREY = not yet underway, BLUE = complete

Ref	Activity	HWB role	Signs of success	Dashboard metrics	Lead	Timescale	Progress	RAG
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. (See 2.2.2)	Do	Information is avaiable that supports people to adapt how they look after themselves as they age.	See 2.2.2.	RCC. CCG	2022/25	Developing a coordinated approach: Workshop held 23 May '22 looking at prevention front door, including provision of self-service info & advice and orientation re support available. Options paper to be written to support decision-making on next steps.	Green
3.1.2	**Tailored support to help individuals live well with changing health circumstances**, including through the Proactive Care @home programme for hypertension. Including; a. 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. b. 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. c. Wider involvement in recognising and assessing signs of deterioration including using National Early Warning Score. d. Extended local rehabilitation offer. e. Use of ReSPECT forms to capture care wishes.	sponsor (Place) Sponsor (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)	RCC RISE. PCN, community pharmacy	2023/24	Neighbourhood facilitaor in post - working with PCN and RISE ICC. ca200 PCN blood pressure machines in use or available for patients to self monitor or be monitored by carers.	Green

3.1.3	**Falls prevention, including promoting strength and balance and faller respons**e. 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)Patients with frailty flag referred for assessment by integrated care coordinator and for structured medication reviews (SMR).	sponsor		•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	RCC incl Active Rutland, LPT Therapy /OTs/PCN	2022/25	DHU pilot active and promoted locally. Steady Steps restarted post-pandemic.The progress of the falls prevention staregy - a)dedicted therapist curreнntly working with 2 care homes to develo[p their persona;lised strategy - b) pilot care homes have developed a falls coord role in line with this strategy - c)formal falls prevention training to be offered via health. therapy leda to attend to and embed into stragety long term - d) collaborative approach to safeguarding metings including professionals across health and scoial care whare all falls actions are discussed and recorded - e) at completion of sucessful pilot above stragegy to be rolled across all care homes - f) Full OT BCF funded post works on our prevention programme including safeguarding for falls - G)principal OTs undertaken intial discussions with health regarding the developemnt of LPT •ICC's already complete holistic assessments at home to ensure that everything is assessed including environment, frailty and isolation. •Taking blood pressure and observations. •ICC's to help support carers to ensure that falls are reported correctly. Making sure that they understand what a 'fall' is. •ICC's to support with continence issues as this is an issue with falls. Working closely with DN, Continence Team/ Nurse. Easier access to referral, working closely. To be added to ICC assessment form. •ICC's trained and able to complete low level wheelchair assessments and referrals in community. •ICC's able to assess and order low level equipment as completed training and PIN access.	Green
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.	sponsor		•Peer support groups established •No. of service users participating •Qualitative feedback on impact of peer support groups.	RCC incl RISE/VCF	23/24	•The future would like to bring the peer support to the patients, Uppingham very lacking in 'groups' activities. •Travel to and from groups ? Mini bus? Mobility taxi/car to transport people to activities ? working with Age UK •Activities post bereavement, partner did all practical things in home since bereavement unable to complete washing, cooking etc and impacting on health and wellbeing. Peer support for starting again. •Drop in's having support available when needed. •Groups / peer support for newly diagnosed patients and carers – giving them an understanding on conditions, information and feeling less alone or worried. Wellbeing Peer support groups and RISE look at GP's directly referring patients to the group.	Green

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.) 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 completion of complex care reviews, and specialist support for the most complex patients. e)Clear and coordinated communication with patients.	Do	Services are working well together so that people experience more seamless care.	•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 •MDTs using clear coordinated care plans	RCC, PCN, LPT	22/23	•Working together to have understanding and peace of mind for a good death. Pallative support with good transitional handovers. •Patients and carers knowing who to contact if concerned – good working GP – ICC – Neighbourhood facilitator embedding MDT approach using the social precscribing platform Rutland Community Health and Therapy Integration: a)Integrated health and adult social care has improved the patient journey and reduced duplication of work by improved communication, upskilling of staff and a shared vision at manager level. This has been successful and is looking to be written as an integration model to be rolled out more widely across LLR b) Development of an integrated clinical apprenticeship role, recruited to by LPT and hosted by RCC c) Completion of TI4 competencies which will now be reviewed and audited. [RAG-Green] d) Co-location concept replicating the Discharge Hub to be created as a virtual offer [RAG -Amber[e) To replicate Health Therapy delivery, 7-day RCC Therapy Service funding secured for a further 12 months	Green
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.	sponsor)	The care sector in Rutland is consistently able to meet the local need for care.	•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	RCC Clinical Care Home Coordinator and Broker Commissioning team	23/24	Provider forums have been restarted. Short-term travel supplement agreed for homecare in light of fuel price rises. Explore expansion of Micare to increase resilience	Green
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.	Watch	Health and care professionals will be able to make quicker, more confident care decisions for their Rutland patients by accessing the Shared Care Record which offers a blended view of information about them held by different health and care providers they have receievd care from in the past.	•Number of organisations/sectors connected to the LLR care record system. Baseline: 0 Target: 6 2022-23 •Number of health and care staff using the LLR CR. Baseline 0, Target: TBC •Number of accesses made to the LLR CR for direct care. Baseline 0, Target: TBC	LHIS	2022-27	Progressing well towards live early adopter use. RCC social care: software in place to supply data for third party consumption, IG assurance - all asks completed, LLR CR embedded into LiquidLogic as an in-context screen, RCC Discharge Team to be early adopters (starting June 2022) GP, UHL and LPT data sharing progressing to schedule. UHL proposing to broaden the information shared - should make this more useful to Discharge Teams. LPT: Early adoption pilot underway shortly.RCC social care: software environments in place, IG assurance - all asks completed, LLR CR embedded into LiquidLogic, RCC Discharge Team to be early adopters (starting May 2022) GP, UHL and LPT data sharing progressing to schedule.	Green

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.	Do (Place) Sponsor (System)	People do not stay in hospital for any longer than is necessary.	• Rate of patients staying in hospital 14+ and 21+ days (BCF) • Rate of discharge to usual place of residence (BCF) • Use of Micare in Discharge to Assess	RCC discharge team, Micare	2022/23	Evaluation of first 6 months of nursing pilot is taking place.Very high Reablement effectiveness rates Haven't placed anyone in an interim bed during June	Green
3.3	**Support, advice, and community involvement for carers**							
3.3.1	Understanding carer needs. Understand carers' needs to ensure interventions are well tailored, including transitions to adulthood for child carers and appropriate respite opportunities.	Watch	Through dialogue with carers we can be confident that the support available to carers responds to their needs and offers them a sustainable life balance.	• Qualitative feedback on carer needs. • Agreement of the new carer strategy.	RCC carers team	2022/25	• Carers strategy consultation going live June 2022 - closing 17 July. • Working collaboratively with RISE and children's services, supporting adults with long term conditions, mental health and carer stress, healthy parents mean positive lives for children and the future. • During assessments with carers ICC's encouraging health checks for carers	Green
3.3.2	Carer recognition and wellbeing. Identifying more carers of all ages and offering information and advice. a) Increasing take-up of carer health checks and eligible benefits. b) Addressing barriers to social contact for carers, including via peer support opportunities, social prescribing and digital channels. c) Support for carer psychological and emotional wellbeing. d) Contingency planning for carers. e) Build the role of the VCF sector, including armed forces groups, in enhancing carer wellbeing. f) Carer friendly communities and workplaces.	Do	More of our carers are recognised as such and can therefore receive support in sustaining their important role and ensuring their own health and wellbeing is looked after. Contingency planning offers improved peace of mind for carers and means that if something happens to the carer, this is less likely to lead to crisis.	• Proportion of estimated carers identified (including young carers) • Proportion of carers who have as much social contact as they would like • Proportion of carers taking up health checks	RCC carers team	2022/27	Carer assessments ongoing and make carers aware of the support available across the areas in scope. Carers strategy, in preparation, will help to support achievement of this action. Aligning local actions with LLR via LLR Carers Delivery Group.	Green

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.	Do	Carers have the information and support they need when the person they care for is in hospital.	• Carer feedback on hospital episodes	RCC carers, discharge, hospital teams, PCH carer liaison	2024/25	The RCC discharge team currently identify hospital admission situations where a carer is involved so that the carers team can offer support.	Green
3.4	**Healthy, fulfilled lives for people living with learning or cognitive disabilities and dementia**							
3.4.1	**Timely annual health checks for people with learning disabilities** to identify health issues early, supporting good quality care.	Sponsor	People with learning disabilities are receiving healthcare which enables health issues to be identified in a timely fashion.	• Increased % people registered with learning disabilities who have had an annual health check • % of LD health checks face to face	PCN	2022/27	An LD nurse has been working with the PCN to increase take-up. Checks will be extended shortly to people with an autism diagnosis.	Green
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.	Watch	LeDER learning about good quality care for people with learning disabilities is acted on to avoid preventable harm.	• LeDER recommendations actioned • Qualitative feedback on quality of life from people with LD	LLR LD group	2022/27	LeDER recommendations already dissemninated by the LeDER Governance Board and acted on locally.	Green
3.4.3	Meeting care needs in Rutland for people with significant disabilities. Wherever appropriate relative to assessed needs, pursuing creative solutions enabling people with significant disabilities to be cared for in Rutland rather than having to go out of area	Watch	Involved services will endeavour to meet care needs in Rutland where appropriate, so that more people with significant disabilities can stay in their communities.	NB: infrequent opportunity, very small number of service users • Service users brought fully or partially in-county • Proportion of people with LD living their own homes	RCC (ASC, CSS)	2022/27	Work ongoing wtih Children's services on transition arrangements to adult care. Aware of vacancies ongoing as an opening to change. Direct payments also used to enable more creative solutions in the community.	Green
3.4.4	**Community involvement.** Further strengthening opportunities in Rutland for people with learning disabilities to have healthy, fulfilled lives and be a full part of Rutland's communities, including engagement in education, work and volunteering.	Watch	Employment support services continue to work with local businesses and charities to encourage disability inclusive opportunities. More people with learning disabilities feel part of their communities.	• Proportion of those with learning disabilities in work and volunteering [LT looking at what can be reported]	RCC, VCS	2022/27	Employment Support Officer working ongoing with people in scope and with host organisations including social enterprises. Preparing for Adulthood Group (Children's, Adults, Education, and parent carers) - Employment discussed to forecast needs of young people transitioning to adulthood.	Green

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.	Do	People living with dementia and those caring for them can feel confident that, if they are out and about in Rutland, they will be made to feel comfortable and welcome in public settings such as retail and hospitality venues.	• No. of dementia friends trained • No. of venues advertising themselves as dementia friendly • Improved dementia diagnosis rate	TBC	2024/25	AgeUK coordinated 3 Dementia Friends sessions in Dementia Action Week (16-22 May 2022). No further action planned imminently.	Grey
3.4.6	Increase the diagnosis rate for dementia including: a) Giving people advice and information to encourage them to come forward when they are experiencing memory issues. b) Addressing the backlog in diagnosis of memory issues.	Sponsor	Diagnosis rates increase for dementia (ie fewer people are living with dementia undiagnosed).	• Improved Dementia diagnosis rate • Reduced waiting list for memory services diagnosis	PCN, RCC	2022/24	CCG as part of the LLR Dementia Programme Board have funded additional posts in the memory service (in recruiment) and part-funded pre- and peri-diagnosis support which AgeUK are delivering.	Green
3.4.7	Equity in access to Admiral Nurse support. Confirm joint approach enabling everyone registered with a Rutland GP practice to benefit from Rutland Admiral Nurse support or its equivalent. Ensure information is available to patients on what is available.	Do	There is equity in access to Admiral Nurse support or its equivalent.	• Confirmation that all Rutland residents and Rutland GP practice patients have access to a service (Baseline: Rutland residents have access)	RCC, PCN, Dementia UK	2023/24	Not yet underway.	Grey

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

Senior Responsible Officer (on HWB) **Rachna Vyas**

Responsible Officer (on IDG) **Debra Mitchell supported by Charlie Summers**

NB: GREEN = ok, AMBER & RED = off track, GREY = not yet underway, BLUE = complete

Ref	Activity	HWB role	Signs of success	Dashboard metrics	Lead	Timescale	Progress	RAG
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.	Do	Patients are more informed about services that are available across the borders. Primary care and patients find it easier to access services across borders.	• Report on border issues • Agreement on areas of focus of inequalities as part of delivery of PCN Network DES	RCC, CCG, PH	2022/23	Links being established with cross border partners. Task and finish group being established to look at cross border communication and linkages to the IT Infrastructure programme. PCN's inequality plan approved and focuses on patients who are housebound and/or frail and access to services.	Green
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.	Do	Patients have a more equal experience of accessing services locally.	• Improved patient feedback from people reporting health and care inequity	RCC, CCG	2023/24	Links being established with cross borders partners, looking at community diagnostic hubs in the first instance, review of planned care activity and contracting for out of county providers.	Green
4.2	**Increase the availability of diagnostic and elective health services closer to home**							
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 breast screening unit are in the area, and accessible out of area provision).	Do	People are supported in their health choices through improved information about health services.	• See 2.1. Local communication plan and RIS development including specific campaign on out of hours access	RCC	2022/23	Direct targeting of patients is already being undertaken for 4 diagnostic tests locally. Once the local diagnostic offer is confirmed we will work to promote this.	Green
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).	Do	There is a clear plan for what future services will be dlievered locally, and this makes effetive use of available infrastructure.	• Review of current and potential services delivered at RMH • Evaluation of AI Tele - dermatology service	CCG	2023/24	An outline plan for Rutland Memorial Hospital has been produced along with a levelling up funding bid which is due for submission in July.	Green
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.	Do	Understanding of current service provision locally and the number of people accessing pulmonary rehab locally.	• Evaluation of local pulmonary rehabilitation take-up • Increased take-up of pulmonary rehabilitation by relevant patients	PCN/CCG LPT/Inspire2 Tri	2022/23	Current provider engaged and potential model of delivery being reviewed.	Green
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.	Do	Established integrated neighbourhood teams working in collaboration facilitated by population health management and ideitification of population needs.	• Partnership agreement on way forward and dedicated plan on next steps	CCG	2023/24	Rutland Strategic Health Developments Project Board formed. First meeting planned for the INT development. Recruitment underway of ARRS staff and other supporting roles.	Green

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 such as dementia assessment, community paediatrics and mental health.	Do		• 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 • Identified waiting lists/wait times reduced	CCG, GP practices, optometrists, LPT	2023/24	Comms and engagement group established - draft plan in review. Outline commmunications plan drafted. Primary care access survey undertaken by the LA in Sept 2021 and results will be fed in to overall access plans.	Green
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.	Do	Increased usage of PCN and practice websites including increase uptake of online services.	• Evaluation of PCN and practice websites and future developments.	PCN	2022/23	This will forms part of the comms and engagement group moving forward.	Grey
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.	Do	Patients able to recieve joint injections locally.	• Review of joint injections pathway • Reduced joint injection backlog • Reduced pressure on primary care • Review of community pharmacy services • PNA complete for October 22	CCG	2023/24	This piece of work is yet to commence. First we will establish a baseline of patients waiting for joint injections.	Grey
4.3.4	Investigation and follow up to increase primary care consulting space capacity, including within existing primary care premises.	Do	Increased sq m in comparison to the PCES	• Practices with increased consulting spaces • Increased appointment capacity	PCN, CCG	2023/26	An estates strategy is being written for Rutland Health PCN which will seek to ensure maximisation of available space. A business case has completed and will be submitted for approval for the re-purposing of waiting room space at Oakham Medical Practice which will create additional clinic rooms.	Green
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).	Do		• Health equity audit on GP registrations	CCG, PH	2023/24	This work will be fed in to the work of the comms and engagement group and learning taken from the Leicester City approach.	Grey
4.3.6	Ensuring full use of specialist primary care roles tailored to needs (e.g. practice pharmacist, muscular-skeletal first contact, health coach). Addressed through both communications activity and clinicians/staff explaining the benefits of the changing appropach.	Do	Patients better understand and embrace the range of expert roles available to support them at the GP practice. Increased number of appointments with specialist primary care roles.	• Employment and delivery of specialist primary care roles in Rutland • Impact on primary care capacity of specialist roles	PCN	TBC	ARRS plan submitted for 2022/23 and recruitment is underway for additional clinical pharmacists. PCN part of working group developing Rutland Wellbeing Communications and Engagement Plan.	Green
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).	Do	The active and veteran armed forces population and their families in Rutland have an improved experience of accessing health servcies where there were disjoints.	• Qualitative feedback that local services better reflect the needs of the military population	CCG, PCNs	TBC	New armed forces lead in post.	Grey

4.4	**Improving access to services and opportunities for people less able to travel, including through technology**							
4.4.1	Undertake an Out of Area contract review of LLR CCG commissioned services	Watch		•Review of cross boundary working across health and care	CCG	2023/24	This work is yet to commence.	Grey
4.4.2	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. Explore potential for future digital referral routes from out of area.	Do for specific links to Rutland services. Watch	Health and care workers can see an equal level of information about their service users/patients, whether they have been cared for in LLR or outside.	•Electronic shared records implemented across a range of health and care providers	CCG	2027/27	Make linkages to the local and national IT infrastructure projects and idenitfy key areas of concern for Rutland.	Grey
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. c. Adopting new and more usable technologies that meet both the needs of service providers and service users with different levels of technical ability.	Do	More people who want to use digital tools to access services are able to do so. More patients access health information and appointments online reducing the need for travel.	•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	TBC RCC, PCN	2022/25	Improving digital access and reaching people who are not online are both elements of the draft health and wellbeing communications and engagement plan. RCC's newly approved corporate plan has incorporated a range of actions contributing to this measure.	Green
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 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).	Do	Clear approaches to improving transport options for people to link them better with services and opportunities.	•Review of current transport routes and health inequalities needs assessment •Rutland travel time and bus route napping including costs	RCC	2022/23	Work ongoing on the local transport plan aslo factoring in the need for improved access to services. Personnel changes taking place currently.	Grey
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.	Do	People are able to access more commissioned health and wellbeing services in or near Rutland.	•More services delivered within Rutland wherever possible	RCC	2022/25	Accommodation has been identified for VitaMinds to deliver services locally, see P7.	Green
4.4.4	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. Community Transport pilot in Uppingham.	Do	Partners will work together to trial new approaches to improving rural transport options.	•Pilot evaluation report of findings and recommendations •Options appraisal of community transport models including collaborative financial strategy with Parish Councils	RCC, Parish Councils	TBC	Work ongoing on the local transport plan aslo factoring in the need for improved access to services. Personnel changes taking place currently.	Green
4.5	**Enhance cross boundary working across health and care with key neighbouring areas**							
4.5.1	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.	Do	Improved awareness of and ability to influence changes to care in neighbouring areas that affect Rutland people.	•Clear links with local CCGs and LAs re cross boundary working	CCG, RCC	2022/23	Partner cross border CCG's engaged as a part of the Rutland Strategic Health Developments group. Regular meetings established with bordering LA/DC's.	Green

Priority 5: Preparing for our growing and changing population
Senior Responsible Officer (on HWB) **Sarah Prema**
Responsible Officer (on IDG) **Joanna Clinton supported by Adhvait Sheth.**

NB: GREEN = ok, AMBER & RED = off track, GREY = not yet underway, BLUE = complete

Ref	Activity	HWB role	Signs of success	Dashboard metrics	Lead	Timescale	Progress	RAG
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.	Do	* Routine joint dialogue between partners on possibilities for joint solutions * Understanding of emerging options for joint solutions on the Stamford and Rutland border * Joint communications around direction of travel for cross border developments in place and evolving over time	• Aligned fit for the future plans with neighbouring ICS's	CCG	2022/23	Routine partnership meetings in place with sharing of information and data including presentation of CCG Stamford North Population Projections and health impact in Rutland. Visibility of Stamford Hospital Site Strategy with LLR Place leads is helping understand cross border developments to inform local plans. Clarification on offer around Phlebotomy being sought to understand whether Children are in scope of current service provision. Stamford North Housng Growth has been mapped to Rutland LSOA level (Lowest Geoghraphical Level) to demonstrate out of area growth into Rutland. This has been shared with partners in Lincolnshire CCG. LLR C&P North Place Partnership representation has been agreed with the first event in July.	Green
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.	Watch	* Alignment of milestones of Rutland Healthcare plan delivery with UHL reconfiguration milestones where applicable and relevant * Care Closer to Home Offer proposal	• Rutland feedback and insight supplied into system level reconfiguration	CCG, UHL, RCC, PH for HWB	2026/27	Awaiting establishment of LLR Collaboratives to enable channel to feed Rutland Healthcare plan considerations. Likely to be some time post ICS statutory footing. In meantime Rutland healthcare plan has been developed in plan geoghraphy context.	Green
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	Do	* It is clear the extent to which CIL funding can support this plan. * Understanding of current CIL funding including trajectory of allocations and any unallocated funding	• Health Strategic Partners Involvement in CIL review process and receipt of report on new policy implications	RCC	2022/23	Posiive support from RCC Cabinet to support wider inventsment in healthcare through LUF opportunity where RMH is one of the options.	Green
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.	Do	* Agreed population model with robust methodology that can be used to support dynamic impact modelling by LSOA * Agreed approach to dynamic impact modelling with RCC leadership in place against new development applications due to non local plan * Agreed updated Information requirements and timely sharing with health partners to inform dynamic modelling	• Monitoring of the number of speculative and planned applications • Reviewed CIL policy • Clear plan for future health infrastructure	CCG, RCC	As reqiored	Rutland-wide population model shared. CCG have considered future information requirements to enable dynamic population model approach in light of the non local plan position which presents a challenge to understanding geoghraphical health impact within Rutland. This is to be shared with partners to agree routine recpipt of this to enable.	Green

5.1.5	Develop understanding of used and vacant space at Rutland Memorial Hospital site to inform scope for potential solutions. Followed by strategic review of other vacant space that could enable health services closer to the population.	Do	A completed estates review identifies all areas that are curently being used, and areas for consideration from the perspective of health, the local authority and other local businesses such as leisure centres. A set of partnership agreed Business Case options has been developed for a Health Campus /Medi-tech trials facility in support of a levelling up funding opportunity, with potential for high quality jobs in Rutland. Specific healthcare plan for Rutland Memorial Hospital.	• Quantified understanding of available space on site and existing medical facilities' appropriateness for clinical activity against criteria • CCG in principle support of opportunity to progress initial bid	CCG/LPT	2022/23	An initial Feasibility study is in development with LPT engaged in the process and discusion around expansion of healthcare service possibilities. CCG EMT has been breifed on developments has supported the initial partnership work. Levelling Up paper with QS Survey and drawing of site has been submitted to LPT Strategic Property Group. Meeting on 07/06/22. In addition as part of levelling up opportunity further sites of interest that could be initial feasible options are being considered.	Green
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 (ARRS) and align with RISE team.	Watch	* Improved ability to respond to the population's primary care needs using a wider range of roles working well together. * Greater integrated working through increase in referrals and activity between partners and ARRS roles	•PCN additional roles recruited and services delivered. •Roles meeting their objectives	PCN	2022/23	Recruitments are complete, including 7 clinical pharmacists joining a PCN-formed academy to train as advanced practitioners (diagnostic skills and more autonomous than clinical pharmacists - benefits to patients, workforce, and practices).	Green
5.2.2	Workforce sufficiency. Develop links with Health Education England (HEE) around sustainable long-term recruitment and succession planning for clinicians.	Watch	Action has been taken to support a sustainable clinical workforce in Rutland.	•Sustainable health and social care workforce	CCG	2023/25	Not yet underway	Grey
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	Watch	•Greater integrated working through increase in referrals and activity between partners and ARRS roles	•Career development and increased potential for workforce •Proportion of health and care staff remaining in work after 55	CCG/RCC	2022/24	Draft workforce plan in development Next meeting to take place, hasnt taken place for a while	Green
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	Do	•Clear schedule of local schools and colleges that are wanting local Health and Care proffesionals to come along and speak about various roles in an integrated H&C landscape •Engagement and appetite of local educational settings is increasing towards hearing more about future models of care and integrated roles in mew models of communitu health and care	•Sustainable health and social care workforce •Increase in proportion of staff in health and care sector locally	CCG/RCC	2022/24	Occupational Therapy discussions with local college has taken place. Link in with OT team to see lessons learned and spread learning / approach to other teams eg MiCare, Dom Care Team Discussion planned with Gill Curtis to identify other college and schools to focus	Green
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.	Do	Skills development is one of the ways that the PCN is working to adapt clinical capacity to patient needs.	•Completion of PCN training courses and evaluation of training and impact on patient outcomes	PCN	2022/23	A programme has been established by the PCN, working with the University of Nottingham, to upskill 6 clinical pharmacists to provide more flexibility in service provision.	Green
5.3 Health and equity in all policies, in particular developing a healthy built environment aligned for projected growth								
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 inequalities and the economic, social & environmental determinants of health. 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. Development of a policy in the Local Plan to require developers to complete a Health Impact Assessment on new developments when thresholds are met.	Do	•Core partnership working group estavblished to take this forward in an agreed timeline Evidence the Local Plan development process has considered the impacts on health and wellbeing. •Evidence the Local Plan is aligned to the Joint Health and Wellbeing Strategy priorities.	•Completion of a Local Plan Health Impact Assessment with clear and achievable recommendations. •Progress against identified recommendations in the Local Plan development. •Health and Equity in all policies embedded across Rutland.	RCC, CCG, PH	2024/25	Initial engagement has happened between Planning and Public Health. Public Health have provided initial feedback into the 'Issues and Options' and a Health Impact Assessment policy is included prior to consultation.	Green

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

Senior Responsible Officer (on HWB) James Burden

Responsible Officer (on IDG) Charlie Summers

NB: GREEN = ok, AMBER & RED = off track, GREY = not yet underway, BLUE = complete

Ref	Activity	Dependenc	HWB role	Signs of success	Dashboard metrics	Lead	Timescale	Progress	RAG
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. Appropriate support at end of life for people with learning disabilities (understanding and coping), using national resources anticipated spring 2022.	6.6.2 compassionate communities.	Do (Place) Sponsor (System)	More people die in their place of choice.	•Qualitative feedback on end of life experience and quality of services including from family and carers	CGG/ RCC / LPT/ LOROS	TBC	Linkages being made to the LLR end of life and palliative care task force. Exploration of expansion of compassionate communities.	Green
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. Also connect with mental health services (e.g. coping wtih own terminal stage).	3.3 carers, 6.6.2 compassionate communities.	Do (Place) Sponsor (System)	Greater proportion of people at end of life have a ReSPECT form in place guiding their care.	•Qualitative feedback on the quality of support received •Proportion of people dying in usual place of residence (DiAPR)	CGG/ RCC / LPT/ LOROS	TBC	Linkages being made to the LLR end of life and palliative care task force. Exploration of expansion of compassionate communities.	Green
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 - quality and quantity (eg ability to respond if syringe drivers fail). Consideration of the level of hospice/hospital capacity required.	4.2 Care closer to home.	Do	Services evolve, balancing patient safety and increasing understanding of local needs.				Linking end of life in to the review of RMH and understanding local provision. Indentification of local hospices and commissioning arrangements in place.	Grey
6.2.2	Understand access to hospice and other services for End of Life care, and requirements for these commissioned services. Use this to improve access to hospice care, including transport issues, and facilitating commissioning where the provider is not within LLR.	4.4	Do (Place) Sponsor (System)	Where people need hospice care, this can be set up more easily and quickly, including for providers outside LLR.	•JSNA chapter recommendations. •Qualitative feedback on the quality of support received	CCG, RCC	2022/23	Indentification of local Hospices and commissioning arrangements in place.	Grey
6.2.3	Early identification of those likely to be in the last year of their life is in place, using assessment tools (e.g. Aristotle Population Health Management system validated tools). Ongoing use of this to support further ReSPECT planning to benefit those people and their families.		Do (Place) Sponsor (System)	Prompts are there to support health and care professionals working with people likely to be nearing the end of their lives to benefit from advice and support relevant to their stage of life.	•Patients nearing the end of their lives are known so their care can take this into account. •Increased proportion of those at the end of life with a ReSPECT plan in place	CCG, PCN	2023/24	Linkages being made to the LLR end of life and palliative care task force.	Grey
6.3	**Maximising comfort and wellbeing**								
6.3.1	Review pre-, peri- and post-bereavement support services, considering people in different circumstances (including armed forces, children and young people, parents experiencing the loss of a child, people with Learning Disabilities who are losing or have lost key loved ones, sudden and anticipated loss, bereavement thruogh suicide). Consider coverage across Rutland and how different services complement each other. Also consider the link to mental health services.		Do (Place) Sponsor (System)	Discussed in completed End of Life Needs Assessment.	•No. of people accessing bereavement support •Qualitative feedback on the quality of support received	CCG, RCC, local VCS providers	TBC	Identification of bereavement support in and around Rutland. Link with VCS contracts lead at CCG.	Grey
6.3.2	Timely management of medical equipment and small aids for palliative/terminal care at home - provision and removal. Consider the scope for a community run 'Emergency Hub' facility to help people with supplies needed urgently that werem't anticipated, and with advice.		Sponsor	Equipment is available when needed to support palliative care at home and is recovered sensitively when no longer required.	•Qualitative feedback on support around equipment to remain at home	RCC	2022/23	Not yet underway.	Grey

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 at a time when these will be helpful.		Do (Place) Sponsor (System)	Increase in the proportion of people at end of life that have a ReSPECT form in place.	• Proportion of people at end of life that have ReSPECT plans in place	CCG, PCN	TBC	Linkages being made to the LLR end of life and palliative care task force.	Green
6.4.2	Utilise responsive and flexible pathways to allow for rapid discharge from hospital where needed.	needs assessment (see 6.6.4)	Do (Place) Sponsor (System)	Local services are able to support more terminally ill care taking place at home rather than hospital, and can support swift discharge when required.	• Qualitative feedback on the quality of support received	CCG, RCC	TBC	Linkages being made to the LLR end of life and palliative care task force.	Green
6.4.3	Review of end of life care coordination. To include cross border coordination and hospital discharge facilitating next steps of palliative support. Information sharing supporting coordinated care.	3.2.3 LLR Care Record	Do (Place) Sponsor (System)		• Review of end of life coordination as part of JSNA chapter	RCC, PH, VCS	2022/23	Linkages being made to the LLR end of life and palliative care task force.	
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.		Do (Place) Sponsor (System)	Carers feel more confident to support the person they are caring for at the end of their lives, and have appropriate arrangements in place to be fully part of care planning.	• Proportion of people at end of life that have ReSPECT plans in place	CCG/ PCN/ LOROS/ Carers Matter Stake-holder	TBC	Linkages being made to the LLR end of life and palliative care task force.	
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 for conversations. Support transition to palliative care phase.		Do (Place) Sponsor (System)	Care professionals feel more confident to support patients/service users approaching the end of their lives.	• 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)	CCG, PCN	2023/24	Linkages being made to the LLR end of life and palliative care task force.	Grey
6.6 Communities are prepared to help									
6.6.1	Further develop the Dying Matters website to support coordination and choice of End of Life services. Also raise awareness of the vulnerability of the terminally ill and bereaved to scams working wtih Community Safety.		Do	Dying Matters website is a key reference point informing people about their options as they near the end of their lives.	More accessible website and links to RIS	Dying Matters	2023/24	Including linking up in the comms and engagement strategy.	Green
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.		Do	Rutland adopts a Compassionate Community approach with a network of volunteers skilled to work with people facing terminal illness or at the end of their lives.	• Volunteers trained • Rutland achieving Compassionate County status.	Dying Matters, RCC, Loros	TBC	Collaborative proposal being formulated to support the extension of the compassionate communities work.	Green
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. Moments of reflection when wider planning is possible, also around organ donation and preparation of ReSPECT forms - e.g. when will writing.		Do	People are more comfortable talking about and planning for the end of life. More people have taken steps to prepare for the end of their lives, and have made their families aware of their wishes.	• Behavioural change campaign. • Communication indicators re reach and shares etc. • Qualitative feedback that people feel more comfortable to discuss end of life	RCC, PH, Dying Matters	2024/25	Linkages being made to the LLR end of life and palliative care task force.	Grey
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. To include a comparison of progress against the National Ambitions for Palliative and End of Life Care, using the self-assessment tool. Also considering learning from the Medical Examiner if this becomes available in time.		Do	End of life needs assessment ensures a clear evidence base to inform local developments and also the wider LLR End of Life strategy so that Rutland needs are fully understood.	• End of Life JSNA chapter with clear recommendations to the HWB. Including self-assessment against national ambitions	PH, RCC	2022/23	JSNA chapter on end of life in preparation. Engagement survey of carers and workforce underway.	Green

Priority 7: Cross cutting themes

Senior Responsible Officer (on HWB) - 7.2 Inequalities, 7.3 Covic **Mike Sandys (Rachna Vyas for recovery)**

Responsible Officer (on IDG) **Viv Robbins**

Senior Responsible Officer (on HWB) - 7.1 Mental Health **TBC**

Responsible Officer (on IDG) **TBC**

NB: GREEN = ok, AMBER & RED = off track, GREY = not yet underway, BLUE = complete

Ref	Activity	HWB role	Signs of success	Dashboard metrics	Lead	Timescale	Progress	RAG
7.1	**Supporting good mental health**							
7.1.1	Increase access to perinatal Mental health support services, wherever Rutland women have chosen to give birth.	Sponsor	Women needing perinatal mental health support are able to access this, wherever they have chosen to give birth.	• No. of people accessing perinatal support • Qualitative feedback on the support provided	LPT	2022/23	Not yet underway.	Grey
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.	Do (Place) Sponsor (System)	Understanding of the gaps in service for children and young people helps to inform the design of future services.	• Gap analysis on service provision for children and young people and recommendations for the HWB	LPT, PH	2022/24	Not yet underway.	Grey
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.		More families and young people find it easier to get the mental health support they need and in a more timely fashion.	• Reduced presentation of children and young people at urgent care settings in crisis	LA, VCS, CCG	2022/23	Not yet underway.	Grey
7.1.4	Transformation project for Rutland- Ensuring Mental Health services are delivered in Rutland including; a) Supporting services via funding bids: (Mental Health VCS grant scheme – crisis café - second round June 2022, Small grants - £3k - £50k - second round to open June 2022, OPCC commissioner safety fund – up to £10k) b) A clear co-designed approach to supporting farmers' and other individuals' needs linked to rurality c) A clear co-designed approach to better meeting veterans' and armed forces families' mental health needs d) A clear local plan to better coordinate care across neighbouring service areas	sponsor)	More locally targeted support for mental health, tailored to Rutland's needs.	• Waiting times reduced for VitaMinds service users • Mental Health neighbourhood lead in post • Crisis café in Rutland • Rutland voluntary sector access to grant funding • Commissioned services accessible face to face in Rutland	LPT/ CCG/ RCC	2022/23	Early actions underway: * Publicising open calls for funding bids to local agencies. * LLR workshops underway developing system and place MH plans. * Third round of senior mental health lead recruitment underway for Rutland.	Green
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.	Sponsor	More people able to access advice and support sooner to support their mental health.	• Increased support for low level mental health conditions for all ages • Self-help tools promoted	PCN, LPT, RCC, VCS	TBC	* LLR workshops underway developing system and place MH plans. * Third round of senior mental health lead recruitment underway for Rutland.	Green

7.1.6	Deliver on the Long-term plan objectives for mental health for the people of Rutland: 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	Sponsor	Local services for mental health are clearly defined, well understood, timely and delivered closer to home where possible.	• 60% physical health checks for individuals with Serious Mental Illness (SMI) • 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	LPT, PCN, RCC, VitaMinds	2022/23	* New neighbourhood facilitator in post to organise MDT holistic approach of support. * LLR workshops underway developing system and place MH plans. * Agreement of physical space for Vita Minds to deliver support from within Rutland. * Resources agreed and transferred to Rutland Council by CCG to support development of prevention and resilience schemes.	Green
7.2 Reducing Health Inequalities								
7.2.1	Complete a needs assessment to understand the current health inequalities in Rutland. The assessment will apply a rural lens, considering hidden deprivation and the resultant needs, calling on wider sources of intelligence across the community, voluntary and faith sector. The assessment will also focus on geographical inequality, inclusion health and vulnerable populations.	Do	Significant inequalities in Rutland are better understood, providing a reference point that others can use to tune and target their services to reduce health and wellbeing inequalities.	• Completed needs assessment and recommendations to HWB	PH	2022/23	Health inequalities study well underway, engaging partners to maximise local insight. The report is on the HWB forward plan for Autumn 22.	Green
7.2.2	Embedding a proportionate universalism approach to service delivery including principles of the CORE 20 PLUS 5 and HEAT tool. 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.	Do (Place) Sponsor (System)	Service delivery builds in adjustments ensuring that it reaches more of the population in scope.	• 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.	All	2024/25	Not yet underway.	Grey
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	Sponsor	More health and care professionals are more confident to tailor services to reduce inequalities.	• Take-up of senior Rutland leaders on training course.	CCG, PH, LLR Academy	2023/24	Not yet underway. Will be informed by 7.2.1 Inequalities report.	Grey
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).	Do	The needs of the armed forces community are effectively factored into health, housing and education.	• Update report on how organisations have embedded this legislation • Armed forces health needs assessment	RCC, CCG, Providers	2022/23	Armed Forces lead newly in post at RCC.	Green
7.2.5	Complete military and veteran health needs assessment to understand the inequalities facing this group	Sponsor (System)	Improved information about military and veteran heatlh needs helps to inform future improvements to services and opportuntiies for these groups.	• Completed needs assessment on military and veteran population. Recommendations taken to HWB to progress at place.	CCG, PH	2022/23	System level analysis underway.	Green
7.2.6	Mapping Rutland community assets, including its voluntary and community sector.	Do	Partners have an up to date picture of the strengths and potential of Rutland's many communities which can help to inform future health and wellbeing actions.	• Single register of local community assets to support development of RIS, community development and inclusive design of interventions	RCC	2022/24	Initial mapping of the voluntary and community sector across Rutland is underway, also drawing on data from the Rutland Information Service directory.	Green
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.	Sponsor Do for Rutland specific organisations	Larger organisations in Rutland participate in actions eg. for their employees, to reduce health inequalities.	• 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	System and RCC	2024/25	Not yet underway.	Grey
7.2.8	Ensuring complete and timely datasets. Collecting data on protected characteristics (including ethnicity and disabilities) to support future service needs and development	Sponsor	Increased collection of equalities data means there is better information to hand to understand whether services are reaching all relevant parts of the community.	• Accurate recording of protected characteristic including ethnicity and disabilities	All providers	2024/25	Neighbourhood facilitator in post to progress Population Health Mangement approaches via Aristotle.	Grey

7.3 Covid recovery and readiness								
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.	Watch	More balanced social recovery from Covid as needs are better understood.	• Services adjusted/ increased/introduced in response to post-pandemic needs • Outcomes in those services	RCC, PH	2022/23	Not yet underway	Grey
7.2.2	Consider the service offer for patients with long Covid, including accessibility.	Sponsor	Clear based on evidence whether additional services are needed for long Covid or current services meet these needs.	• Clear pathway and accessible service offer for long Covid patients	LPT	TBC	Not yet underway	Grey
7.2.3	Pandemic readiness. Maintaining a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.	Do (Place) Sponsor (System)	Timely health protection response to outbreaks and pandemics.	• Overal l rates and deaths from of Covid-19	PH	Ongoing	Ongoing readiness via the UK Health Security Agency and relevant local Public Health teams, for infectious diseases that could be a significant threat to health, including Covid-19 variants and monkeypox.	Green

Acronyms and 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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Health and wellbeing communication and engagement plan for Rutland 2022-27

Supporting the role of the Rutland Health and Wellbeing Board and successful delivery of the Rutland Joint Health and Wellbeing Strategy 2022-27

Status	Draft
Version	0.9
Lead author	Sandra Taylor
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Contents

Purpose

Health, care and wellbeing-related organisations in Rutland are working together, through the Joint Health and Wellbeing Strategy (JHWS), to make Rutland an even healthier place in which to live. This includes working to provide high quality services for all, to respond to inequalities which affect some health outcomes in our communities, and to ensure that people have access to the right information, advice and help at the right time. Another important dimension is to empower people to play a full role in looking after their own health across their lifetime, and to provide them with opportunities to get involved in shaping the local priorities and services they need.

This communication and engagement plan aims to enhance the health and wellbeing of people in Rutland by facilitating effective health and wellbeing communications and engagement.

The plan is focused on communication and engagement involving two key sets of stakeholders:

- residents and patients of Rutland; and
- stakeholder agencies and their workforce.

It has been developed by a working group of Rutland Health and Wellbeing Board partner organisations and informed by what the public have told us about their needs and wishes from communications and engagement.

Different partners have different requirements on them for communications and engagement, and different resources, drivers, working practices and aims from this activity. Therefore, delivery of this plan will be a journey in which they will be evolving shared ways of working, along with the public, including the development of a common language around communications and engagement.

We propose to engage with the public and the workforce on this draft plan between the April and October HWB meetings, including by presenting key aspects to interested groups such as the Patient Participation Groups, to further enhance and inform the plan before it is finalised.

The plan is part of the wider integrated health and care system

In line with the NHS Long Term Plan, health and care services are designed and delivered collaboratively at three levels, with services managed as close as possible to the communities they serve while allowing for an efficient, effective and safe operating scale:

- The Integrated Care System level equates to the area of Leicester, Leicestershire and Rutland (LLR) and provisions strategic services such as acute hospitals.
- LLR has three 'Places' – equating to individual Local Authorities, with Rutland being a Place in its own right. Places have a key role in maintaining health, integrated care services closer to home and reducing inequalities.
- The third level is Neighbourhoods – the scale at which primary care services are planned. Rutland is both a Place and a Neighbourhood.

In parallel with their health and wellbeing strategies, systems and places are each developing complementary communications and engagement plans. This document is the

communications and engagement plan for Rutland as a Place and Neighbourhood, and complements the ICS communications plan, its 'People and Communities Strategy' (LLR Integrated Care Board, 2022).

In designing this plan, we have been guided by ten practical national communication and engagement principles[1] which have been published as part of 2021 LGA and NHS guidance on building a strong Integrated Care System (ICS). The principles aim to set out how each level of the ICS (system, place and neighbourhood) should aim to work closely with people and communities for the best outcomes:

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	7. Use community development approaches that empower people and communities, making connections to social action.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	8. Use co-production, insight and engagement to achieve accountable health and care services.
4. Build relationships with excluded groups, especially those affected by inequalities.	9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.

The plan also responds to the 'Thriving Places Guidance' (LGA and NHS, 2021, pp21) which asks that place-based partnerships "systematically involve professionals, people and communities in their programmes of work and decision-making processes", and that these arrangements should:

- "be a source of genuine co-production and a key tool for supporting accountability and transparency of the system";
- "establish a shared understanding of the community's needs";
- "build relationships with all communities, including excluded groups and those affected by inequalities" (also to meet Equality Act 2010 obligations); and
- "use continued engagement to measure if partners are improving experiences of care and support".

We also used two further important elements to inform this draft plan:

- a review of what the public told us about their needs and wishes from health and wellbeing-related communications and engagement in the course of recent JHWS consultation and engagement (see Appendix 2); and

[1] LGA and NHS (2021) Building strong ICSs everywhere – working with people and communities

- an analysis of current communications-related strengths, weaknesses, opportunities and threats as viewed by colleagues in the Rutland health and care system involved in this activity (summarised in Appendix 3).

Key aspects of the public's feedback have been as follows.

- **Communications**
  - difficulties in finding out what services and opportunities are available to them to support their health and wellbeing;
  - a wish to have access to the information they need to care for themselves and make timely and informed choices; and,
  - not wanting to see an over-reliance on digital channels which excludes those who are not online.
- **Engagement**
  - a willingness among many to share their experiences and views of care to help to inform and shape service improvements.

The Rutland Health and Wellbeing Board (HWB) as an enabler for health and wellbeing

The Rutland Health and Wellbeing Board is pivotal to health and care change in Rutland. It is a statutory committee of health and care partners who work together to understand Rutland's health and wellbeing needs and to facilitate these needs being met. This includes by directing their respective resources towards mutually agreed, evidence-based change, as set out in the Joint Health and Wellbeing Strategy 2022-27. The HWB meets quarterly in public session, its papers are published online and key items of business are regularly reported in the local press.

This plan aims to increase the visibility and public profile of the Board so that it can play a fuller role in making the public aware of how proposed health and care changes will benefit them, and can encourage more feedback and involvement from members of the public with first-hand experience of key services.

The key responsibilities of the HWB are as follows:

- To guide and deliver the **Joint Strategic Needs Assessment (JSNA)** for health and wellbeing which brings together a wide range of data and insight to inform policy and commissioning decisions affecting the local population.
- To prepare and deliver the **Joint Health and Wellbeing Strategy (JHWS)**, informed by the JSNA, to respond to the specific health and wellbeing needs of the local community.
- Supporting suitable and sufficient provision of health services, including through the **Pharmaceutical Needs Assessment (PNA)**.

Scope of communications and engagement in this plan

To deliver its objectives, this plan covers several types of interaction, as set out in the 'ladder of engagement' below. There is not yet consistent terminology across different frameworks used to describe types and levels of interaction, particularly for the most substantive types of involvement, so it is important to define the anticipated scope of interactions within this plan. The definitions we have

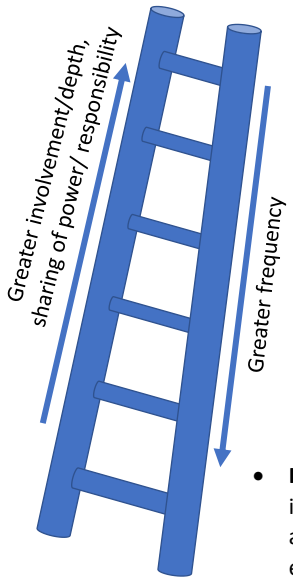
adopted aim to align with those used by Think Local, Act Personal, which has extensive experience in this domain and promotes the meaningful participation of people in shaping services.

The lowest rungs of the ladder adopted here are **educating** around maintaining health and **informing** the public about services and opportunities. Informing and educating are fundamental communications activities and will account for a lot of what this plan delivers.

In line with the Thriving Places Guidance', a key ambition of this plan is to build on this foundation by more routinely enabling service users and the workforce to use their experience in richer ways to help to shape and enhance services. Higher up the ladder, therefore, are progressively richer forms of dialogue aiming to harness the experiences and creativity of the public and the workforce in the design and delivery of successful services. There are not clear-cut lines between these higher rungs on the ladder of involvement. Instead, the ladder offers a representation of a sliding scale that aims to help the participants in any given dialogue to be clear on the scope for influence and balance of responsibilities that is entailed.

Consultation is a structured and formal dialogue which usually takes place well into the design of a plan, policy or service and is constrained in its scope. **Engagement**, in turn, entails richer and more free flowing dialogue, the learning from which can be used more flexibly to inform and shape outputs. **Co-design** involves people with lived and professional experience having a greater influence in shaping approaches and services, but still at this stage without responsibility for strategic decision-making or delivery. At the top of the hierarchy, **co-production** involves a more equal relationship between those using and providing services, in which the public as experts by experience have an even greater role and responsibility across more of the lifecycle of a service.

A ladder of public and professional involvement



- **Co-producing** – a more equal relationship between the people who use services and the people responsible for them. Experts by experience work with experts by profession from design to delivery, sharing strategic decision-making about services. They may also share in delivery. This can be with different levels of focus, for example designing how a whole service works, or as stakeholders in how shared accommodation is run.
- **Co-designing** – People who use services take a significant and more equal role in helping to design or improve them, based on their experiences and ideas. They have genuine influence, but are not responsible for strategic decision-making or delivery.
- **Engaging** - two-way, richer, more exploratory and open-ended dialogue, for example: understanding user experiences and points of view to inform proposals or an early version of a plan or project. Informs the work done by 'experts by profession'.
- **Consulting** - formal and structured two-way communication, often using questionnaires to confirm what ideas or approaches have the greatest public support. Consultation often seeks views and inputs to plans or proposals that are at a fairly advanced stage of development.
- **Informing and educating** – sharing accessible information with people for a variety of purposes, including: sharing knowledge about maintaining health; raising awareness of services and how to access them; motivating people to take positive action. Information may be universal or tailored, e.g. to groups facing greater health challenges or who are less likely to take up preventative services.

Informed by the Think Personal, Act Local 'Ladder of Participation'

In this journey, engagement and co-design opportunities are likely to be the key forms of rich dialogue initially enabled by this plan, while together building up collective understanding of using these

approaches effectively, and of the potential of co-production. Co-production, at the top of the hierarchy, requires sustained commitment and continuity also from participating service users, and is likely to lend itself particularly well, for example, to decision-making in the social care arena (where indeed it is already used) where people may be directly shaping their own lives.

The ambition and extent of what can be achieved in engagement has a number of dependencies including: working cultures, funding, staffing capacity, skills, and public appetite. This is addressed further below.

The objectives of this plan

The three core objectives of this plan are as follows:

1. To ensure that people have the information they need: to feel empowered to play a full role in maintaining their own health and wellbeing; to access health and wellbeing services to support them in living well; and, to take part in helping to shape services.

2. To increase the public's understanding and awareness of the role of the Rutland Health and Wellbeing Board in shaping the conditions for local health and wellbeing.

3. To more fully involve the public and professional stakeholders in informing the design and delivery of strategies, plans and services to respond to individual and local needs.

The rationale for these objectives, how they will be progressed and how they relate to the ladder of participation is set out below.

1. Ensuring people can access the information they need to maintain their health and wellbeing and navigate change

The issue

People have told us that they want to play a full role in looking after their own health and wellbeing, and that they need the right information and advice to enable them to do this. This includes information that supports healthy lifestyles, eg. relating to community life, getting active, looking after your mental health and more.

In parallel with public feedback about challenges in accessing health services, a consistent message from the public is that many people currently find it difficult to find out about health and wellbeing services and other opportunities available to them in Rutland. At the same time, not all of the services commissioned to promote health and wellbeing are always used to full capacity, even though the need for them can be demonstrated using local data. Lack of information about sources of support could affect people negatively, for example during times of change. They might miss out on accessing advice or services that could help them to manage change, leading in some cases to avoidable deterioration in their circumstances or even to crisis.

When they are facing concerns such as parenting challenges, anxiety, a new diagnosis, money worries or caring responsibilities, people need information which is relevant, clear and timely. They might access this directly, or approach organisations such as the Council, Visions Children's Centre, GP practices or

Citizens Advice, all of whom need to be aware not only of their own services but also what is available from others.

Another important purpose for communications is to keep the public up to date with how services are changing. Current health and care services are often quite different than services were a few years ago, but these changes have not always been clearly communicated to the public (eg. a shift to day surgery rather than overnight hospital stays for planned care, potential for self-monitoring of e.g. blood pressure rather than GP visits for this, more people going straight home after hospital with 'reablement' at home while they recover rather than rehabilitation in a local hospital ward.

How we will use different types of communication to ensure people have access to the information they need

By working together on effective communications, we can help to make it easier for people to find out about the support and opportunities that are available to them wherever they live in Rutland and whatever their circumstances:

Educating and informing
• Health and care stakeholders will work collaboratively to publicise and promote services and opportunities to the public in an accessible, coordinated and inclusive way, innovating to reach key audiences, including those facing inequalities leading to worse health outcomes. • We will use different communications channels to maximise our reach, develop self care skills and promote services and opportunities, including websites such as the Rutland Information Service, social media, print media and face to face opportunities, complementing and amplifying each others' campaigns. Wherever possible, we will enhance existing communications routes rather than creating new ones. • As a key shared platform, we will seek to make the Rutland Information Service better known, more accessible and easier to access on a mobile phone as this is how a growing proportion of people now access local information, including relating to their health and wellbeing. This has a dependency on funding. • We will develop tools including a visual brand and hashtags for Rutland partners' collective health and wellbeing messages to make communications more memorable and deliver greater impact. • We will equip a wide range of front line workers across Rutland to signpost people to appropriate health and wellbeing services through a project called 'Making every contact count', including self-service guides to services for professionals. • We will use communications to evolve people's 'mental maps' around health and social care services so that they feel better informed and more able to make choices, should they come to need these services.
Engaging, co-designing and co-producing
• We will involve the public and colleagues in the design of information platforms and campaigns to ensure that they meet the needs of different groups in Rutland. • We will work with the public and professionals and use the principles of behaviour change to shape what information and advice is delivered and how, so that this is more likely to inspire people to follow up or make a change.

2. Raising the profile of the Rutland Health and Wellbeing Board

The issue

Rutland's Health and Wellbeing Board (HWB) brings together local leaders from health, social care and the voluntary and community sector, who work together on behalf of the public to improve the prospects for local people to live long and healthy lives. Although they already meet in public and invite questions from them, and their meetings are often reported in the local press, they are still relatively little known. They would like the work of the HWB to be more visible to the public so that more people feel better informed about how services are shaped, what is likely to change over the next 5 years, and how they can get involved in this.

How we will use the different types of communication to raise the profile of the HWB

Educating and informing
• We will enrich the information available about the Health and Wellbeing Board and its role through dedicated web pages and print media. • We will use a range of pre-existing channels and newsletters to promote awareness of the Board, its members, its strategy and the progress being made on behalf of Rutland people. • At minimal cost, we will develop tools including a visual brand and hashtags for the Health and Wellbeing Board to give it a stronger public identity. • We will make it easier for people to find out about the Joint Health and Wellbeing Strategy and what it means for people. • We will produce accessible communications materials to disseminate the main business of the HWB. • Working with wider partners, we will look to align our communications about the HWB and Strategy with the other LLR 'Places' and the LLR system level so that it is easier for the public to be clear on how the different elements of the health and care system now fit together.
Consulting
• We will consult the public and professionals so that their views are taken into account in key HWB decisions, including for the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and the Pharmaceutical Needs Assessment. • The HWB will promote wider health and wellbeing consultations so that the public are aware of the opportunities available to them to have their say and influence how policy and services are shaped.
Engaging, co-designing and co-producing
• The HWB will champion richer engagement with the public and workforce as integral tools in the design of policies and services. • They will provide challenge to the local health and care system around the depth and nature of involvement of the public and workforce in new proposals.

3. Involving the public and professional stakeholders in service design and change

The issue

There are areas of good practice in Rutland in designing services hand in hand with service users and rich engagement to understand what works, but engagement approaches that involve patients, service users and the workforce more deeply are not yet routine across all services.

At the same time, the public have told us that many of them actively want to be involved in the design and improvement of services, so that their lived experience can help to inform service design. It follows that there is more scope for the workforce and members of the public with lived experience to work together to problem solve and design service improvements together.

Increasing public involvement is an additional ask on individuals and teams and will need some level of resources to be allocated to building capability and capacity, and also to ensuring that members of the public participating in substantive engagement processes do not find themselves out of pocket as a result. This is addressed further below.

How we will increase the involvement of the public and professional stakeholders in service design and delivery

Educating and informing
• We will make it easier for people to find out about opportunities for them to have their say or to get involved in the design of local health and wellbeing services (whether through consultation, engagement, co-design or co-production). • We will make it clear which levels/types of engagement are being undertaken so that the expectations of all participants are clear. • We will communicate about the impact that the involvement of the public and workforce has had on plans and services, validating everyone's investment in this work ('You said, we did' – and, where the public and workforce are involved in shaping and delivering solutions together, 'We said, we did'.)
Consulting
• Alongside richer, more interactive forms of engagement, formal consultation still has its place, particularly to invite views at the latter stages on more fully-formed strategies or proposals. • Where we use consultation, we will work to ensure this is meaningful by consulting on proposals in line with government best practice and the four Gunning Principles. These are: that consultation is only legitimate if it takes place when proposals can still be influenced; enough information is provided for intelligent consideration; there is adequate time to consider and respond; and, conscientious consideration is given to the responses before a decision.
Engaging, co-designing and co-producing
• We will put together a business case for developments strengthening the local capability and capacity around deeper forms of engagement in health and wellbeing and shape plans in this area based on available resources. • We will bring together a shared toolkit for good quality engagement that is realistic in its approach, building on established and recognised good practice in this domain. • Resources permitting, we will incrementally increase the amount and depth of joint working with the public and workforce to solve service challenges, working creatively within the constraints presented by time and resources, prioritising openness, active listening and creative problem solving. • We will build skills and confidence incrementally in engagement, starting at a small scale, with the workforce and members of the public learning together. • We will progressively instil an operating culture in which engagement, co-design and co-production as appropriate become routine parts of service design and change. We will use

different types of engagement to develop a shared understanding of the needs and potential of our communities and workforce, prioritising the voices of those with lived experience, whether as service users or professionals, and work together across different stakeholders to shape and improve services.

- We will use engagement to reduce health inequalities, targeting, involving and better understanding key populations who may be less often heard and who face specific disadvantages.
- We will apply principles which respect the time and contribution of those feeding in – for example, we must keep in mind previously gathered intelligence, and work to ensure that opportunities are accessible to all and that individuals are not out of pocket as a result of their participation. Where relevant, as an accelerator, we will seek to engage with pre-existing groups of individuals with lived experience in a given area rather than generating sets of participants from scratch each time (eg. via carers support groups, disability forums, etc).
- We will work to achieve continuous improvement in this area, learning both from what has gone well and what has not been so successful.

Overall principles and approach

A collaborative approach

We will take a **collaborative approach** to communications and engagement, and aim for **continuous improvement**, learning from local experiences and looking outwards to wider good practice and learning. In doing this, we will aim to make best use of the different communications resources and assets across different partners.

We will also work mindful of the fact that each organisation has its own requirements, norms, cultures and expectations around communications and engagement.

In our joint work, not everything will go perfectly, and the resulting opportunities to learn will help to inform future practice.

Communications and engagement are integral parts of service design and delivery

This plan aims to embed an approach across the health and wellbeing community in which it is everyone's job to communicate and engage as an integral part of what they do. In particular, communications and engagement will be seen as integral to the planning of change, and promotion of services, not an add-on. The working group will work to support the development of this culture by establishing or identifying suitable guidance, toolkits and training opportunities. At the same time, projects or services will be responsible for organising their associated communications and engagement activities, and linking these into the wider network's activities, rather than this being the responsibility of the communication and engagement working group or communications leads.

The following principles will inform <u>communications</u> activities:

- **Clarity.** Brief plain English. Avoiding jargon. Acronyms avoided and explained if required.
- **Communicate in varied and appropriate formats and channels, chosen based on who needs to be reached.** Variety of communications channels to reach intended audiences, not disadvantaging those who are not online. Using different communication styles and channels for different age groups. Employing Easy Read and other visual approaches such as animated presentations and video

recordings where beneficial. Also considering who conveys messages as well as how they are conveyed, as that can increase credibility and impact.

- **Coordinate our communications activities to avoid audience fatigue.** Being selective about what are the high priority campaigns relative to Rutland's needs, and coordinating activity across partners so that messages are amplified not duplicated. A shared communications forward plan for key campaigns will facilitate this.
- **Informed by the need to reduce inequalities.** Tailoring communications approaches to reach more people who are disadvantaged, including in terms of their health, their income or their ability to access services.
- **Use and build on national and regional campaign resources.** We will align with wider communications campaigns, actively using Public Health and NHS campaign resources, and tailoring these campaigns to local circumstances.
- **Understand the audience, and what interests and inspires them.** Engage with audiences to understand how best to inform and empower them to maintain their health and wellbeing.
- **Use behavioural insights to shape effective messages.** Communication activities will be informed by better understanding what encourages people to act on information or make a change.
- **Evidence-based.** Using data and user insights, including from engagement, consultation, co-design and co-production, to inform communications.

The below principles, in turn, will inform richer <u>engagement</u> activities

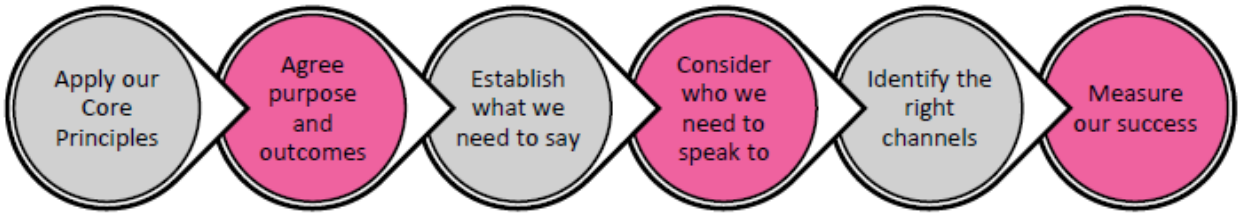
- **Timely.** Engagement is appropriately timed for meaningful input to change processes and helps to inform decisions.
- **Clear.** Again, plain English will help everyone to feel equal in contributing. Avoiding jargon and acronyms, and explaining them if they are required.
- **Transparency about the scope to change.** Being clear up front about what type of engagement is proposed, how decisions will be made, any limiting constraints and what is and is not negotiable.
- **Two-way.** Placing the emphasis on listening. Mutual opportunities for everyone to gain a more rounded perspective.
- **Responsive.** Public feedback also guides what issues are prioritised for engagement.
- **Building on wider experience and expertise.** Including using toolkits from projects/areas with well-established and leading engagement practice.
- **Prioritising lived experience.** Those with first-hand experience of situations or services have the most to contribute to understanding them.
- **Engaging with existing groups of interested people where appropriate.** If there are existing groups with relevant experience (eg. Patient Participation Groups, peer support groups for specific long term conditions), they should be included in engagement. These approaches need to be validated to ensure that relevant first hand experience is prioritised.
- **Being inclusive and accessible.** Working to reach people who are less often heard, at times and in places that are accessible by target groups. Using methods that make it easier for people to contribute and to feel comfortable doing this.
- **Engaging using different methods.** Employing a variety of engagement approaches to capture different inputs from different groups. Some may prefer workshops, others a one to one discussion.

Consider approaches that engage people's creativity, e.g. drawing 'rich pictures' to capture aspects of a situation figuratively, considering a letter or poem conveying lived experience.

- **Respecting people's time and resources, and their privacy.** Valuing pre-existing intelligence rather than repeating research. Sustaining trust by respecting the Data Protection rights of those feeding in and being clear about anonymity, how long data from engagements will be kept and how it will be used.
- **Squaring the circle. R**eporting back in a timely and systematic way on the difference that people's inputs made**.**
- **Over time, changing the culture around the balance of influence.** More equally valuing both the expertise of professionals and those with relevant lived experience.

A six-step approach to planning communications and engagement

To provide a consistent approach across communications and engagement for health and wellbeing, we will encourage partners to apply RCC's six step approach to communications planning as set out in the RCC Communications Strategy:



Key outcomes of the plan

Successful delivery of this plan aims to deliver the following key outputs and outcomes/impacts. At this stage, it is more straightforward to identify outputs than outcomes or impacts as we do not yet know in detail what will be supported through communications and engagement.

Objectives
1. Ensuring people have access the information they need to maintain their health and wellbeing and to navigate change successfully
Outputs • Shared communications calendar with prioritised campaigns. • Joint and coordinated communications campaigns. Campaigns informed by behavioural insights and/or public engagement. • Trends in numbers of followers of key Rutland health and wellbeing social media accounts. • Visits/visitors to relevant website including the Rutland Information Service and Rutland Health PCN website. • Number of front line staff briefed under 'Making Every Contact Count' to use key information sources to make health and wellbeing recommendations to people. **Outcomes/Impacts**

- More positive qualitative feedback about people's awareness of how to find the services they need in Rutland.
- Improved take-up of target services contributing to JHWS aims eg. shingles vaccination, weight management services, exercise referral.

2. Raising the profile of the Rutland Health and Wellbeing Board

Outputs

- Number of visitors to HWB web pages, followers of HWB related social media
- Number of HWB health and wellbeing related posts
- Public attendance at HWB meetings
- Questions received to HWB meetings
- Media coverage of HWB meetings

Outcomes/impacts

- Qualitative feedback on new approaches (complaints/compliments, social media responses, etc) indicating whether the activity is responding to community needs.
- Wider outcomes/impacts are a contribution to the effective delivery of the JHWS and other HWB responsibilities, reported elsewhere.

3. Involving the public and professional stakeholders in service design and change

Outputs

- Locally defined/selected engagement/co-design/co-production toolkit
- Number of co-production and co-design exercises undertaken
- Number of people with lived experience involved in different forms of engagement

Outcomes/Impacts

- 'You said, we did' changes – impacts of engagement.
- Qualitative feedback from engagement projects on the quality of engagement.
- Project-specific insight into whether/how engagement enhanced solutions.

Outline delivery plan 2022-23

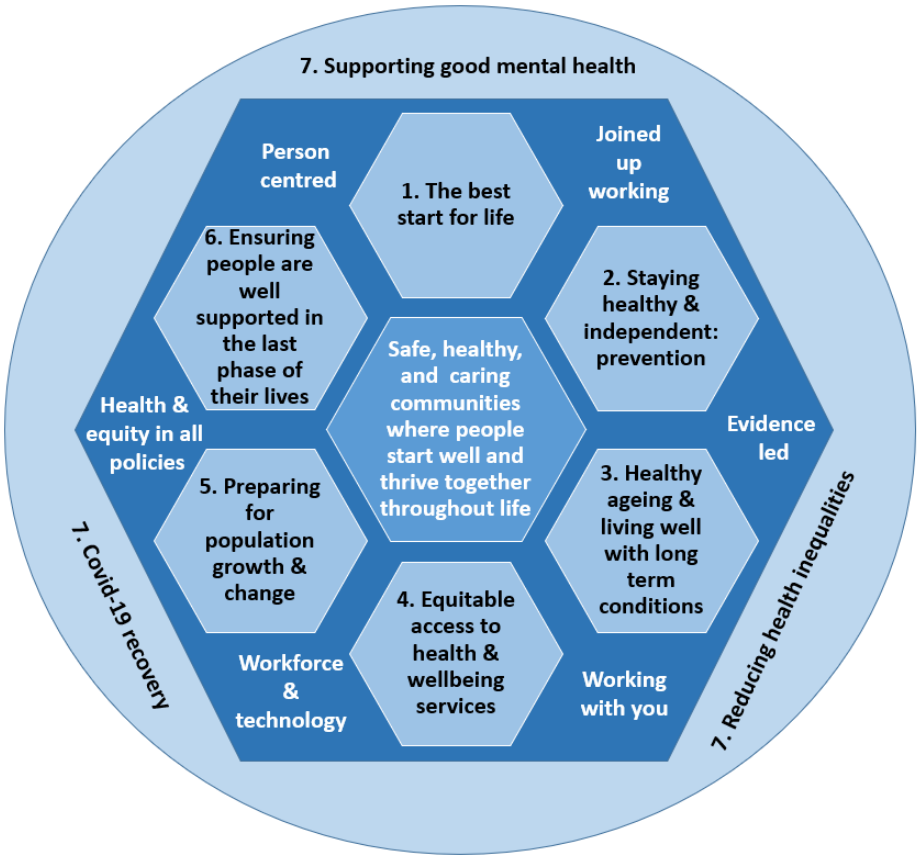
Action	Lead	Timetable
0. Readiness to deliver the plan		
Sustain communications working group through year 1 of the plan to support establishment of new ways of working.	Working group	2022-23
Strengthening this plan through engagement with the public and professionals	Working group	Jul-Sep 22
High-level audit of communications and engagement assets across involved partners (skills, resources, channels and tools) to help to plan coordinated approaches to communications (assets and gaps/opportunities).	Working group	Jul-Sep 22
Agree scope to coordinate with system/ICS level communications activity and mechanisms – e.g. access to citizen panels.	LLR leads working together.	Jul-Sep 22
Identify and deliver some 'quick wins' for local communications	Working group	Jul-Oct 22
Reporting to IDG and HWB on communications and engagement activity and performance.	Working group	Ongoing
Annual report taking stock of overall performance and change	Working group	2022-23 Q4
1. Ensuring people have access the information they need to maintain their health and wellbeing and to navigate change successfully		
Coordinate with ICB and places on a visual brand for health and wellbeing in Rutland	Working group	
Agreed approach for collaborative communications across health and care in Rutland. Including investigating mechanisms to engage Rutland's villages in improved communications. Also to include communications management	Working group	Q2 2022-23
Shared, rolling communications campaign calendar with selected campaigns prioritised and/or in common across the year – design, maintain, deliver.	RIS lead	Establish Jul-Sep 22 then ongoing
Training: Progress training opportunities including behavioural insights, social media.	Working group	2022-23
Link to local actions building digital confidence.	TBC	
Enhance the Rutland Information Service (RIS) as a key shared source of information about local services and opportunities. • Develop RIS social media presence – bringing content to the online places people visit. • Website technical code refresh for accessibility and ease of use via a mobile phone. • Using website usability testing to increase the effectiveness of RIS content.	RCC Public Health	2022-23
2. Raising the profile of the Rutland Health and Wellbeing Board		
Web content conveying the role and purpose of the HWB and inviting public involvement.	RIS lead	2022-23 Q2

Visual identity for the HWB – papers, web page, social media.	TBC	2022-23 Q2
Social media account for HWB health and wellbeing news/messages with shared hashtags.	RCC comms	2022-23 Q2
Ongoing promotion of HWB activity including public engagement opportunities in health and wellbeing change.	RIS lead	Ongoing
3. Involving the public and professional stakeholders in service design and change		
Business case setting out options for engagement activity depending on level of resourcing.	Working group	Q2 2022
Potential LGA support to develop approach to increasing engagement	Better Care Fund lead	TBC
Modest prioritised programme of engagement activity for year 1 of the JHWS supporting delivery of JHWS priorities.	Working group with priority and action leads	Jul-Aug 22, then deliver
Establish an engagement approach, including a toolkit for partners to use, drawn from wider best practice. To include: • Approach to compensation where required. • Existing groups who could be engaged. • How to reach less often heard groups and groups facing inequalities.	Working group to identify	Q2 2022
Engagement training.	TBC	Dependency on resourcing.
Sharing of 'you said, we did' outcomes via the HWB and/or Rutland Information Service.	RIS lead	As required

Appendix 1: Summary of the Rutland Joint Health and Wellbeing Strategy 2022-27

Overall aim

The central aim of the JHWS is **'people living well in active communities'**. The strategy aims to nurture **safe, healthy and caring communities in which people start well and thrive together throughout their lives**. To deliver this aim, the five-year strategy has seven inter-related priority areas for action, supported by seven guiding principles or enablers.



Seven priorities for action

The seven priorities for action are set out in the above diagram:

1. Best start for life.
2. Staying healthy and independent: prevention.
3. Living well with long term conditions and healthy ageing.
4. Equitable access to health and wellbeing services.
5. Preparing for population growth and change.
6. Ensuring people are well supported in the last phase of their lives.
7. Cross-cutting themes.

Seven Guiding Principles and Enablers

- **Person-centred.** People told us they want a strategy that treats them as individuals and supports them to live independently with good health and wellbeing, building on their abilities and potential.
- **Joined up working.** We will build on Rutland's track record of integration and partnership to deliver the best value for Rutland, working together inclusively across sectors and communities to improve outcomes.
- **Evidence-led.** We will use a wide range of data to understand the health and wellbeing challenges of Rutland. We will learn what works by evaluating services and talking to service users. We will renew the Rutland Joint Strategic Needs Assessment (JSNA), using new Census data available from April 2022, to inform targeting and funding decisions.
- **Working with you.** We will develop a communications and engagement plan to ensure that changes are informed by listening to what local people, including those from seldom heard groups, need from health and wellbeing services. Professionals and service users will work alongside each other to inform service design and improvement.
- **Workforce development.** Our workforce is vital to driving change and improving health and wellbeing in Rutland, but it is under pressure due to growing needs. We will continue to develop our integrated workforce, making Rutland an attractive place to work and thrive.
- **Information sharing, supported by technology.** We are committed to using technology and appropriate information sharing to guide, inform and improve patient care.
- **Health and equity in all policies and plans.** The Health and Wellbeing Board will ask all partners to consider the potential impact of all their plans on health, wellbeing and equity, so that more opportunities are taken to make Rutland a healthy place for all.

Building on previous joint working, this strategy provides a new opportunity for a wider range of partners to work together on key priorities to improve health and wellbeing across Rutland as part of the evolving LLR Integrated Care System.

Some actions will be delivered at system level (LLR), 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-design during implementation of the strategy.

Inevitably, needs and priorities may change over time. For this reason, the HWB will review action plans on an annual basis 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.

Appendix 2: Public feedback relating to communications and engagement

The **What matters to you?** report commissioned by the Council from HeathWatch Rutland in 2021 brought forward a range of feedback about communications, while the public consultation on the draft Joint Health and Wellbeing Strategy received feedback about increasing public involvement in designing plans and services. Key themes are highlighted below, with examples of what people said.

Communications-related feedback

Difficulties in finding out what services and opportunities are available to them to support their health and wellbeing;

- Information is always a problem; some people know about some things and not about others. We really must get that sorted.
- I think there are things to do and join but they are not advertised. People don't know [about them] (young person)
- What we need is a central person or point of contact for signposting. Someone who knows both about health services and social services who has all the info [...] Like a liaison officer that we could go to (parent).

A wish to have access to the information they need to care for themselves and make timely and informed choices

- The Rutland County Council COVID support letter was brilliant – it gave loads of support
- During one of my annual check-ups about 3 years ago they said, I was borderline with diabetes and offered me a course. I learned so much. It was a whole year, meeting monthly at Empingham community centre and it was fantastic. There were 25-30 people there, all singing the praises, saying how much they had learned. It was run by someone from the NHS in Leicester and should definitely carry on being offered locally.
- We want to learn about preventative things to stop things happening (parent).

Not wanting to see an over-reliance on digital channels which could exclude those who are not online

- We have a community centre in Greetham and the village shop is excellent for keeping people informed. We also have a village newsletter.
- [Rutland Radio] used to be very good. If you got into somebody's car nearly everybody would have Rutland Radio switched on. Now it's gone 'internet only', so people can't listen to it in their cars.
- Libraries can be an important local hub for information to keep people involved but they are closed, of course, as well [due to COVID-19].
- Informed Parish Councils could disseminate this information in their parish newsletters but they would need briefing.
- I should like to take this opportunity to say that we must not expect or rely on patients using emails, texts and websites. I should also like to stress the need for clearly laid out text, with vocabulary that is in everyday use, when any information is provided in a written form.

Engagement-related feedback

A willingness among many to share their experiences and views of care to help to inform and shape service improvements.

In the Joint Health and Wellbeing Strategy consultation, people were asked what role they could play in helping to deliver the strategy. In addition to looking after their own health and that of those around them, the most frequent answers related to an appetite for greater engagement:

- Willing to provide comments and support.
- Continue to give customer feedback with a background in dealing with the disadvantaged.
- To be proactive in communicating what is working or not working in our local community.
- I don't know - what are the options for me to get involved?
- By providing effective feedback on any problems to our GP practices, hospitals and other health services, and to the Board.
- Being aware of all the changes being made and responding; following Healthwatch; belonging to PPG.
- Keep everyone in the loop, invite the public to meetings to ensure we can all support the six priorities.
- Provide a patient oriented perspective and work as a volunteer with commercial and healthcare experience to help strengthen the Rutland HealthPlan. Appoint a patient advisory panel to work with RCC HWB and LLR ICB on the county's plan.
- Via actual experiences.
- I encourage RCC to continue to interact with your constituents as these strategies are developed into specific plans.
- I would be willing to support by providing feedback and by volunteering
- Critical comment only.

Appendix 3: Rutland's Communications and Engagement Strengths, Weaknesses, Opportunities and Threats (SWOT)

Strengths	**Opportunities**
• Health and care a theme the public cares about • Future Rutland Conversation – the public have already fed in views • 'What matters to you?' – surfacing consistent findings across engagements. Helps guide confident next steps • Long tradition of positive health and care integration - close working across teams already, good mutual understanding across services • Successful joint Covid vaccination campaigns • Existing links into seldom heard groups – e.g. travellers, armed forces • Boosting each others' comms already, albeit reactively • Rutland Information Service – c1000 diverse local opportunities advertised • Skills, knowledge and resources of partners including comms channels	• New census data due out – Rutland insights • The collaborative process of building a joint comms/engagement plan • Progress to build on e.g. digital progress during Covid • Feedback indicates the public want to be more involved in shaping services • Healthwatch Rutland's expertise and links • Multi-channel communications to reach more groups, including non digital • Routes into less heard groups • Appetite of HWB and partners to engage and involve • Nudge techniques, behavioural science – potential to have more impact • National guidance on Place includes co-design – encouragement to embed • Potential sources of future funding • Leics CC Public Health campaigns – potential to adapt for Rutland
Weaknesses	**Threats**
• Insufficient communication to date about available services and progress – people don't know what is there or how/why it is changing • No shared brand for health and wellbeing in Rutland – impression of many apparently unconnected services/changes • Some public information is out of date • Are the people with the most lived experience being heard? • Limited co-production so far – not the norm • Over-reliance on digital channels? • Don't always reach everyone or approach them in the best way e.g. seldom heard groups, digitally excluded, young, learning disabilities • Limited coordination between stakeholders with shared aims • No existing pool of citizen volunteers to call on	• Have done a lot of engagement recently – need to follow up on this or could lose trust/willingness • Inequalities can be hidden in Rutland and may not get the attention needed – need to understand and involve all • Public wants to be involved at a policy level – we also need to engage around a more practical level • Potential reluctance for change among parts of the public • Lot of potential 'asks' of the public –the 'fight for people's attention' – will need to be creative and prioritise well • No additional resources confirmed • Not straightforward to change human behaviours through communications • Reaching everyone – not everyone has access to digital information

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Report No: 130/2022
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

12 July 2022

BETTER CARE FUND PROGRAMME – 2021-22 END OF YEAR RETURN

Report of the Director of Adult Services and Health

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Samantha Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	John N Morley, Director of Adult Services and Health	Telephone 01572 758442 JNMorley@rutland.gov.uk
	Sandra Taylor, Health and Wellbeing Integration Lead	Telephone 01572 758202 staylor@rutland.gov.uk
Ward Councillors	n/a	

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the Rutland 2021-22 Better Care Fund end of year return, whose submission to the BCF national team on 27 May was signed off by the HWB Chair.

2. Notes the update on the 2022-23 programming period.

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is to brief the HWB on the 2021-22 Better Care Fund (BCF) annual report, and to update on the 2022-23 programming period.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The end of year report for the Rutland BCF programme for 2021-22, included as Appendix A, was submitted to the national BCF team on 27 May 2022. It reflects an overall successful year of delivery in the context of the second year of the global Covid-19 pandemic.

2.2 Members are directed particularly to three key sets of information in Appendix A:

- Metrics

- Income and expenditure - the financial outturn
- Year-end feedback

2.1 Spend on the programme including the 2021-22 BCF, Improved BCF, and Disabled Facilities Grant allocations and previous underspend built into the programme totalled £2,898k relative to a planned programme value of £3,113. Unspent funds are carried forward within the programme and offer a potential element of flexibility which may be welcome in the context of the transition into the new Integrated Care System and launch of the Joint Health and Wellbeing Strategy alongside the BCF.

2.2 From a delivery perspective, the situation in 2021-22 was similar to that in 2020-21 as the programme was predominantly delivered as planned, but with a number of measures implemented at a smaller scale, for example where staff were on short-term redeployment or there was staff turnover. The resulting underspend offset some areas of marginal budget pressure due to wage costs and other on-costs including the rising cost of travel. Take-up was lower than anticipated for Assistive Technology, owing to the impact of the pandemic on services delivered at home. Underspend ringfenced for a preventative social prescribing platform was carried forward until pandemic measures were discontinued, enabling this to be purchased in Q1 of 2022-23. A modest amount of enablers funding (for technology, analysis and engagement) was also carried forward and will be helpful in enabling partners to progress priorities contained in the Joint Health and Wellbeing Strategy approved in April 2022. Finally, while there was a good pace of commitment of available DFG funds for home adaptation projects, it was again challenging to deliver projects because of the vulnerable health status of service users, intermittent lockdowns, challenges obtaining building materials and high competing demand for building services.

2.3 In terms of overall performance against nationally agreed BCF metrics, performance was very good for three key indicators, namely:

- Low permanent admissions to care homes, where we came in lower than our agreed target at 258 admissions per 100,000 over 65s, relative to a local target of 364. This compares with performance in Leicester and Leicestershire of 515 and 578, respectively.
- High levels of post-hospital reablement success, at 94-96% depending which measure is used (whole year or Q3, the latter being previous usual practice), relative to a target of 90%. Performance in Leicestershire was 89.4% and in City, 88.2%.
- Low avoidable hospital admissions with preliminary data indicating 513 per 100,000 population, relative to a local target of 539. Preliminary data indicate levels of 735 in Leicestershire and 1013 in Leicester.

2.4 Interim data also indicate we were broadly on track for discharge to normal place of residence, although when final figures are available, we may have missed the target by a narrow margin. Currently available data indicate that over 90% of patients in scope went straight home.

2.5 The most challenging target has been length of stay in hospital, where the aim is for shorter stays. Again, only interim data were available indicating that we may have exceeded our nationally set target for only 11% of stays to last 14 nights or more, with around 15% of stays having this duration. One hypothesis relates to the very low levels of avoidable admissions as set out in 2.3 above. This may mean that a greater

proportion of the people who do actually experience a hospital admission from Rutland have an on average greater need for care, leading to there being more longer stays than in places where avoidable admissions are higher. This metric would benefit from further investigation to understand the true picture and whether there are any further opportunities to reduce long stays. The CCG is currently applying to access more granular data to enable a more detailed analysis of this area.

2.6 In the Year End Feedback tab, as in previous years, HWB areas have been asked to comment on the impact of the BCF on health and care integration, and to provide examples of successes and challenges. This return highlights concentrated work on four areas: falls prevention, hospital discharge, improved electronic information sharing and maintaining care market capacity.

2.7 Rutland's 2021-22 return was approved by John Morley on behalf of RCC, while all three LLR returns went to the LLR CCG Executive Management Team on 23 May for CCG approval. The associated LLR CCG paper, which sets out achievements, challenges and performance across all three LLR BCF programmes, is included for information at Appendix B. Finally, the HWB Chair approved the Rutland return on behalf of the Rutland Health and Wellbeing Board prior to its submission on 27 May 2022.

2.8 The Rutland HWB are therefore asked to note the return, including the areas of strong performance and highlighted challenges.

3 THE 2022-23 PROGRAMME AND BEYOND

3.1 A further one-year BCF programme is anticipated for 2022-23 which will largely to be a 'rollover' programme as we prepare in-year for a potentially two-year programme for 2023-25.

3.2 The guidance and templates for this year's programmes are now anticipated in mid-July. As in previous years, we have continued implementation of 2021-22 actions to bridge between programmes. The majority of this spend is on the continuation of staffing roles.

3.3 Some services part or wholly funded by the BCF were recommissioned during 2021-22 to start in 2022-23, leading to a disaggregation of the Community Wellbeing Service contract in particular into a number of smaller contracts broadly coherent with previous arrangements but with an adjusted scope, and to some transition of suppliers. These changes will be reflected in the 2022-23 programme when the national guidance is issued imminently.

3.4 Recently confirmed funding for 2022-23 is set out in Table 1. Minimum NHS funding contributions to the Better Care Fund, channelled via the integrated care boards (formerly via the Clinical Commissioning Groups), were confirmed on 9 May 2022. A uniform 5.66% increment has been awarded to all Health and Wellbeing Board areas. Rutland's total BCF allocation was £2.493m in 2021-22, and, on this basis, will be £2.634m in 2022-23, an increase of £141k. For the first time, this is an increment of less than inflation. This sum is shared 32.2% CCG/ICB, 67.8% RCC (see Table 1).

Table 1: BCF budget for 2021-22

Funds	LLR ICB (£k)	RCC (£k)	Total (£k)
Recurrent BCF funding	£848	£1,786	**£2,634**
Winter/Improved BCF		£219	**£219**
Disabled Facilities Grant		£270	**£270**
Additional contributions (prior years' underspend)	£94	£408	**£502**
Total	**£942**	**£2,682**	**£3,625**

3.5 The Disabled Facilities Grant allocation has been confirmed as £270k – equivalent to last year's allocation plus the in-year increment that was received. The Improved BCF is anticipated at last year's level plus 3%.

3.6 Additional RCC posts funded by the BCF (i.e. those not transferred into the programme at the outset of this instrument), do not currently have back office costs factored into them and we are working with RCC Finance to confirm a model and transitional arrangement to bring this about. This will bring practice into line with other partners, notably LPT, which is the other main employer in the programme, and with the other LLR BCF programmes. We anticipate this will absorb what remains of this year's Local Authority earmarked BCF increment once salary uplifts have been built in.

3.7 For 2022-23, the regional BCF team have invited requests for BCF advice and support. We are in dialogue with them about support to strengthen local skills and practice around public engagement, co-production and co-design. This aligns with increased requirements from Adult Social Care relating to co-production and national 'Thriving Places Guidance' (LGA and NHS, 2021, pp21) which sets out rich engagement and collaboration with 'experts by experience' and by profession as an important enabler for success in the delivery of the Joint Health and Wellbeing Strategies that will be running alongside and interlinked with the Better Care Fund programmes.

4 CONSULTATION

4.1 Not applicable at this time.

5 ALTERNATIVE OPTIONS

5.1 Not applicable at this time.

6 FINANCIAL IMPLICATIONS

6.1 As in previous years, local partners have proceeded to deliver the current year's BCF programme 'on trust', based on consensus across the Council and CCG, pending national publication of guidance.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 The Section 75 agreement that was a condition of the 2021-22 programme was approved by the HWB in June 2021 and thereafter by the CCG.

7.2 Arrangements for 2022-23 have yet to be confirmed. National guidance was

anticipated in May but has been delayed.

8 DATA PROTECTION IMPLICATIONS

8.1 There are no new Data Protection implications. The annual report contains only anonymised data.

9 EQUALITY IMPACT ASSESSMENT

9.1 Not applicable to the annual report.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 There are no identified community safety implications from this report.

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 The Better Care Fund programme is an important element of Rutland's response to enhancing the health and wellbeing of its population, representing more than £3m of CCG and LA funding to be used for integrated health and care interventions. This report sets out that Rutland has been successful relative to the majority of its 2021-22 health and wellbeing targets.

12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

12.1 As set out above, the HWB are asked to note the end of year report, which was approved on their behalf prior to submission by the Chair of the HWB, and to note the update on the 2022-23 programme.

13 BACKGROUND PAPERS

13.1 There is one background paper referenced in the report:

- **Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems**, LGA and NHS, 2021

  https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf

14 APPENDICES

14.1 Appendices are as follows:

1. Appendix A: Rutland 2021-22 BCF year end return – key sections
2. Appendix B: LLR BCF Annual Report 2021-22

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

Appendix A. Rutland 2021-22 BCF programme – end of year report

National Conditions

National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes

Metrics

Metric and definition	For information - Your planned performance as reported in 2021-22 planning				Progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
AVOIDABLE ADMISSIONS: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	539.0				On track to meet target	No support needs to highlight. GP services have been very challenged to meet needs, which could have pushed numbers of avoidable admissions up. In practice however this has not been the case. Local action is being taken around GP sufficiency in the context of Rutland's Joint Health and Wellbeing Strategy. Potentially, the logistical challenges in reaching acute hospitals reduce the tendency of the population to present with conditions that can be treated via alternative means. This would also potentially increase demand on GP services, something which is not necessarily factored into local contracts.	Local data indicate a rate of 513 for 2021-22, which is lower than the target we set, in spite of this having been a very challenging year for the availability of GP support, with high local demand and disruptions to the service offer both in Rutland and, particularly, in neighbouring Stamford.
LENGTH OF STAY Proportion of inpatients resident for: i) 14 days or	**14 days or more (Q3)**	**14 days or more (Q4)**	**21 days or more (Q3)**	**21 days or more (Q4)**	Not on track to meet target	We would appreciate access to Rutland long stay data broken down by Trust, to support accurate interpretation of patterns and the planning of relevant next steps. Based on available interim local data,	The Rutland Integrated Discharge Team, our in-house Micare homecare service, and care providers have worked very hard to maintain the flow of patients from acute care back to the community,

more ii) 21 days or more	11.0%	11.0%	6.9%	6.9%		we will have exceeded the heavily caveated targets for both 14 and 21 day stays. Stays appear to be on average somewhat higher in areas neighbouring Rutland but outside LLR (North Northants, Peterborough, Lincoln) than in Leicester and Leicestershire. As Rutland acute patients make significant use NWAFT (in Peterborough), this may account in part for the Rutland's rates being higher than those in the rest of LLR. In addition, ambulatory care sensitive admissions are very low on average for Rutland, which is likely to mean that those patients who do find themselves in hospital on average are more seriously ill, pushing up the percentage who become long stays.	as set out in the Year End Feedback tab.
DISCHARGE TO NORMAL PLACE OF RESIDENCE Percentage of people who are discharged from acute hospital to their normal place of residence	90.8%				On track to meet target	The over-stretched state of the homecare market in Rutland (as elsewhere) over the winter, with the tail end of pandemic conditions affecting the workforce, required a small number of people to return into temporary residential care rather than straight home to ensure their wellbeing while freeing up hospital capacity. This reflects safe care decisions, and maintains flow, but impacts on this indicator.	Available data indicates that this target may be narrowly missed at 90.1%. It is not surprising that winter conditions, on top of a range of other pressures in the homecare sector (see Year End Feedback) meant a marginally less good performance in the final two quarters of the year.

RESIDENTIAL ADMISSIONS Rate of permanent admissions to residential care per 100,000 population (65+)	364	On track to meet target	No challenges currently relating to this indicator. Care home capacity has increased with two significant care home openings over the last 2 years. At the same time, Adult Social Care has managed to keep admissions it is funding at a low level. We arguably have an imbalance of care capacity, with more capacity in care homes than required and ongoing challenges with homecare capacity.	We anticipated that there would be more care home admissions than usual this year, with people coming forward whose needs had increased during the lockdowns. In practice, the number permanently entering a care home and in scope for this indicator was just 27, or 258 per 100,000 over 65s.
REABLEMENT Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.0%	On track to meet target	No challenges requiring support. Important to ensure there is sufficient capacity for reablement given its role in maintaining independence and avoiding hospital readmission. This can be challenging where there is high demand for post-hospital care services that are not reablement based.	The custom has been to report on Q3 performance for this indicator (i.e. Oct-Dec). Q3 performance was 96% reablement success. The average across the whole year was only slightly lower at 94% of people receiving reablement still being at home 91 days after hospital discharge.

Income and Expenditure

Income		
	2021-22	
Disabled Facilities Grant	£270,255	
Improved Better Care Fund	£212,391	
CCG Minimum Fund	£2,492,919	
Minimum Sub Total		£2,975,565

	Planned	
CCG Additional Funding	£15,800	
LA Additional Funding	£122,000	
Additional Sub Total		£137,800

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£3,113,365	£3,113,365

Expenditure	
	2021-22
Plan	£3,113,365

Do you wish to change your actual BCF expenditure?	Yes

Actual	£2,897,645

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	A similar situation to 2020/21 in that whilst the programme was largely delivered as planned, a number of measures did not proceed or were implemented at a smaller scale because of the Covid-19 pandemic. For example, procurement of the planned social prescribing referral system was delayed (procured May 2022). While available DFG funds were committed to home adaptation projects, it was again extremely challenging to deliver projects because of the vulnerable health status of service users, lockdowns and challenges obtaining building materials. Two members of staff also left in February which has led to modest underspends.

Tab 6: Year End Feedback

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF plan continues to promote and facilitate effective joint working at the scale of 'place' across social care and health colleagues from the various organisations that are active locally. A next phase of more fundamental integration, however, is yet to come. Significant change is difficult to facilitate via one year programmes developed to the timetable that has characterised the BCF. We are looking forward to a multi-annual BCF programme and to progressing the new Joint Health and Wellbeing Strategy for Rutland within the context of wider ICS plans.
2. Our BCF schemes were implemented as planned in 2021-22	Strongly Agree	The BCF is committed predominantly to ongoing contracts and core staffing. Therefore, the large majority of the programme was implemented as planned. We did see some areas of marginal budget pressure due to wage costs and other on-costs including the rising cost of travel. However, these were offset by other areas where take-up of services was lower than anticipated this year, for example in Assistive Technology, owing to the impact of the pandemic on services delivered at home. Underspend ringfenced for a preventative social prescribing platform was carried forward until pandemic measures were discontinued, enabling this to be purchased in Q1 of 2022-23. A modest amount of enablers funding (for technology, analysis and engagement) was also carried forward and will be helpful in enabling us to progress priorities contained in the parallel Joint Health and Wellbeing Strategy.

3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	The BCF continues to support close joint working across various health bodies and social care. This instrument has not necessarily enabled further integration progress in 2021-22, however. This is in part owing to the pandemic which continued to mean an adjusted set of priorities for different stakeholders and demands on their staff which took them away from their business as usual focus. In parallel, however, joint work on the local Joint Health and Wellbeing Strategy, which will help to progress integration at 'place' over the coming five years, did provide space for visioning work around future joint working and integration, tailored to the specific needs of the Rutland population. We anticipate this, along with the launch of the Integrated Care Board and Partnership in 2022, will reinvigorate pathways to greater integration.

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes

Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	In light of higher than average falls injuries locally, teams have worked proactively to target this area. This includes safeguarding for falls, and our falls prevention pilot within local care homes which is aimed at reducing hospital admissions and avoiding the increased need for care that can follow a fall and potential hip fracture. One care home in particular where falls tended to be higher introduced a falls coordinator who works closely with the BCF Therapy resource, improving safety and reducing preventable falls. In the community, we have also continued to be proactive in using adaptations to maintain independence, improve safety in the home and promote wider wellbeing, again to help to avoid hospital admissions, also working proactively to ensure adaptations are delivered in a timely way once a need is identified. Alongside this, we have taken part in a wider Leicester, Leicestershire and Rutland pilot of a rapid response callout service for fallers, helping to avoid the 'long lies' waiting for an ambulance that can lead to lasting health deterioration even in patients who have not sustained significant injuries during their fall.
Success 2	9. Joint commissioning of health and social care	Through additional 'headroom' staffing, full 7 day working was introduced in the local integrated health and care discharge team in 2021-22 to increase the fluidity of hospital discharges right across the week, better supporting our local acute hospitals to ensure patient flow and enhancing the onward journey of patients out of hospital. Many patients move into 'safety net' care initially, often provided by our in-house care service, Micare. Close working between Micare, social workers and our care brokerage service has also been essential in ensuring the flow of returning patients onward out of Micare's short-term services and into commercial short or long term care, freeing up Micare to play its full role in enabling further discharges. With capacity challenges in the homecare market due to Covid-related absences, the brokerage service also 'went the extra mile' to use detailed local knowledge to advise care agencies on opportunities to increase their capacity through practical adjustments to scheduling and routing.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	3. Integrated electronic records and sharing across the system with service users	We have been participating actively in the LLR Shared Care Record project to enable improved information sharing in support of swifter and more confident care decisions. The pace, quality and ambition of this project has been welcomed locally. As part of the project, Rutland County Council got its infrastructure in place in time for the national deadline of end September 2021 and has since been working towards starting live use of the platform, with an early adopter pilot starting in May involving the Rutland Discharge and Therapy Teams. While the project is worthwhile, we are conscious that it will take time for the system to mature to the point where the timeline of blended data that it presents offers sufficient information and in a clear enough format to save officer time and reliably inform next steps. There will be a need to continue enriching it for some time to really see the benefits. In addition, Rutland is distinctive in that at least a third of the hospital services used by its patients are sourced outside the ICS, over the border into Peterborough, Lincolnshire and Northamptonshire. As the LLR Care Record is currently only populated by LLR partners, this means that the full picture will not be available for many Rutland patients until much further into the future, when local systems are potentially linked together into a more comprehensive inter-operable infrastructure.

Challenge 2	6. Good quality and sustainable provider market that can meet demand	One of our biggest challenges in 2021-22 has been maintaining capacity in the care market, particularly the domiciliary care market, including as a result of workforce constraints. The dynamic has been one of constant fire-fighting across the year, often with multiple issues at play at any one time. The BCF funds dedicated roles who work actively with care providers, and this has been vital to sustaining services. The mandating of Covid vaccinations had only limited negative impacts locally, with high take-up of vaccination, including through proactive work by local clinicians to reassure staff reluctant to be vaccinated. However, pressures such as Covid outbreaks, staff sickness and staff isolation took their toll, as well as recruitment and retention challenges in a low paid, over stretched sector within an increasingly competitive labour market. In addition to distribution of significant additional funding to the care sector, specific work was done with domiciliary care agencies to maintain their viability, including supporting a new agency to put the relevant policies and procedures in place to pass their first CQC inspection, allowing us to contract with them and expand capacity in our local market. Other creative interventions included supporting agencies to increase the efficiency of their shift schedules to eke more care capacity from available staffing. The care market is not sustainably funded and, while some issues have abated as we emerge from the pandemic, remaining pressures are now being compounded by rising fuel prices which are having a marked impact on the viability of homecare delivery in a rural area like Rutland.

<table>
<tr><td>Name of meeting:</td><td colspan="2">Executive Management Team meeting
Public ✓ | Confidential ✓</td><td>Date:</td><td>26th May 2022</td><td>Paper:</td><td></td></tr>
<tr><td>Report title:</td><td colspan="6">BCF Year end report 2021/22 – 3 LLR (City, County and Rutland) draft BCF year end template for review in preparation for submission on 27th May to NHS England</td></tr>
<tr><td>Presented by:</td><td colspan="6">Rachna Vyas, Executive Director, Integration & Transformation, LLR CCG's</td></tr>
<tr><td>Report author:</td><td colspan="6">Mark Pierce – Head of Population Health Management
Mayur Patel – Senior Integration and Transformation Manager</td></tr>
<tr><td>Executive lead:</td><td colspan="6">Rachna Vyas, Executive Director, Integration & Transformation, LLR CCG's</td></tr>
<tr><td rowspan="2">Action required:</td><td>Receive for information only:</td><td></td><td>Progress update:</td><td>✓</td></tr>
<tr><td>For assurance:</td><td>✓</td><td>For approval / decision:</td><td></td></tr>
<tr><td>Executive summary:</td><td colspan="6">BCF year-end reporting template for the financial year 2021-2022 was released on April 20th 2022 with a submission deadline of May 27th 2022.

These templates include the following components:

• National Conditions – A declaration if these have been achieved or not for each respective BCF
• Metrics – Using data and narrative to declare achievement against expected sets of targets
• Income & Expenditure – Local allocations, IBCF, voluntary contributions etc are incorporated in this section
• Year-end feedback – Narrative related to successes and challenges
• ASC fee rates – Reflect the fees paid by local authority

For LLR, there are three BCF year-end submissions – one for each of our places (City: Appendix A, Leicestershire: Appendix B, Rutland: Appendix C). These reports have been approved by the chair of the Health and Wellbeing Board in each place and reviewed by the local Integrated Care forum (ISOC in the city, IDG in County and Rutland) prior to coming to EMT

Key points: Successes
• All three places report that their BCF programmes have had a positive impact on Integrated working in their place, in the face of adversity including the challenges of the Omicron wave and those posed by recruitment and retention of workforce.
• Integrated Care Response Service (ICRS) in City, working in partnerhsip with other organisations, remains the national exemplar service supporting patients in crises with an ultimate aim to avoid hospital admission and remain home receiving the immediate care they need.
• Falls services in Rutland focused on upskilling staff, twinned with a Care home Falls pilot ensuring prevention and safeguarding for fallers in local care homes - aimed at reducing hospital admissions and other adverse outcomes that can arise from falls.</td></tr>
</table>

	• Completion of the re-commissioning of domiciliary care contracts in November provided great opportunities to implement zonal, cost-effective local care as well as dramatically improved care-wait times, reducing the amount of people awaiting care from around 300 to 50 within a few weeks, positively impacting on 'flow' from system perfective. **Key points: Challenges** • The increasing clinical complexity of patients admitted to hospital has created significant challenges in attaining Length of stay and success of reablement targets in all three places. • The instability of the domiciliary care and residential care market as well as retaining workforce in these sectors has also been a challenge -especially in Leicestershire and Rutland. However, the partnerships in each place have collaborated well to mitigate the worst of the effects – including using the resources of additional CCG voluntary contributions to the BCF to support innovative new ways of working. • Interoperability of systems and thus sharing of patients record with bordering ICSs remains a challenge for Rutland.
Appendices:	• Appendix A – City template • Appendix B – Leicestershire template • Appendix C – Rutland template
Recommendations:	The Executive Management Team is asked to: • REVIEW and APPROVE the three BCF DRAFT year-end reports in preparation for submission on 27th May 2022 • NOTE the system and local challenges and the achievements by each place for feeding into future improvement programmes • NOTE that some amendments may be made to these drafts between 23rd May to 27th May.
Report history and prior review:	• Paper presented on 25th/10/21 to RECEIVE AND ENDORSE the approach, including the engagement & governance of the 3 BCF plans • Paper presented on 8th/11/21 to REVIEW AND APPROVE the 3 BCF plans for submission on 16th November 2021

Aligned to Strategic Objectives		
Leicester City CCG	**West Leicestershire CCG**	**East Leicestershire and Rutland CCG**
✓	✓	✓

Implications	
a) Conflicts of interest:	N/A

b) Alignment to Board Assurance Framework	N/A
c) Resource and financial implications	Better Care Fund CCG Minimum Contribution and allocated uplift completely spent in all three places. Additional CCG Voluntary contributions totalling £28,403,008 approved by EMT in March 2022
d) Quality and patient safety implications	N/A
e) Patient and public involvement	N/A
f) Equality analysis and due regard	N/A

Briefing paper – Annual Report: Leicester, Leicestershire, and Rutland BCF 2021-22.

2021-22 marked another challenging yet a successful year for LLR's Better Care Fund (BCF) partnerships. The BCF allows the NHS to pool certain monies with the local authority to spend in ways that joins up care more effectively. The main focus of the 2021-22 year-end reporting requirements was on how well our system was able to respond to one of the national conditions related to 'improving outcomes for people being discharged from hospital.

While the challenges presented by the pandemic are less acute, there were ongoing challenges presented by the aftermath of the pandemic and the impact of the Omicron variant.

Each place based BCF has either achieved or come very close to achieving a stretching set of targets around hospital discharge, avoidable admissions, admissions to residential care in those over 65 years, and outcomes from reablement. All of these results have been the outcome of strong system partnership relationships twinned with effective integrated working in the face of very challenging circumstances related to COVID (Omicron) and a stretched domiciliary care and residential care market.

Year-end position Leicester City

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)				1,197.7	On track to meet target	This performance reflects the strength of our pre-hospital suite of integrated offers - many BCF funded. Additional funding for carer support would be very helpful here as carers play a very	Forecast= 1013.3. (Locally calculated rate = 1002.5). This was a stretch target for us and we are very pleased with this position - achieved through partnership work (and several BCF-funded
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	Not on track to meet target	Challenges were in the clinical complexity of patients entering hospital and the difficult landscape for D2A and community provision of domiciliary care. Had it not been for BCF funding of	Actual YTD for 14+ = 10.2 Actual YTD 21+ = 4.9
		9.2%	9.2%	4.4%	4.4%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence				94.4%	Not on track to meet target	The clinical complexity and acuity and frailty of the patients entering the pathway has meant that more patients have not stayed at home compared to previous years. In light of these	Actual YTD - 92.9%. We are likely to miss this ambitious target by less than 2%. In light of the ongoign pressures related to pandemic era discharge, we feel this is a creditable achievement.
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)				557	On track to meet target	No support needed in this area at the moment.	Achievement = 515 (Numerator= 231. Denominator = 44,865)
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				92.1%	Not on track to meet target	Challenge is in increased level of frailty of patients entering the pathway. Home First offer includes clinical assessment and monitoring but inevitably more such patients readmit or die or must be	Achievement = 88.2% (annual). Numerator = 150. Denominator = 170

Year-end position Leicestershire County

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)				775.0	On track to meet target	With increasing admissions and attendances, there has been a system focus on the front-door and community support for those at high-risk of admission. Support to left-shift from	The target for this indicator is projected to have been exceeded by approx 5% to 735.1. Therefore, fewer non-planned admissions occured than predicted.
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	Not on track to meet target	Both targets have been missed by approx 1%. With data for 14+ days at 11.2% and 21+ days at 5.4%. This has been reflected on as a system acknowledging a focus on those with	The targets for Leicestershire for LOS were reflective of pre-pandemic data. This did not include the increase in demand for those that have delayed seeking care over the past 2 years. In
		10.0%	10.0%	4.6%	4.6%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence				93.1%	Not on track to meet target	Increased acuity and demand has led to increased use of D2A bedded solutions (incuding designated settings). This has required additional support from hospital teams to better describe need	This metric is slightly off target (0.8%) projected to be 92.3%. However, it was an ambitious target for post-pandemic recovery. It does however, represents an improvement on both previous years
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)				519	Not on track to meet target	Currently data suggests that this is not on target and will miss this by approx 10% (574.7 per 100,000 population). As detailed above, additional use of residential care settings has led to	The achievements made as a system to improve the triage of patients within hospital settings have been embedding within this financial year. This is starting to see a reduction in the use of
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				85.1%	On track to meet target	There have been limitations to ASC staff having access to wards to contribute to identifying reablement potential. This has been restarted in year. Staff sickness recruitment and retention within HART	This metric will exceed the target by approx 4.3% to 89.4%. The focus on reablement in hospital and the community has improved performance against this metric within the financial

Year-end position Rutland

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)				539.0	On track to meet target	No support needs to highlight. GP services have been very challenged to meet needs, which could have pushed numbers of avoidable admissions up. In practice however this has not been the case. Local action is being taken around GP sufficiency in the context of Rutland's Joint Health and Wellbeing Strategy. Potentially, the logistical challenges in reaching acute hospitals reduce the tendency of the population to present with conditions that can be treated via alternative means. This would also potentially increase demand on GP services, something which is not necessarily factored into local contracts.	Local data indicate a rate of 513 for 2021-22, which is lower than the target we set, in spite of this having been a very challenging year for the availability of GP support, with high local demand and disruptions to the service offer both in Rutland and, particularly, in neighbouring Stamford.
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	Not on track to meet target	We would appreciate access to Rutland long stay data broken down by Trust, to support accurate interpretation of patterns and the planning of relevant next steps. Based on available interim local data, we will have exceeded the heavily caveated targets for both 14 and 21 day stays. Stays appear to be on average somewhat higher in areas neighbouring Rutland but outside LLR (North Northants, Peterborough, Lincoln) than in Leicester and Leicestershire. As Rutland acute patients make significant use NWAFT (in Peterborough), this may account in part for the Rutland's rates being higher than those in the rest of LLR. In addition, ambulatory care sensitve admissions are very low on average for Rutland, which is likely to mean that those patients who do find themselves in hospital on average are more seriously ill, pushing up the percentage who become long stays.	The Rutland Integrated Discharge Team, our in-house Micare homecare service, and care providers have worked very hard to maintain the flow of patients from acute care back to the community, as set out in the Year End Feedback tab.
		11.0%	11.0%	6.9%	6.9%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence				90.8%	On track to meet target	The over-stretched state of the homecare market in Rutland (as elsewhere) over the winter, with the tail end of pandimic conditions affecting the workforce, required a small number of people to return into temporary residential care rather than straight home to ensure their wellbeing while freeing up hospital capacity. This reflects safe care decisions, and maintains flow, but impacts on this indicator.	Available data indicates that this target may be narrowly missed at 90.1%. It is not surprising that winter conditions, on top of a range of other pressures in the homecare sector (see Year End Feedback) meant a marginally less good performance in the final two quarters of the year.
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)				364	On track to meet target	No challenges currently relating to this indicator. Care home capacity has increased with two significant care home openings over the last 2 years. At the same time, Adult Social Care has managed to keep admissions it is funding at a low level. We arguably have an imbalance of care capacity, with more capacity in care homes than required and ongoing challenges with homecare capacity.	We anticipated that there would be more care home admissions than usual this year, with people coming forward whose needs had increased during the lockdowns. In practice, the number permanently entering a care home and in scope for this indicator was just 27, or 258 per 100,000 over 65s.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				90.0%	On track to meet target	No challenges requiring support. Important to ensure there is sufficient capacity for reablement given its role in maintaining independence and avoiding hospital readmission. This can be challenging where there is high demand for post-hospital care services that are not reablement based.	The custom has been to report on Q3 performance for this indicator (ie Oct-Dec). Q3 performance was 96% reablement success. The average across the whole year was only slightly lower at 94% of people receiving reablement still being at home 91 days after hospital discharge.

Notable successes in 2021/ 22

System

Developing system wide governance and systems leadership: Effective partnership working has been vital during 2021/22. Partners have built on existing strong relationships ensuring a joined-up approach to discharge, case management, “bridging” of domiciliary care offers and therapy needs. Strong governance and leadership supported the delivery of most aspects of patient and resident care. The BCF budgets supported the use of community assets, the resources of the voluntary sector, public health, NHS and social care resources to deliver support to Leicester, Leicestershire, and Rutland residents in all settings.

Leicester City

Integrated Crisis Response Service (ICRS): This service is jointly commissioned (via the BCF) and works to deliver an integrated Urgent Community Response service in partnership with other local UCR services. It is an enhanced social care service, provided by the Local Authority on behalf of the City BCF system and over the course of 2021/22, increasingly supporting the wider LLR system. ICRS was commended nationally following a visit from Amanda Pritchard (Chief Executive of NHS England) on 23rd November 2021. The service has delivered a core element of the city's step up / admission avoidance offer, focusing on responding to people in crisis to enable them to remain at home with timely, holistic support.

The service has been largely funded by BCF for a number of years and notable successes in driving the ambition for integration over 2021/22 have been:

- Using the Ageing Well accelerator programme to pilot night sitting support, progressing the submission of data via CSDS (in progress)
- End of life pilot across LLR

- Acute diversion via work in ED, to support flow, reduce ambulance waits and waits of beds
- Bridging support to neighbouring Local Authority citizens to support timely hospital discharge
- Falls - reduced EMAS/hospital attendance
- Participation in the Unscheduled Care Hub, to 'pull' people out of the EMAS stack and provide a timelier, home based response. with good outcomes for people

Rutland

Falls: In Ruland a BCF-resourced joint approach to training and upskilling of workforce focusing on falls has delivered additional benefits. In light of higher-than-average injuries from falls in Rutland, teams have worked proactively to target this area. This includes safeguarding for falls, and a falls prevention pilot within local care homes, which is aimed at reducing hospital admissions and avoiding the increased need for care that can follow a fall.

In the community, we have also continued to be proactive in using adaptations to maintain independence, improve safety in the home and promote wider wellbeing, working proactively to ensure adaptations are delivered in a timely way once a need is identified.

Alongside this, there has been a wider Leicester, Leicestershire, and Rutland pilot of a rapid response callout service for fallers, helping to avoid the 'long lies' waiting for an ambulance that can lead to lasting health deterioration even in patients who have not sustained significant injuries during their fall.

Leicestershire County

Completion of the re-commissioning of domiciliary care contracts: This process was completed in November 2021 with a new framework covering Leicestershire. The new framework allowed for zonal pricing to ensure care availability in traditionally more rural areas giving wider scope for timely and cost-effective delivery.

The new framework dramatically improved care-wait times, reducing the amount of people awaiting care from around 300 to 50 within a few weeks, which helped to restore confidence in the market and ensured reduce discharge.

Challenges in 2021/22

System

Maintaining workforce capacity: This is a system wide issue but is particularly acute in the domiciliary care market.
There has been a sense of constant firefighting across the year, often with multiple issues at play at any one time. The BCF funds dedicated roles who work actively with care providers, and this has been vital to sustaining services.

Pressures such as Covid outbreaks, staff sickness and staff isolation took their toll, as well as recruitment and retention challenges in a low paid, over-stretched sector within an increasingly competitive labour market.

The care market is not sustainably funded and, while some issues have abated as we emerge from the pandemic, remaining pressures are now being compounded by rising fuel prices which are having a marked impact on the viability of homecare delivery in rural areas.

Other workforce challenges included:

- The impact of the mandatory vaccination programme on staff retention
- Skilled roles & supply deficits, including Occupational Therapy, Qualified Social Work and nursing roles
- Provider failure, despite significant additional funding via IPC and other grants
- Lack of sustainable funding solutions enabling appropriate commissioning of services

Rutland

Problems with cross border Shared care Records: Rutland have been participating actively in the LLR Shared Care Record project to enable improved information sharing in support of swifter and more confident care decisions. As the LLR Care Record is currently only populated by LLR partners, this means that the full picture will not be available for many Rutland patients who access care from providers both in Rutland and from services in neighbouring counties until much further into the future, when local systems are potentially linked together into a more comprehensive inter-operable infrastructure.

Leicester City

Changes in Hospital Discharges: During 2021/22 the pace and demand for hospital discharges has been unprecedented as a result of the pandemic. This is coupled with the changed expectations for discharge arising from the Hospital Discharge Guidance.

As a result, our system focus has been on reducing length of stay, avoiding challenges with flow (and its impact on ambulance handovers and ED waits) and ensuring discharge as soon as safely possible.

In addition, the focus on not assessing or meeting on wards prior to discharge has led to greatly reduced contact with people prior to leaving hospital. This has impacted on our ability to focus on the empowerment of people who draw on our support, their families and carers, when planning for discharge.

To mitigate this, we have:

- Used a multi-agency approach to triage of HomeFirst forms to ensure a focus on pathways that return people to their own homes
- Implemented rapid post-discharge follow-up
- Maximised the use of BCF-funded services that focus on reablement / recovery and not making long term care arrangements at an inappropriate point in people's lives and without adequate participation from individuals and their families
- Adopted best practice in promoting strengths-based approaches relevant to the discharge context

Leicestershire County

Reverting to pre-pandemic regulations: The joined up regulatory response during the pandemic highlighted how well we had driven and progressed integration since 2017. However, changes in this financial year highlighted gaps and differences in regulation between Health and Social Care. For example, the removal of D2A funding combined with Adult Social Care reform has meant that there is increased pressure to ensure that the focus reverts to pre-pandemic processes and structures particularly for self-funders.

Some of these challenges were mitigated by additional contribution on top of the CCG Minimum Contribution for ASC resilience including the winter retention scheme and levelling up workforce costs to the national living wage tariff. Work in underway to look at long term suitability of removal of D2A fudning how the system will manage the challenges posed by the removal of this fuding.

Looking towards BCF 2022/23 and beyond..

The national planning guidance for 2022/23 is awaited and likley to be release by the end of June. The NHS England/Improvement team have also indicated that there will be an additional planning guidance will also be released later on this year, requiring ICSs to submit BCF plans from 2023 to 2025.

The BCF schemes and associated funding has been reviewed by a working group of the CCG and County Council colleagues for 2022/23 expenditure. It is anticipated that this process will be replicated for Rutland and Leicester City during the course of this year.

The Executive Management Team is asked to:

- REVIEW and APPROVE the three BCF DRAFT year-end reports in preparation for submission on 27th May 2022
- NOTE the system and local challenges and the achievements by each place for feeding into future improvement programmes
- NOTE that some amendments may be made to these drafts between 23rd May to 27th May.

Children and Young People's Partnership

Performance Report	Apr-Jul 2022
Senior Reporting Officer:	Dawn Godfrey (Chair: Cllr David Wilby)

The Group is a formal sub-group of the Rutland Health and Wellbeing Board, and is responsible for the delivery of the Children and Young People Plan for Rutland. In its work on the Joint Health and Wellbeing Strategy, its work is complemented by that of the Integrated Delivery Board (IDG).

Status Summary

RAG

Overview of progress

CYP Partnership has not met since March - next meeting of CYP Partnership is 21 July.
Finalised delivery plan of 22-25 CYPP and Strategy - ensured aligns with JHWS delivery plan.
Amended terms of reference so the CYP Partnership also acts as the strategic group for SEND – aligning partnership working across priorities.

Areas where work is underway and running to plan

1. Family Hub development – project initiated and partners engaged.
2. Increasing mainstream secondary provision for children with additional needs

Variations to plan

None currently

Dependencies

Parallel work by IDG.
Capacity of partners to engage effectively, particularly post pandemic.

Key decisions and achievements this period

Decisions

Key Achievements

Re-commissioning of 0-19 Healthy Child Programme
Delivery of Reducing Parental Conflict Programme and secured continued funding.

Focus next period

Jul-Sep – start-up of JHWS implementation.
Delivery plan for Domestic Abuse Strategy

Risks and Issues

Workforce capacity to deliver against planned priorities

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Integrated Delivery Group

Performance Report	Apr-June 2022
Senior Reporting Officer:	Debra Mitchell and John Morley

The Group is a formal sub-group of the Rutland Health and Wellbeing Board, and is responsible for defining, progressing and monitoring the Rutland Joint Health and Wellbeing Strategy (JHWS) and the Better Care Fund programme. In its work on the JHWS its work is complemented by that of the Children and Young People's Partnership (CYPP).

Status Summary

RAG

Overview of progress

The role of IDG chair passed from Fay Bayliss to Debra Mitchell (CCG/ICB). Following renewal of the HWB Terms of Reference, IDG has renewed its own Terms of Reference and membership to ensure it is suitably set up to support the HWB as required. For the JHWS, priority leads were identified who have been enriching the delivery plan to ensure it is implementation ready for JHWS launch in July 2022. In parallel, a working group has developed a Communications and Engagement Plan for consideration by HWB.

Areas where work is underway and running to plan

1. Finalising the JHWS delivery plan.
2. Reviewing funding available to support balanced progress across the JHWS delivery plan
3. 'Splicing' the JHWS delivery plan with the health investment plan to ensure the JHWS place plan can be used as a single point of reference for place priorities

Variations to plan

None currently

Dependencies

Parallel work by CYPP and the Rutland Health Strategic Meeting
Launch of the Integrated Care Board July 2022.
Pandemic - restoration and recovery of services

Key decisions and achievements this period

Decisions

1. Launch implementation of the JHWS.
2. Consider and approve the Communications and Engagement Plan.
3. Develop a coordinated approach where possible across the system and three places for JHWS promotion.

Key Achievements

1. HWB approval of the JHWS in April.
2. Identification of priority leads and development of the JHWS delivery plan to implementation readiness.
3. Further development of health investment proposals for Rutland.

Focus next period

Jul-Sep – start-up of JHWS implementation.

Risks and Issues

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Report No: 132/2022
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

12/07/2022

UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Report of the Director of Public Health

Strategic Aim:	Vibrant communities Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Samantha Harvey: Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	Mike Sandys, Director of Public Health	Telephone 0116 3054239 email mike.sandys@leics.gov.uk
	Hanna Blackledge, Public Health Intelligence Lead	email hanna.blackledge@leics.gov.uk
Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Committee:

1. Note and comment on the suggested approach to the JSNA development.
2. Suggest priority areas for the JSNA.
3. Note the latest Census 2021 timescale update and that data releases will be useful for elements of the chapters.
4. Note the supporting analytical work which has been progressed on the Pharmaceutical Needs Assessment, Health Inequalities and End of Life.

1. PURPOSE OF THE REPORT

1.1 This brief proposal outlines the proposed approach to the development of the Rutland Joint Strategic Needs Assessment (JSNA), to be undertaken on a rolling basis from 2022 to 2026, and suggestions on a range of evidence and topics to be included.

2. BACKGROUND

2.1 The Joint Strategic Needs Assessment (JSNA) is a process which assesses the current and future health and wellbeing needs of the population and underpins local planning for health and care services, in particular the development of the Joint Health and Wellbeing Strategy. It involves working with local partners to ensure a broad approach to issues affecting health, including key social and economic determinants of health, where appropriate.

2.2 Since 2013, the statutory responsibility for the development of the JSNA lies with the local Health and Wellbeing Board. The latest JSNA for Rutland was completed in 2018. Analytical resources have been prioritised towards the Covid-19 emergency response effort during 2020/21 and 2021/22 and hence it has not been possible to look in detail at the full JSNA refresh during that time. It is now possible, following the pandemic, to begin to assess the data, including looking to assess Covid-19 impact, across a range of topics.

2.3 In recent years JSNAs, in a range of areas, are being developed as on-going active evidence sources presented visually on-line, mostly as dashboards, but with summaries of key points, allowing for more accessible and frequent updates of key information, including assessment of health, social or economic trends as they occur.

2.4 The proposal is to develop such an approach with dashboards for the key information for Rutland on a regularly refreshed basis, with more in-depth reports and summaries of key topic areas for the Board, as required.

2.5 Topics suggested by the recent Rutland Joint Health and Wellbeing Strategy (JHWS) priorities are summarised below. These are given for discussion and consultation rather than a comprehensive list for approval.

3. KEY TOPICS OF THE JSNA FOR CONSIDERATION

3.1 Preparing for Population Growth – most recent population estimates (Census 2021), population projections and forecasts, as well as other data on demographic and socio-economic trends will provide a baseline for future planning of health and care services for Rutland. Enhanced by data on projected growth in housing and infrastructure. Links to JHWS Priority 5 (Preparing for our growing and changing population)

3.2 Best Start for Life - Health of Children and Young People - to include insights into first 1001 days of life, data on wider determinants of health and lifestyle factors relevant to those under the age of 18, their oral health, educational attainment and health and social services. Children in need. Links to JHWS Priority 1 (Best start for life).

3.3 Staying Healthy and Independent - will focus on healthy lifestyles and wider determinants of health, health improvement through screening and health checks, community development, oral health, preventive health services, pharmaceutical services, support for carers. Links to JHWS Priority 2 (Saying healthy and independent: prevention).

3.3 Healthy Ageing – will assess epidemiology of such conditions in Rutland, their impact on population and individual health, impact of mental health problems, prevention of frailty, dementia and other conditions affecting individuals in older age. Insights into local services, their integration, gaps in existing services and carer support. Links to JHWS Priority 3 (Healthy ageing and living well with ill health)

3.4 Equitable Access to Services - would look at access to the current services in Rutland as well as opportunities for improvement for primary and secondary health care, community services, oral health, pharmaceutical services. Cross-boundary issues to be described. Links to JHWS Priority 4 (Equitable access to services). N.B. Some of this work is already being reviewed as part of the health inequalities JSNA chapter that is already underway.

3.6 End of Life - will look at access to care, its coordination, and factors increasing wellbeing at this stage of life. Other insights to include where people die, most common causes of death and trends inpremature mortality. Links to JHWS Priority 6 (Dying well) N.B. End of Life JSNA chapter is already underway.

3.7 Mental Health – would address mental health outcomes and care services across all population groups and potential for prevention of mental ill-health.

3.8 COVID-19 recovery – would aim to provide any available insight into the wider impacts of the pandemic on Rutland's population. Mental health and COVID-19 recovery are cross-cutting themes in the Joint Health and Wellbeing Strategy (Priority 7)

4. DATA SOURCES AND TIMESCALES

4.1 Census 2021 first results with be available on 28/06/22 and will include rounded population estimates by age and sex only. More detailed analysis, including data on protected populations, demography and migration, is expected later in the autumn to winter of 2022. The Board can be updated at its meeting in October 2022 on what Census data has been released and an update on the latest timescales for census data release and production of the full demographic chapter.

4.2 Other available public health data resources.

4.3 Analysis from other on-going projects will inform the JSNA and reports to the Board. These include:

- Pharmaceutical Needs Assessment (PNA)
- Health Inequalities in Rutland
- Oral Health Needs Assessment
- End of Life Care
- LLR Military and Veteran population

5. CONSULTATION

A range of stakeholders in the health and care system are being consulted over the development of the JSNA, particularly through Health and Wellbeing Boards and the Integrated Care System Data Cell, which coordinates the local intelligence priorities.

6. ALTERNATIVE OPTIONS

The production of a JSNA is a statutory requirement. However, there are alternative options over the overall scale, size, structure and timing of production of different elements of the document.

7. FINANCIAL IMPLICATIONS

There is a small business intelligence team in place to support all analytical work for both Leicestershire and Rutland Public Health and work must be prioritised and phased to ensure it can be completed within limited budgets as well as to accommodate latest updates to key underpinning data sets. Any requirements over the existing team capacity may have resource implications. The BI Team will however be working in tandem with staff resources in the wider Public Health Department to ensure that the Boards key intelligence and JSNA needs are met as effectively as possible.

8. LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 The JSNA is a statutory document and must meet the requirements for production of such documents. It needs to be approved by the Health and Wellbeing Board.

9. DATA PROTECTION IMPLICATIONS

9.1 Each section of the JSNA will draw on analysis of a range of data which will be collated and handled in accordance with the necessary data protection rules and regulations.

10. EQUALITY IMPACT ASSESSMENT

10.1 Each section of the JSNA will wherever possible seek to look at the health equalities issues and implications applying within that theme/topic area. A separate JSNA chapter is currently being completed to provide a wider view on the health inequalities across Rutland.

11. COMMUNITY SAFETY IMPLICATIONS

11.1 A number of elements of the JSNA may assess and touch on issues related to community safety. These will be highlighted to the Community Safety Partnership as needed.

12. HEALTH AND WELLBEING IMPLICATIONS

12.1 The core purpose of the document is to assess health and wellbeing related needs across Rutland to inform the Health and Wellbeing Strategy, service plans and commissioning.

13. ORGANISATIONAL IMPLICATIONS

13.1 Environmental Implications

13.1.1 Not specifically but issues like air quality, green space and a healthy environment will be relevant within the JSNA in terms of the wider determinants of health elements.

13.2 Human Resource Implications

13.2.1 Only relevant if extra capacity is required to complete the work.

13.3 Procurement Implications

13.3.1 As above, extra capacity may require a procurement exercise for consultancy support.

14. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

14.1 The Boards views are sought on the JSNA structure, contents and priority order so that planning and resourcing work can commence to ensure delivery of a new and updated JSNA for Rutland. The Health and Wellbeing Board is recommended to:

1. Note and comment on the suggested approach to the JSNA development
2. Suggest priority areas for the JSNA
3. Note the latest Census 2021 timescale update and that data releases will be useful for elements of the chapters
4. Note the supporting analytical work which has been progressed on the Pharmaceutical Needs Assessment, Health Inequalities and End of Life.

15. BACKGROUND PAPERS

No additional background papers

16. APPENDICES

No appendices to the report

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Report No: 135/2022
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

12 JULY 2022

DRAFT PHARMACEUTICAL NEEDS ASSESSMENT 2022

Report of the Director of Public Health

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Samantha Harvey: Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	Andy Brown - Business Intelligence Team Leader	Telephone 0116 305 6096 email andy.brown@leics.gov.uk
	Mike Sandys, Director of Public Health	Telephone – 0116 3054239 email – mike@sandys@leics.gov.uk
Ward Councillors		

DECISION RECOMMENDATIONS
That the Committee: 1. Notes the work undertaken to produce the draft Pharmaceutical Needs Assessment (PNA) 2022, which has been developed in line with the findings of the public and pharmacy surveys. 2. Comments on the draft PNA which is now out for consultation, to inform the final document. 3. Notes that a further draft will be circulated to the Board prior to 1 October 2022 detailing the outcome of the consultation and seeking approval of the final PNA.

1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to provide the Health and Wellbeing Board (HWB) with an update on work undertaken to produce the draft Rutland Pharmaceutical Needs Assessment (PNA) 2022 as a basis for consultation and to seek the Board's comments on the draft document.

2. BACKGROUND AND MAIN CONSIDERATIONS

2.1 The purpose of the PNA is 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.

2.2 The last PNA for Rutland was produced in 2018 and can be accessed at: **https://www.lsr-online.org/pharmaceutical-needs-assessment1.html**

2.3 The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. As such, if NHS England receives a legal challenge to the services that they commission based on the PNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the PNA is a robust document.

2.4 In October 2021, the Department of Health and Social Care published a pharmaceutical needs assessment information pack for local authority health and wellbeing boards to support in the developing and updating of PNAs. The PNA guidance can be accessed via the following link: **https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack**

2.5 A PNA Reference Group has been established to oversee the detailed production of the PNA documents for Rutland as well as Leicester and Leicestershire to ensure a consistent local approach. Membership of this group includes - local authorities, NHS England, the Local Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee, Clinical Commissioning Groups and Healthwatch. Although there is a common approach, there will be separate PNAs for Rutland, Leicester and Leicestershire.

2.6 The principal resourcing for the development of the Rutland PNA is provided by the Public Health Department and Business Intelligence Team, with information and advice provided through the PNA Project Team by NHS England, the Leicestershire Pharmaceutical Committee, CCGs and others.

3. CONTENT

3.1 The regulations and guidance documents provide information on the PNA content. This has been reflected in the draft consultation PNA appended as Appendix A. A similar, though more streamlined, approach has been taken to that in the 2018 PNA, with more detailed information included in the supporting appendices.

3.2 Since the last PNA the Government's policy document of "Community pharmacy in 2016/17 and beyond" has been implemented. The impact of these changes and an assessment of the new and emergent system has been examined to understand the implications for the PNA 2022.

3.3 The PNA Reference Group considered pre-consultation drafts of the Rutland PNAs at its meeting on 26 April 2022. The document followed a similar but more streamlined format to the 2018 version, which met statutory requirements. The document has also been streamlined to reflect initial comments from the Rutland Board Chair on the draft. The views of the Reference Group were incorporated into the draft Rutland document

attached at Appendix A **https://www.lsr-online.org/uploads/32_62a1b0c393cd2499601382.pdf**.

3.4 This draft includes analysis and presentation of available data and also the headline results from a survey of local pharmacies. In light of the relatively low response rate the survey has been re-opened, and the findings will be incorporated into the final PNA. The Appendices to the PNA form a lengthy addition to the report and hence have been included for reference in the link attached - **https://www.lsr-online.org/uploads/32_62a1b0feeea1c475270077.pdf**

4. CONSULTATION

4.1 To gather additional intelligence for the development of the draft PNA, two surveys ran throughout the spring. One survey asked service users for their views on the current pharmaceutical provision and the second gathered data on services provided, opening times etc from pharmaceutical professionals. The findings from these two survey exercises have been incorporated into the draft PNA document.

4.2 The PNA is subject to a 60-day statutory consultation period which commenced in June 2022. The Pharmaceutical Services Regulations specify that the Health and Wellbeing Board must consult with the following (and drafts have been issued to these bodies to commence the consultation process): -

- the Local Pharmaceutical Committee (LPC)
- the Local Medical Committee
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any LPS chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services
- Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area.
- any NHS trust or NHS foundation trust in its area
- NHS England
- any neighbouring HWB.

4.3 Health and Wellbeing Boards must consult the above at least once during the process of developing the PNA. Those being consulted have been directed to a website address containing the draft PNA and a survey for responses. They can, if they request, be sent an electronic or hard copy version.

4.4 The Reference Group has worked with the Consultation Manager to design an effective consultation process. The draft PNA has been published on the LSR Online website, with links to other sites - **https://www.leicestershire.gov.uk/have-your-say/current-engagement/draft-pharmaceutical-needs-assessment-2022** - and the views of the statutory consultees and other stakeholders are being actively sought. A summary version of the PNA has also been developed.

5. ALTERNATIVE OPTIONS

5.1 The PNA is a statutory document with guidance setting out what is expected to be included and in terms of timescales and the process to be followed. Though there is

some discretion in terms of how the final document is presented including the main document and appendices.

6. FINANCIAL IMPLICATIONS

6.1 Pharmacy Services are core funded through NHS England budgets, but also commissioned for extra services from a range of sources. Any changes in services and provision will impact on those particular budgets. The PNA has been developed within existing business intelligence and public health budgets, including the consultation arrangements.

7. LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 The HWB has a statutory responsibility to prepare a PNA for Rutland and publish it by 1 October 2022. At a previous meeting, the Health and Wellbeing Board noted the timescales and process for the production of the PNA, along with areas of focus, likely structure, governance and consultation arrangements to inform the draft.

7.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (amended) sets out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development and can be found at: **https://www.legislation.gov.uk/uksi/2013/349/contents**

7.3 The project plan is tight with respect to delivering an approved PNA by 1 October 2022. The PNA Project Team will monitor this and report any issues of concern to the Health and Wellbeing Board. The current timescales are:

- July - consultation draft PNA submitted to the Health and Wellbeing Board for consideration and comments
- June – early August – formal 60-day consultation undertaken
- September – draft final PNA circulated to Health and Wellbeing Board for approval to publish
- 1 October 2022 – Publication of the PNA

8. DATA PROTECTION IMPLICATIONS

8.1 The surveys undertaken and data handled, which is aggregated and anonymised, has been done so in full compliance with data protection law and protocols.

9. EQUALITY IMPACT ASSESSMENT

9.1 An Equality Impact Assessment (EqIA) will be completed once the draft has been developed in light of the consultation process now underway. The draft PNA has looked to assess a number of equalities issues in terms of access to pharmacy services for different groups and language issues - these are set out in detail in the PNA. The consultation process is being targeted to a number of Equalities Groups.

10. COMMUNITY SAFETY IMPLICATIONS

10.1 None

11. HEALTH AND WELLBEING IMPLICATIONS

11.1 Pharmacy Services and access to them provide a cornerstone of services to support residents' health and wellbeing. The PNA looks at current services, resident health, health priorities and how services can be developed in the future

12. ORGANISATIONAL IMPLICATIONS

12.1 **Environmental Implications** - No major environmental implications

12.2 **Human Resource Implications** - The PNA highlights some pressure on existing pharmacy staff and the need for continued supply of the relevant trained workforce to maintain and develop existing provision.

12.3 **Procurement Implications** - The PNA informs commissioning and procurement of future pharmacy services.

13. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

13.1 The Rutland Health and Wellbeing Board needs to produce and agree a PNA in accordance with the necessary statutory guidance by 1 October 2022. The guidance sets out the process for production of a PNA including a 60-day period of statutory consultation on the draft. The Board is asked to comment on the current draft PNA document.

14. BACKGROUND PAPERS

14.1 Pharmaceutical Needs Assessment 2022 - Guidance and Information Pack

15. APPENDICES

15.1 Appendix A – Draft Rutland PNA 2022

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Rutland County Council

RUTLAND PHARMACEUTICAL NEEDS ASSESSMENT

Public Health Intelligence

Business Intelligence Service
Chief Executive's Department
Leicestershire County Council
County Hall, Glenfield
Leicester LE3 8RA

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Produced by the Public Health Intelligence Service at Leicestershire County Council on behalf of Rutland County Council.

FOREWORD AND EXECUTIVE SUMMARY

To be completed once document completed.

CONTENTS

List of Tables (some included in separate Appendix pack)

List of Figures

1. Introduction

The Health and Social Care Act 2012 established Health and Wellbeing Boards. From April 2013, Health and Wellbeing Boards became responsible for developing and updating Pharmaceutical Needs Assessments. At the same time responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement.

If a person (a pharmacist, dispenser of appliances or a GP) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and as at October 2021 are held by NHS England and NHS Improvement. This is commonly known as the NHS "market entry" system.[1]

In order to be included on a relevant pharmaceutical list, the applicant applies by proving they are able to meet a pharmaceutical need as set out in the relevant Pharmaceutical Needs Assessment (PNA). There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The latest PNA for Rutland was produced in March 2018 by the Rutland Health and Wellbeing Board. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires all Health and Wellbeing Boards to publish a revised assessment within three years of publication of their first assessment. This PNA replaces the 2018 document.

2. Purpose of the PNA

PNAs are key local tools for understanding the provision of pharmaceutical services in a local area and also identifying and assessing which pharmaceutical services need to be provided by local community pharmacies and other providers in the future.

Pharmaceutical Needs Assessments will inform commissioning decisions of pharmacy services by local authorities, NHS England and NHS Improvement, Clinical Commissioning Groups, and with their introduction Integrated Care Systems. PNAs will also identify which services should be commissioned for local people, within available resources, and where these services should be.

PNAs are aligned to other relevant local assessments and plans for health and social care such as the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy and they examine the local population demographics and services available in the neighbouring Health and Wellbeing Board areas that may affect local service need.

PNAs identify gaps in service provision and inform decision making in response to applications made to NHS England and NHS Improvement by organisations to provide a new pharmacy. The organisation that will make these decisions is NHS England and NHS Improvement hence the PNA is of particular importance to them.

In summary, the regulations[2] require a series of statements that must be contained in the PNA, see below:

- A statement of pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services
- A statement of pharmaceutical services that have been identified as services that are not provided but which the Health and Wellbeing Board is satisfied need to be provided in order to

meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service
- A statement of pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access
- A statement of the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other information that will be included or taken into account within the PNA is:

- How the Health and Wellbeing Board has determined the localities in its area
- How it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic
- A report on the consultation
- A map that identifies the premises at which pharmaceutical services are provided
- Information on the demography of the area
- Whether there is sufficient choice with regard to obtaining pharmaceutical services
- Any different needs of the different localities; and
- The provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas.

3. Pharmaceutical Services and Pharmacy Contracts

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies, dispensing GPs and appliance contractors.

The Community Pharmacy Contractual Framework with the NHS (CPCF) outlines three tiers of community pharmaceutical services:

Essential Services – all pharmacies, including distance selling pharmacies, are required to provide essential services as part of the NHS Community Pharmacy Contractual Framework (the pharmacy contract).

Advanced Services – are those services that community pharmacy contractors and dispensing appliance contractors can provide as long as they meet the requirements set out in the Secretary of State's Directions.

Enhanced Services – are the third tier of services that pharmacies may provide, and they can only be commissioned by NHS England and NHS Improvement.

Locally Commissioned Services - in addition to these nationally determined services, community pharmacies can also be contracted to provide locally commissioned services by local authorities and Clinical Commissioning Groups.

Quality assurance:

NHS England and NHS Improvement's local teams monitor the provision of Essential and Advanced Services and the pharmacy contractors' compliance with the terms of the Community Pharmacy Contractual Framework. Each year, every pharmacy must complete a short questionnaire which will determine whether a pharmacy needs visiting.

The General Pharmaceutical Council carry out inspections in all registered pharmacy premises to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy services.[2]

All pharmacies are required to conduct an annual community pharmacy patient questionnaire (Patient Satisfaction Questionnaire) which allows patients to provide feedback to community pharmacies on the services they provide. Due to the current challenges being experienced by pharmacies and the contribution of the pharmacy workforce to the Covid-19 vaccination programme, the Pharmaceutical Services Negotiating Committee (PSNC) reached agreement with NHS England and NHS Improvement and the Department of Health and Social Care that contractors would not be required to complete the Community Pharmacy Patient Questionnaire for 2021/2022.[2]

3.1. Essential Services

As of October 2021, there are eight essential services listed below that are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract').

Table 1: Essential Pharmacy Services

Essential Services	Description
Dispensing Medicines and Appliances	The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
Repeat Dispensing/ electronic Repeat Dispensing (eRD)	The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. The service specification for repeat dispensing covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Discharge Medicines Service (DMS)	This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.
Clinical Governance	Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction.
Promotion of Healthy Lifestyles (Public Health)	The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: • have diabetes; or • be at risk of coronary heart disease, especially those with high blood pressure; or • smoke; or • be overweight • and participating in six health campaigns, where requested to do so by NHS England and NHS Improvement.
Disposal of Unwanted Medicines	Acceptance, by community pharmacies, of unwanted medicines by someone living at home, in a children's home or in a residential care home which require safe disposal. Primary Care Organisations will have arrangements for the collection and disposal of waste medicines from pharmacies.
Signposting	The provision of information on other health and social care providers or support organisations to people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the pharmacy.
Support for self-care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Source: NHS Community Pharmacy Contractual Framework

3.2. Advanced Services

There are ten advanced services within the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Community pharmacies can choose to provide any or all of these listed services. These services are free at the point of care for all eligible patients.

Table 2: Advanced pharmacy services

Advanced Services	Description
Medicines Use Reviews (MUR) and Prescription Intervention service	Accredited pharmacists undertaking structured adherence-centered reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempted to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helped patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. A Prescription Intervention was simply an MUR which was triggered by a significant adherence problem which came to light during the dispensing of a prescription. It was over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider. This service was decommissioned on 31st March 2021.
New Medicine Service (NMS)	This service was introduced on 1st October 2011. The service provides support for people with long term conditions who have been newly prescribed a medicine to help improve medicines adherence and self-manage their condition. This service is initially focused on particular patient groups and conditions.
Community Pharmacist Consultation Service (CPCS)	Introduced in November 2020 this service replaces the NHS Urgent Medicine Supply service pilot. General Practices and NHS 111 can refer patients for minor illness consultation at pharmacies offering CPCS.
C-19 Lateral Flow Device Distribution	From March 2021 to March 2022, lateral flow device distribution was added to the advanced services available at some community pharmacies. Lateral flow devices were free to collect for members of the public. This service ceased from 1st April 2022.
Appliance Use Review (AUR)	This service can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use. This is achieved by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, including advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Stoma Appliance Customisation (SAC)	The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff. If the pharmacist is unable to provide the prescribed service, they should either refer (with the patient's consent) the patient to another pharmacy or provide the patient with the contact details of at least two pharmacies or providers that are able to supply the service.
Seasonal Influenza (flu) Vaccination	Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015 for patients aged 65 and over and at-risk groups, to support GP services in increasing vaccination rates. Each year from September through to March the NHS runs a seasonal influenza (flu) vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.
Hepatitis C Testing Service	From September 2020 Hepatitis C testing became available as an advanced service from pharmacies who offer this service. This service is focused on provision of point of care testing for Hepatitis C antibodies to people who inject drugs who haven't yet accepted treatment for their substance use. Those who test positive are referred for further confirmatory testing and treatment. This service ceased at the end of March 2022.
Hypertension Case-Finding Service	Also known as the NHS Blood pressure check, from October 2021 pharmacies provided clinic blood pressure testing to those aged over 40 to identify those with high blood pressure. Where clinically indicated, patients are then offered 24-hour ambulatory blood pressure monitoring, the results of which are shared with the person's GP.
Pandemic Delivery Service	Originally offered to Clinically Extremely Vulnerable people shielding due to the COVID-19 before being offered to people who have been notified of the need to self-isolate by NHS Test and Trace. Delivery of prescriptions from Pharmacies was organised via a variety of methods including volunteer delivery or direct pharmacy delivery. This service ceased from 5th March 2022.
Smoking Cessation Service (CSC)	This service enables NHS trusts to refer patients to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

Source: NHS Community Pharmacy Contractual Framework

3.3. Community Based Services

In addition to the services above, pharmacies can also offer services that are commissioned by local authorities and Clinical Commissioning Groups that have been identified to meet the health needs of their local populations. These services currently include:

Table 3: Community Based Pharmacy Services

Community Based Services	Description
Emergency Hormonal Contraception (EHC)	This is a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies.
Needle Exchange	A service for intravenous drug users, providing clean needles and so reducing the risk of infection such as hepatitis.
Supervised Consumption	A service for registered drug addicts, providing regular monitored doses of an opiate substitute to support becoming progressively drug free.
Champix Provision	A service to provide Champix (Varenicline) as part of a Patient Group Directive to service users on referral by the Quit Ready Leicestershire Stop Smoking Service. Currently there has been no provision for the last year due to a manufacturer recall.
Extended Care services	The extended care service allows pharmacies to provide treatment for a selection of minor ailments without the patient having to attend a GP or Out of hours service. Advice is also given to reduce the likelihood of repeat need for treatment. The patient must be registered with a GP and may need to be in an eligible group.
Palliative medicine supply	Palliative care is aimed at offering the patient the highest possible level of comfort during the last phase of their life. This service aims to facilitate prompt access to palliative care medicines by patients and their representatives. This service also includes provision of urgent antibiotics.
Emergency Supply service	The Emergency supply service allows pharmacists to prescribe prescription only medicines to a patient previously prescribed the requested drug without a prescription. This means a patient can in emergency situations receive a drug without visiting a doctor and is intended to lessen demand for emergency medical care for repeat prescriptions.
Covid-19 Vaccinations	Community pharmacies have been central to the Government's response to Covid-19, by offering and delivering Covid-19 vaccinations.

Source: NHS Community Pharmacy Contractual Framework

3.4. Pharmacy Contracts

There are four types of community pharmacy contractors. They are:

- Those held on a pharmaceutical list (standard contract) - healthcare professionals working for themselves or as employees who practise in pharmacy: the field of health sciences focusing on safe and effective medicines use.

- Dispensing appliance contractors – they only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs. Dispensing appliance contractors are not required to have a pharmacist, or a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council. Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient.

- Dispensing doctors/practices – GP Practices can dispense medicines and appliances to patients who live in a controlled locality (rural area) and live more than 1.6km from a pharmacy.

- Local Pharmaceutical Service (LPS) contract - allows NHS England and NHS Improvement to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract, a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

3.5. Distance Selling Pharmacies

Distance selling pharmacies (e.g., internet pharmacies) are able to provide the full range of essential, advanced and enhanced services to the population, without face-to-face contact. Distance selling pharmacies will receive prescriptions either via the electronic prescription service or through post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier.

They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.

4. What is Excluded from the Scope of the PNA?

The PNA is set out by regulation to cover the community-based pharmacy services that have been described in Section 3 of this report. There are other providers of pharmaceutical services in Rutland that have not been included in the assessment of need.

4.1. Prison Pharmacy

Pharmaceutical services are provided in HM Stocken Prison in Rutland. Health services provided within prisons require a pharmaceutical service to support the delivery of healthcare and the supply of medicines. The unique nature of the environment and the predominance of certain clinical services in

some prisons, such as substance misuse services, means that these services are provided by contracted providers with a model that is determined to support the prison population safely.

4.2. Hospital Pharmacy

Around 20% of pharmacists work in hospitals and play an essential role in patient care. Working as part of a multidisciplinary team, hospital pharmacists manage caseloads and provide treatment programmes for all hospital patients. In Rutland, patients will access acute care from a range of hospital providers, including:

- University Hospitals of Leicester NHS Trust
- Community hospitals in Melton and Market Harborough
- Rutland Memorial Hospital
- Stamford Hospital
- Other out of county providers, such as Nottingham, Lincolnshire, Peterborough, Cambridgeshire, Northamptonshire etc.

Whilst in hospital, patients' medicines will be dispensed and managed by hospital pharmacists. Once the patient is discharged to the community their pharmaceutical needs will be met by their community pharmacist.

5. Process Followed for Developing the Pharmaceutical Needs Assessment

The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Rutland by October 2022. The Leicester, Leicestershire and Rutland (LLR) PNA Reference Group has overseen and developed the draft PNA on the Board's behalf.

The interagency PNA Reference Group was established because many of the relationships required for the PNA were Leicester, Leicestershire and Rutland (LLR) wide. The team included representation from NHS England and NHS Improvement, the LLR Pharmaceutical Committee and the Local Professional Network for Pharmacists. The Group's terms of reference are attached as Appendix A.

The PNA will be subject to a 60-day statutory consultation period running from June 2022 to July 2022. An additional consultation also took place with local pharmaceutical professionals and service users between March and April 2022 to gather evidence to support the PNA. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following –

- the Local Pharmaceutical Committee
- the Local Medical Committee
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any LPS chemist in its area with whom the NHS England and NHS Improvement has made arrangements for the provision of any local pharmaceutical services
- Healthwatch and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical

services in its area
- any NHS trust or NHS foundation trust in its area
- NHS England and NHS Improvement
- any neighbouring Health and Wellbeing Board

The full range of statutory bodies required will be contacted and asked to participate in the consultation. In addition, the consultation will be distributed widely to other groups likely to be interested.

HEALTH NEEDS OF THE POPULATION OF RUTLAND

6. Population of Rutland

Rutland's Joint Strategic Needs Assessment (JSNA) was published in 2018.[3] Since the publication of the JSNA, additional reports have been published to further enrich the evidence base for the health and wellbeing of the population. A new Rutland Joint Health and Wellbeing Strategy 2022 – 2025[4] was also agreed in 2022. A Public Health Outcomes Framework update has been published for Rutland Council, and the Director of Public Health's Annual Report also updates on population health. The latest report for 2020 focused on providing an overview of health in Rutland and the role of workplace health in improving health.

The Rutland JSNA is available from - https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment

The Rutland Joint Health and Wellbeing Strategy 2022 – 2027 will be available from - https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-well-being-strategy/

The Annual Report of the Director of Public Health 2020[5] is available from: http://www.lsr-online.org/reports/director_of_public_health_annual_reports

6.1. Population Estimates

In 2020, the population of Rutland was estimated to be 40,476 people.[6] 9,412 people were aged 65-84 years (23.3%) and 1,450 people were aged 85 years and over (3.6%).[6]

Figure 1 and **Table 4** present the age population structure of Rutland.

Figure 1: 2020 Population Pyramid[6]

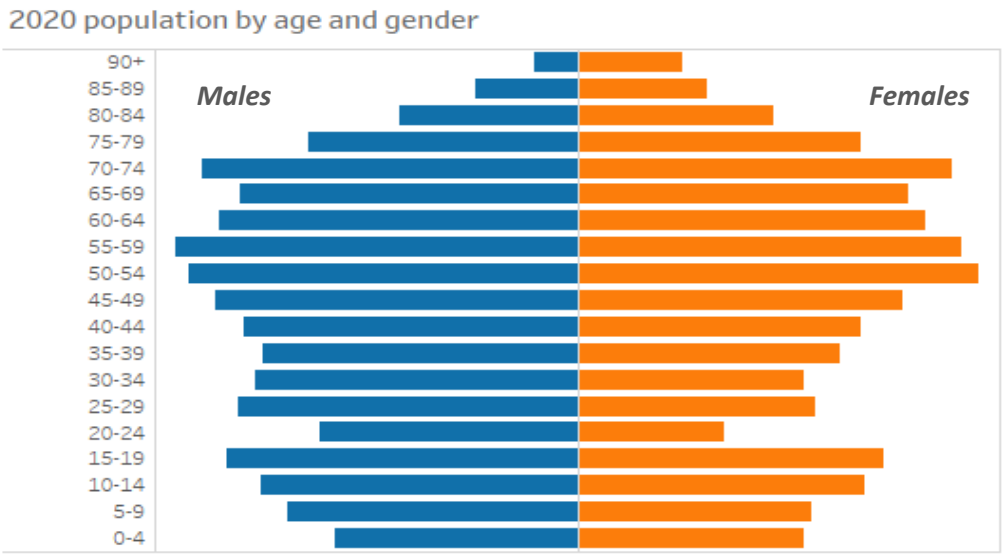


Table 4: 2020 Population Estimates for Rutland by age and gender[6]

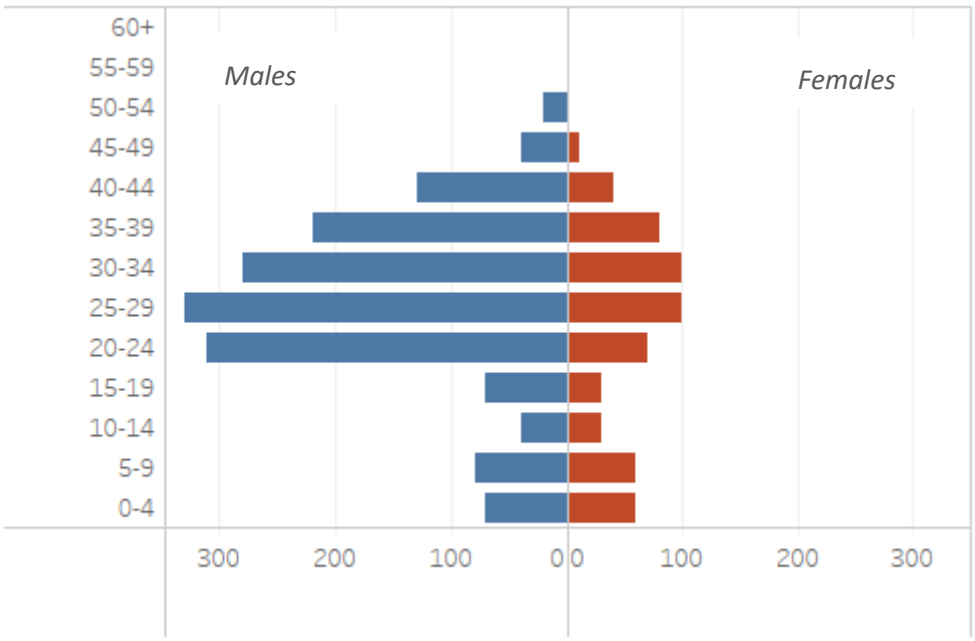
Ages	Males	% of Total Population	Females	% of Total Population
0-4	900	2.2%	876	2.2%
5-9	1,081	2.7%	904	2.2%
10-14	1,177	2.9%	1,114	2.8%
15-19	1,305	3.2%	1,184	2.9%
20-24	958	2.4%	569	1.4%
25-29	1,261	3.1%	922	2.3%
30-34	1,198	3.0%	878	2.2%
35-39	1,171	2.9%	1,019	2.5%
40-44	1,243	3.1%	1,095	2.7%
45-49	1,349	3.3%	1,259	3.1%
50-54	1,448	3.6%	1,556	3.8%
55-59	1,497	3.7%	1,487	3.7%
60-64	1,330	3.3%	1,350	3.3%
65-69	1,257	3.1%	1,278	3.2%
70-74	1,393	3.4%	1,453	3.6%
75-79	998	2.5%	1,098	2.7%
80-84	661	1.6%	757	1.9%
85-89	381	0.9%	500	1.2%
90+	165	0.4%	404	1.0%
All Ages	20,773	51.3%	19,703	48.7%

Source: Mid-2020 population estimate, ONS, 2021.

6.2. Military Population

As of October 2021, there were 2,160 Armed Forces personnel and entitled civilian personnel with a Defence Medical Services registration in Rutland.[7] This accounts for 5.3% of the total resident population. Three quarters of those registered with Defence Medical Services were members of the Armed Forces, whereas the remaining quarter were entitled civilian personnel. Of all registrations, 53% were for male personnel aged 20-39 and 27% were female personnel (**Figure 2**).

Figure 2: Military Population Pyramid in Rutland, October 2021[7]



Source: Ministry of Defence. Defence personnel NHS commissioning quarterly statistics, financial year 2021/22

6.3. Deprivation

The Index of Multiple Deprivation 2019 (IMD) is the official measure of relative deprivation in England and is part of a suite of outputs that form the Indices of Deprivation (IoD).[8] It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions. People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.[9]

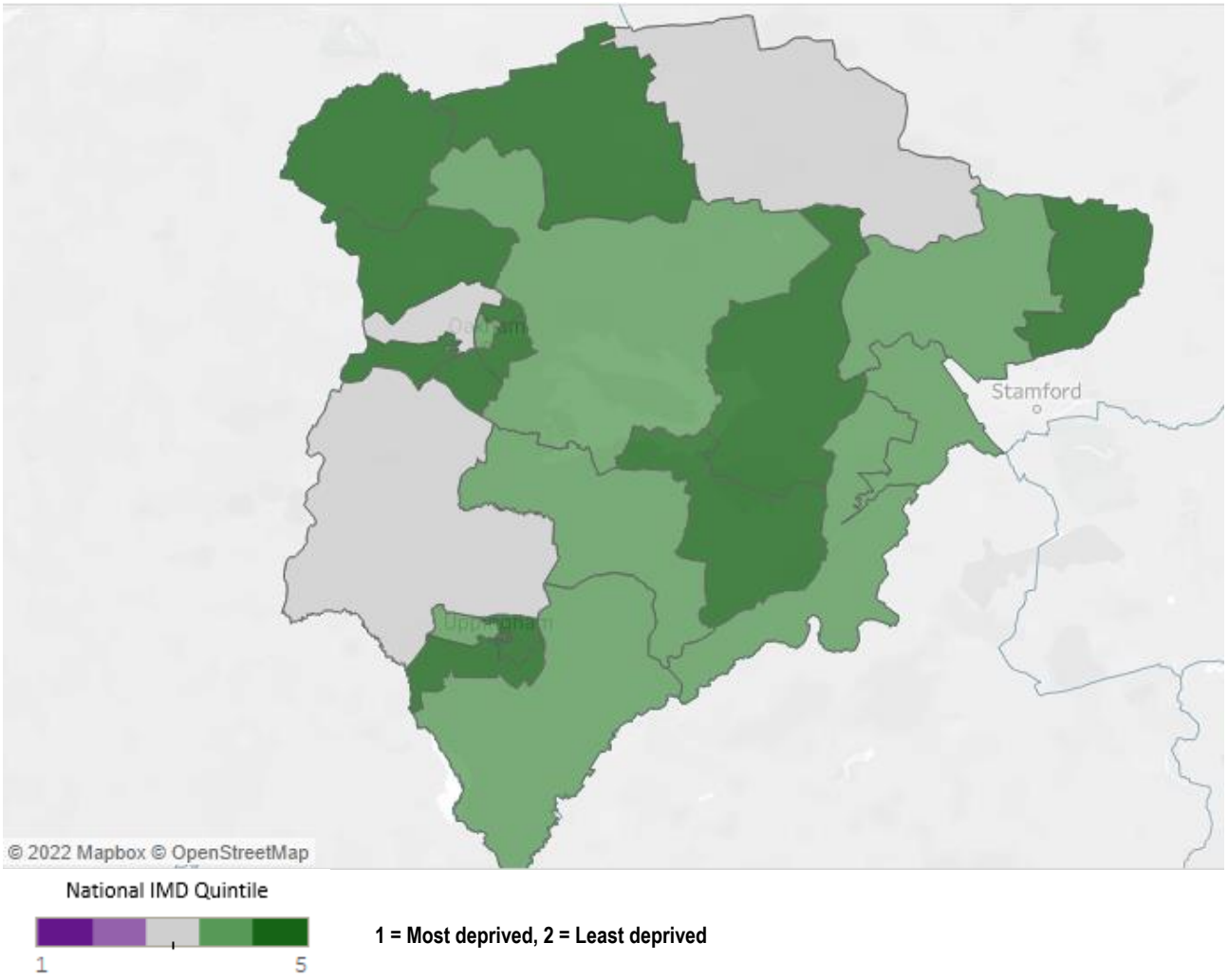
The Indices of Deprivation 2019 are based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation 2019. The seven domains are listed below: [8]

- Income deprivation, including Income deprivation affecting children (IDACI) and Income deprivation affecting older people (IDAOPI)

- Employment deprivation
- Health deprivation and disability
- Education, skills and deprivation
- Barriers to housing and services
- Crime; and
- Living environment deprivation.

Figure 3 illustrates the geographical spread of deprivation in Rutland. The classification is based on ranking all 32,844 national LSOAs, or neighbourhoods, and dividing them into 5 equal groups (or quintiles) according to their deprivation rank. It is important to note that in Rutland, there are no areas that are within the 1st or 2nd, most deprived, national quintile. Only three of Rutland's LSOAs can be classified as average deprivation at the national scale (3rd quintile, shaded grey), the remainder of the neighbourhoods are below the national average deprivation (5th least deprived quintile in dark green and 4th in light green).

Figure 3: English Indices of Multiple Deprivation 2019 in Rutland's LSOAs, by national quintile

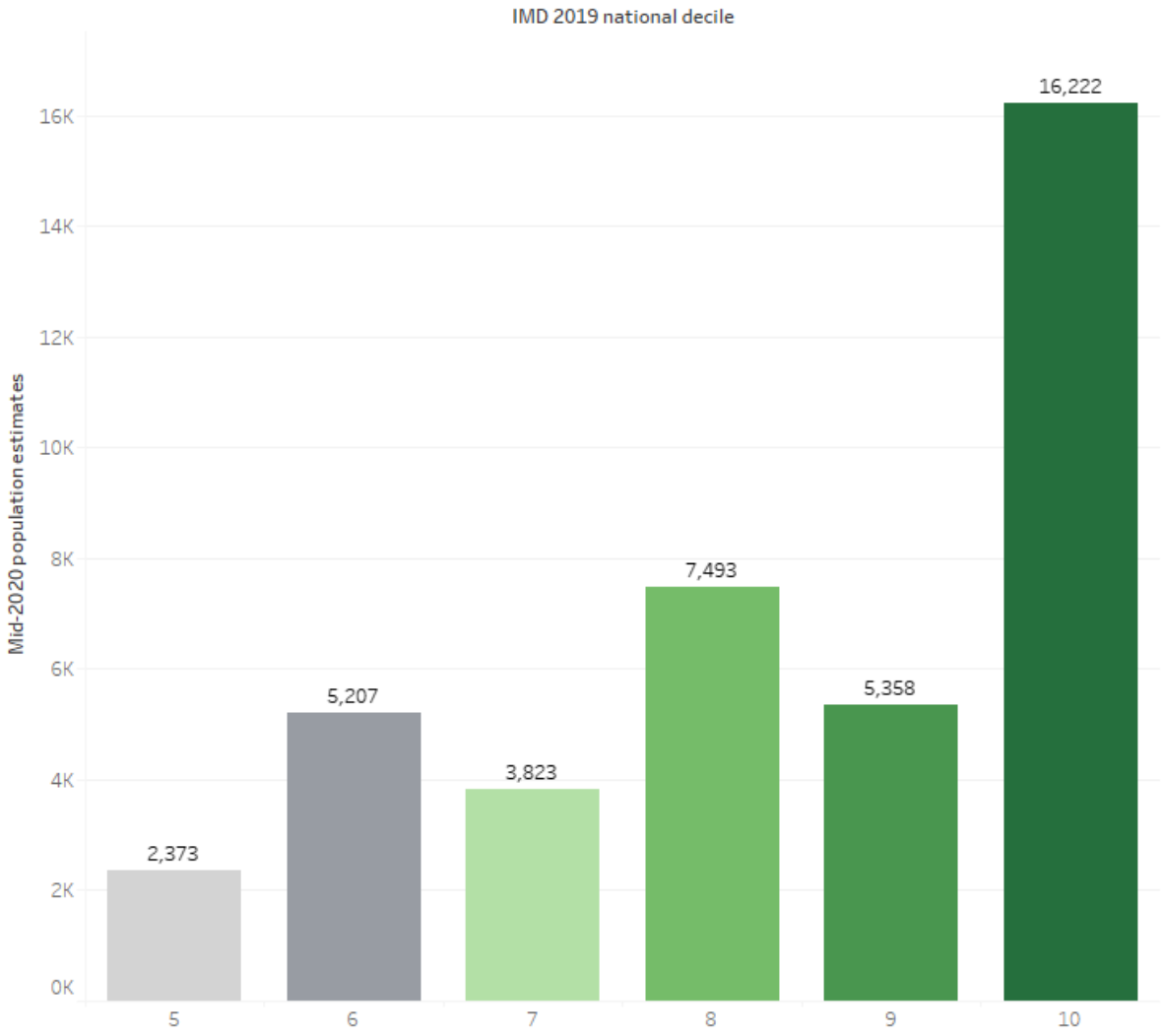


Source: Indices of Deprivation 2019, MHCLG,2019.

Figure 4 shows how much of the population of Rutland lives in each deprivation decile, and demonstrates that:

- On a national scale, the population of Rutland is less affected by material deprivation than the average for England, with none of the population in the most deprived 40% of areas nationally.
- 53% of the Rutland population live in the least deprived quintile of deprivation, accounting for over 21,000 people.

Figure 4: Rutland Mid-2020 Population and IMD 2019 national decile



Source: Mid-2020 population estimate, ONS, 2021 and Indices of Deprivation 2019, MHCLG,2019.

6.4. Ethnicity

The 2011 Census reported that 35,241 people in Rutland were White British, representing 94.3% of the total population. This is higher than the proportion in England of 79.8%.[10] 2.3% of the population classed themselves as White Other and 0.6% as White Irish.

7. Local Health Needs

7.1. Life Expectancy

Between 2018-20, the life expectancy at birth for males in Rutland was 83.2 years, which is significantly better (higher) than the England average (79.4). Life expectancy at birth for males has remained significantly better (higher) than the England average since 2001-03. Between 2018-20, the life expectancy at birth for females in Rutland was 85.0 years, which is significantly better (higher) than the England average (83.1). Life expectancy at birth for females has remained significantly better (higher) than the England average since 2010-12. [11]

Between 2017-19, the healthy life expectancy at birth for males in Rutland was 71.5 years, this is significantly better (higher) than the England average (63.2). Healthy life expectancy at births for males in Rutland has remained significantly better (higher) than the England average since 2012-14. Between 2017-19, healthy life expectancy at birth for females in Rutland was 63.1 years, this is statistically similar to the England average (63.5). Healthy life expectancy at births for females in Rutland has previously been significantly better (higher) than the England average since 2009-11.[11]

7.2. Lifestyles

Lifestyle statistics presented below relate to the population of Rutland and they are taken from the Public Health Outcomes Framework:[11]

- In 2019, 10.2% of adults (aged 18+) were classified as current smokers. This is significantly better (lower) than the England average (13.9%).
- In 2020/21, the alcohol related hospital admission rate was 1019 per 100,000 (481 admissions). This is significantly better than the England rate (1500 per 100,000 population).
- In 2019/20, 65.3% of adults (aged 18+) were classified as overweight or obese. This is statistically similar to the England average (62.8%).
- In 2019/20, 23.1% of children aged 4-5 years were overweight or obese. This is statistically similar to England average (23.0%). Over the last five years, there has been no significant change in the trend for excess weight in those aged 4-5 years.
- In 2019/20, 26.6% of children aged 10-11 years were overweight or obese. This is significantly better than the England average (35.2%). Over the last five years, there has been no significant change in the trend for excess weight in those aged 10-11 years.
- In 2019/20, 20.2% of adults were physically inactive. This is statistically similar to the England average (22.9%).
- In 2020/21, 19.5% of people reported a high anxiety score for self-reported wellbeing. This is statistically similar to the England average (24.2%).

7.3. Health Profile

Health profiles are updated by Office for Health improvement and Disparities and provide a useful snapshot of the health needs of the local population. The key findings are summarised in **Figure 5**.[12] In Year 6, 12.5% (40) of children are classified as obese, better than the average for England. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are better than the England average.

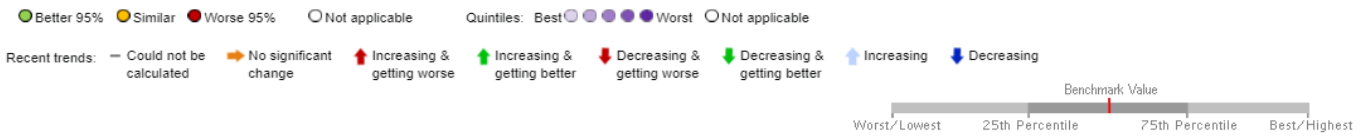
The rate for alcohol-related harm hospital admissions is 519 per 100,000, better than the average for England. This represents 214 admissions per year. The rate for self-harm hospital admissions is 129 per 100,000, better than the average for England. This represents 45 admissions per year. Estimated levels of smoking prevalence in adults (aged 18+) are better than the England average. The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average.

The rates of hip fractures in older people (aged 65+), the estimated dementia diagnosis rate and excess winter deaths index are worse than the England average.

The rates of violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from all causes and children in low-income families are better than the England average.

The health profiles and a range of other data feed into the JSNA assessment process and other reports which shape the priorities in the Rutland Health and Wellbeing Strategy. This then feeds into a range of actions and improvement plans to ensure that the weaker areas highlighted above are addressed. Details of the priorities in the Rutland Health and Wellbeing Strategy are set out later in this PNA as well as where to access updates and progress.

Figure 5: Health Profile for Rutland, 2022



Indicator	Period	Rutland			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Life expectancy at birth (Male) New data	2018 - 20	–	-	83.2	79.2	79.4	74.1		
Life expectancy at birth (Female) New data	2018 - 20	–	-	85.0	82.7	83.1	79.0		
Under 75 mortality rate from all causes	2018 - 20	–	281	221.0	342.9	336.5	570.7		221.0
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	–	53	43.6	72.1	70.4	121.6		43.6
Under 75 mortality rate from cancer	2017 - 19	–	141	110.1	131.3	129.2	182.4		87.4
Suicide rate	2018 - 20	–	3	*	9.9	10.4	18.8		5.0
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	–	64	54.0	41.6	42.6*	97.4		17.7
Emergency Hospital Admissions for Intentional Self-Harm New data	2019/20	→	45	128.6	198.9	192.6	439.3		44.5
Hip fractures in people aged 65 and over New data	2019/20	→	90	851	641	572	912		326
Cancer diagnosed at early stage (experimental statistics)	2017	→	120	54.3%	49.1%	52.2%	41.9%		57.7%
Estimated diabetes diagnosis rate	2018	–	-	73.8%	84.6%	78.0%	54.3%		5%
Estimated dementia diagnosis rate (aged 65 and over) < 66.7% (significantly)	2021	→	332	50.7%	64.8%	61.6%	50.5%		
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	–	-	*	25.6	30.6	111.5		7.7
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	→	214	519	700	664	1,127		389
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	–	3,258	10.2%	14.8%	13.9%	23.4%		8.0%
Percentage of physically active adults	2019/20	–	-	68.6%	65.9%	66.4%	49.4%		77.3%
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	–	-	65.3%	65.4%	62.8%	78.3%		
Under 18s conception rate / 1,000	2019	→	4	5.0	15.4	15.7	37.1		3.9
Smoking status at time of delivery	2020/21	–	18	8.8%	12.6%	9.6%	21.4%		1.8%
Breastfeeding initiation	2016/17	–	257	81.1%	69.7%	74.5%	37.9%		96.7%
Infant mortality rate	2018 - 20	–	3	3.4	4.2	3.9	6.8		1.7
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	40	12.5%	20.8%	21.0%	30.1%		
Deprivation score (IMD 2015)	2015	–	-	9.6	-	21.8	42.0		5.7
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	–	-	26.1%	25.5%	23.2%	36.8%		
Inequality in life expectancy at birth (Male) New data	2017 - 19	–	-	*	8.8	9.4	14.8		
Inequality in life expectancy at birth (Female) New data	2017 - 19	–	-	*	7.1	7.6	13.3		
Children in low income families (under 16s)	2016	→	385	6.5%	16.6%	17.0%	31.8%		4%
Average Attainment 8 score	2019/20	–	17,134	55.8	49.0	50.2	42.9		
Percentage of people in employment	2020/21	→	13,700	69.9%	74.7%	75.1%	63.2%		3%
Statutory homelessness - Eligible homeless people not in priority need	2017/18	–	-	*	0.4	0.8	8.1		0.1
Violent crime - hospital admissions for violence (including sexual violence) New data	2017/18 - 19/20	–	25	23.8	37.1	45.8*	127.7		11.3
Excess winter deaths index	Aug 2019 - Jul 2020	–	60	50.2%	18.4%	17.4%	50.2%		0.7%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	↓	67	278	408	619	3,547		247
TB incidence (three year average)	2018 - 20	–	2	1.7	6.9	8.0	43.1		0.6

Source: Fingertips, Office for Health Improvement & Disparities, 2022

7.4. Burden of Disease in the Population

The 2020-21 Quality and Outcomes Framework Data collected by GPs gives a good indication of the numbers of patients that GPs are seeing with long term condition**Table 5**).[13]

In Rutland there were:

- 6,977 people on GP hypertension registers, 17.3% of the registered population. This is significantly higher than the England prevalence of 13.9%.
- 2,612 people on GP asthma registers, 6.8% of the registered population. This is significantly higher than the England prevalence of 6.4%.
- 2,084 people on GP diabetes registers, 6.3% of the registered population aged 17 years and over. This is significantly lower than the England prevalence of 7.1%.
- 3,336 people on GP depression registers, 10.3% of the registered population aged 18 years and over. This is significantly lower than the England prevalence of 12.3%.
- 1,433 people on GP coronary heart disease registers, 3.6% of the registered population. This is significantly higher than the England prevalence of 3.0%.
- 1,733 people on GP cancer registers, 4.3% of the registered population. This is significantly higher than the England prevalence of 3.2%.

The Quality and Outcomes Framework data feed into the JSNA assessment process and other reports which shape the priorities in the Rutland Health and Wellbeing Strategy. This then feeds into a range of actions and improvement plans to ensure that the weaker areas highlighted above are addressed. Details of the priorities in the Rutland Health and Wellbeing Strategy are set out later in this PNA.

Table 5: GP Recorded Disease Prevalence in Rutland, 2020/21

England Average | Higher than Engand Average | Lower than England Average | Similar to England

Group	Disease Register		England	Rutland
Cardiovascular	AF - Atrial Fibrillation	Prevalence	2.0%	3.3%
		Register 2020-21	1,243,503	1,316
	CHD - Coronary Heart Disease	Prevalence	3.0%	3.6%
		Register 2020-21	1,850,657	1,433
	HF - Heart Failure	Prevalence	0.9%	1.7%
		Register 2020-21	550,613	702
	HYP - Hypertension	Prevalence	13.9%	17.3%
		Register 2020-21	8,457,600	6,977
	PAD - Peripheral Arterial Disease	Prevalence	0.6%	0.6%
		Register 2020-21	356,958	243
	STIA - Stroke and Transient Ischaemic Attack	Prevalence	1.8%	2.3%
		Register 2020-21	1,093,593	944
Clinical	NDH-Non-diabetic hyperglycaemia	Prevalence	5.3%	10.0%
		Register 2020-21	2,573,210	3,232
High Dependency	CAN - Cancer	Prevalence	3.2%	4.3%
		Register 2020-21	1,948,913	1,733
	CKD - Chronic Kidney Disease (18+)	Prevalence	4.0%	5.2%
		Register 2020-21	1,917,102	1,665
	DM - Diabetes Mellitus (17+)	Prevalence	7.1%	6.3%
		Register 2020-21	3,491,868	2,084
	PC - Palliative Care	Prevalence	0.5%	1.5%
		Register 2020-21	282,431	612
Lifestyle	OB - Obesity (18+)	Prevalence	6.9%	3.8%
		Register 2020-21	3,334,036	1,210
Mental Health & Neurology	DEM - Dementia	Prevalence	0.7%	0.8%
		Register 2020-21	430,857	336
	DEP - Depression (18+)	Prevalence	12.3%	10.3%
		Register 2020-21	5,955,865	3,336
	EP - Epilepsy (18+)	Prevalence	0.8%	0.8%
		Register 2020-21	386,381	242
	LD - Learning Disabilities	Prevalence	0.5%	0.4%
		Register 2020-21	324,291	147
	MH - Mental Health	Prevalence	0.9%	0.7%
		Register 2020-21	574,227	274
Musculoskeletal	OST - Osteoporosis (50+)	Prevalence	0.8%	0.9%
		Register 2020-21	169,090	172
	RA - Rheumatoid Arthritis (16+)	Prevalence	0.8%	0.7%
		Register 2020-21	382,517	242
Respiratory	AST - Asthma	Prevalence	6.4%	6.8%
		Register 2020-21	3,629,071	2,612
	COPD - Chronic Obstructive Pulmonary Disease	Prevalence	1.9%	2.0%
		Register 2020-21	1,170,437	795

Source: QOF - Quality and Outcomes Framework (2020-21).

8. Rutland's Health and Wellbeing Priorities

The new Joint Health and Wellbeing Strategy 2022-27 for Rutland was agreed in 2022.[14] The Strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment and a variety of health assessments.[15] The overall aim of the strategy is to help people live well in active communities. This will be progressed over the next five years by work carried out in seven priority areas:

1. Ensuring the best start for life
2. Staying healthy and independent
3. Healthy ageing and living well with long-term conditions
4. Providing equitable access to health and wellbeing services
5. Preparing for population growth and change
6. Making sure people are well supported in the last phase of their lives
7. Cross-cutting themes: good mental health, reducing health inequalities (including for the armed forces community), and COVID readiness and recovery

Updates on progress will be included in the Director of Public Health's Annual Report and on the Health Wellbeing Section of the website.

CURRENT PHARMACEUTICAL PROVISION

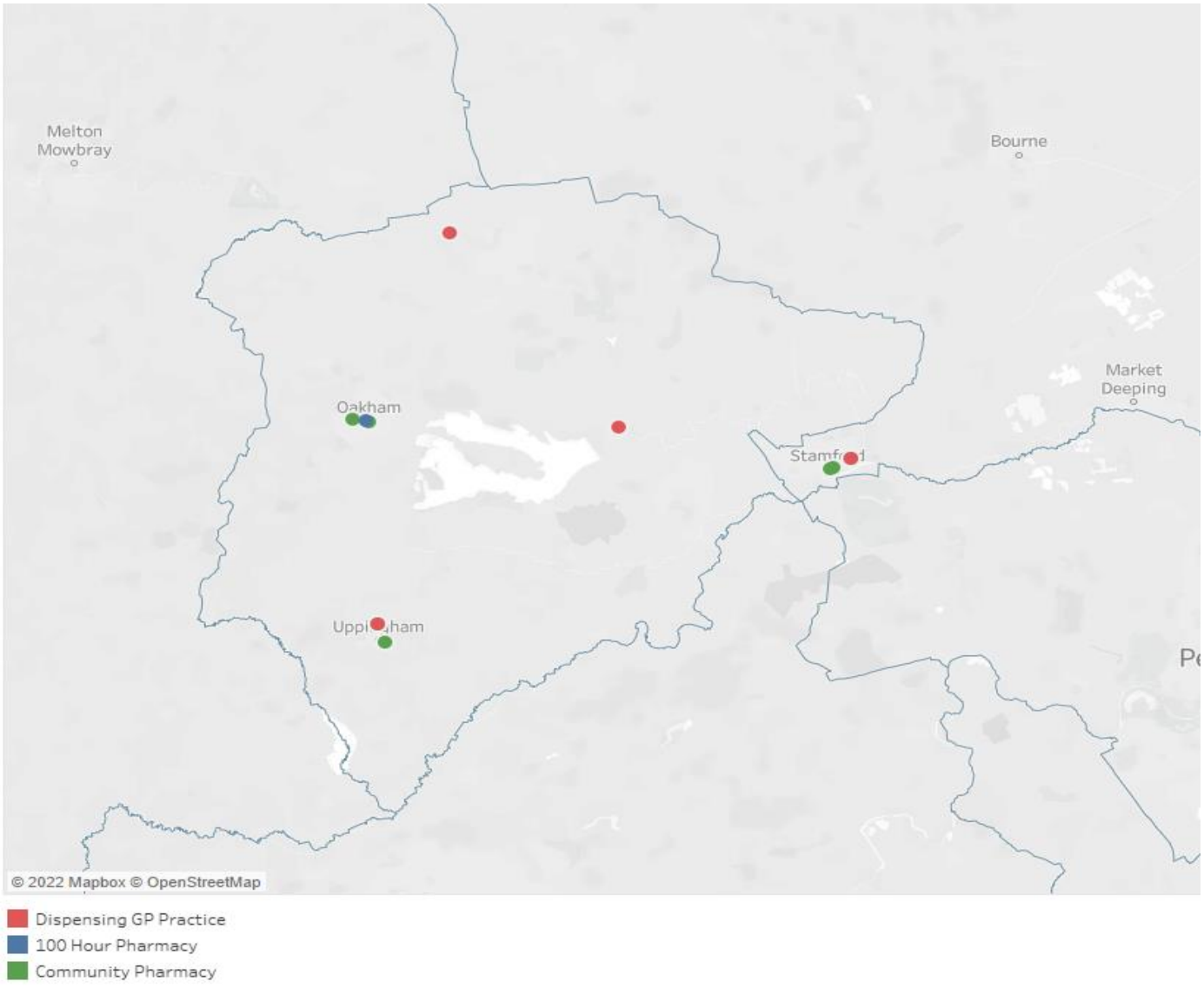
The information about services presented in this report was accessed as of September 2021 and refers to the status of services on 31st March 2021. Where services have changed significantly in the past 12 months this is referenced in the report but the baseline date for the presented data is fixed at this date.

9. Location of pharmacies

Figure 6 shows the location and type of services in and around Rutland. Rutland has five pharmacies and three dispensing GP locations. There is one 100-hour pharmacy. The pharmacies are all in the towns of Oakham and Uppingham while the dispensing GPs are in more rural areas.

A Pharmacy reopened in Oakham on April 1st, 2021. This is after the time period of most services data used in this report, as such this pharmacy is not included in most analysis. It has been included on the access analysis to give a true reflection of the pharmacy access at the time of this report.

Figure 6: Rutland pharmaceutical services and GP dispensing practices, as of 31st March 2021



Source: NHS England and NHS Improvement, Pharmaceutical Dataset, Sept 2021

Overall, Rutland has 1.2 community pharmacies per 10,000 population. In 2020/21 there were 11,636 pharmacies in England.[16] With a population of 56,550,138 people in 2020,[6] the average number of community pharmacies for England is 2.1 per 10,000 population. Rutland is a rural area, so it would be unrealistic to expect the same overall coverage of pharmacies per 10,000 population as England. Local knowledge indicates that Rutland residents in the east of the county are likely to travel across the

border to access health services. This stresses the importance of residents in the east of Rutland being enabled to access cross border provision and the importance of information on opening times, transport routes and where to access services post hospital discharge etc. This also infers that more services are potentially available than quoted and the figure is likely to be an underestimate.

Combining community pharmacies (excluding internet pharmacies) and dispensing GPs, as the contractors that are able to provide local residents with dispensing services, gives a better indication of the total population coverage for Rutland. In October 2021, there were 1,050 dispensing GPs in England. When combined with the number of pharmacies, this gives an England average of 2.2 contractors per 10,000 population. Rutland has 2.0 pharmacies and dispensing GP surgery locations per 10,000 population. This is slightly lower than the England average.

9.1. Local Pharmaceutical Service (LPS) contract

NHS England and NHS Improvement commissions no LPS contracts for Rutland

9.2. Distance Selling Pharmacies

In addition to community pharmacies and dispensing GPs, residents are also able to access pharmacy services from distance selling, or internet pharmacies. There are no distance selling or internet pharmacies in Rutland, but residents may access these pharmacies in other areas.

10. Services Available in Rutland

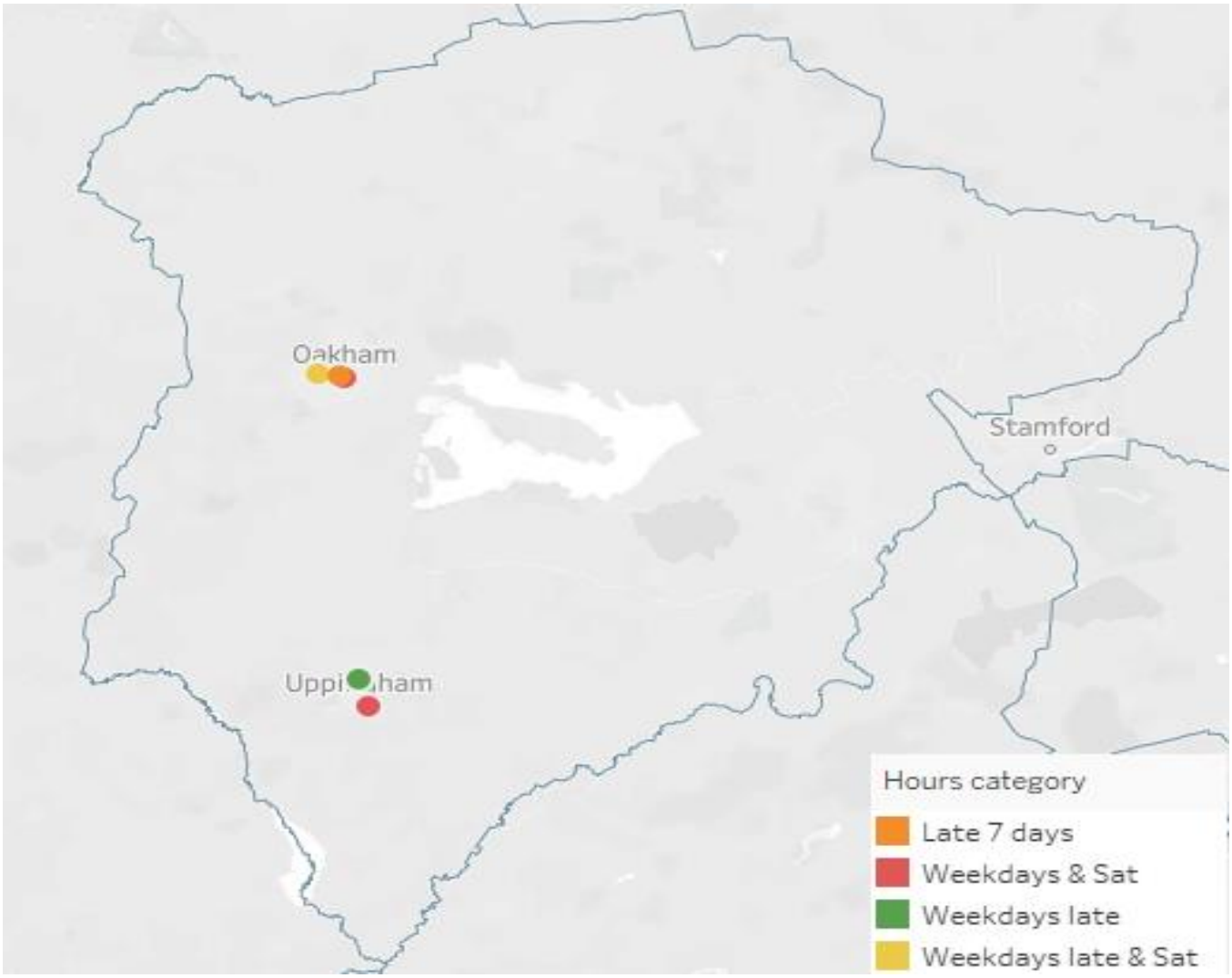
10.1. Essential Services

Essential services are provided by all pharmacies in Rutland, including internet pharmacies, as part of the NHS Community Pharmacy Contractual Framework. These services are managed by NHS England and NHS Improvement. They include dispensing, repeat dispensing, clinical governance, discharge medicine service, promotion of healthy lifestyles, disposal of unwanted medicines, signposting and support for self-care (see **Table 1** on page 9). As of October 2021, there are eight essential services listed below that are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract').

Table 1**Opening Hours**

Pharmacies have core contractual hours of 40 per week and these are agreed with NHS England and NHS Improvement. Pharmacies across Rutland are open at varying times, providing a service somewhere in the county at almost all times: between 7am and 10pm Monday to Thursday and between 7am and 11pm Friday to Saturday, and supported by the 100-hour pharmacy in Oakham. The 100-hour pharmacy is open on Sundays. **Figure 7** shows the Pharmacies located in Rutland categorized by opening hours.

Figure 7-Opening hours of pharmacies in Rutland



Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

Derbyshire Health United (DHU) Health Care Community Interest Company run the Clinical Navigation Hub and Home Visiting Service, these services have access through an on-call pharmacist, to out of hours on call pharmacy provision for Rutland, which ensures urgent prescriptions are dispensed during the out of hours and bank holiday period.

10.1.1. Prescribing Activity

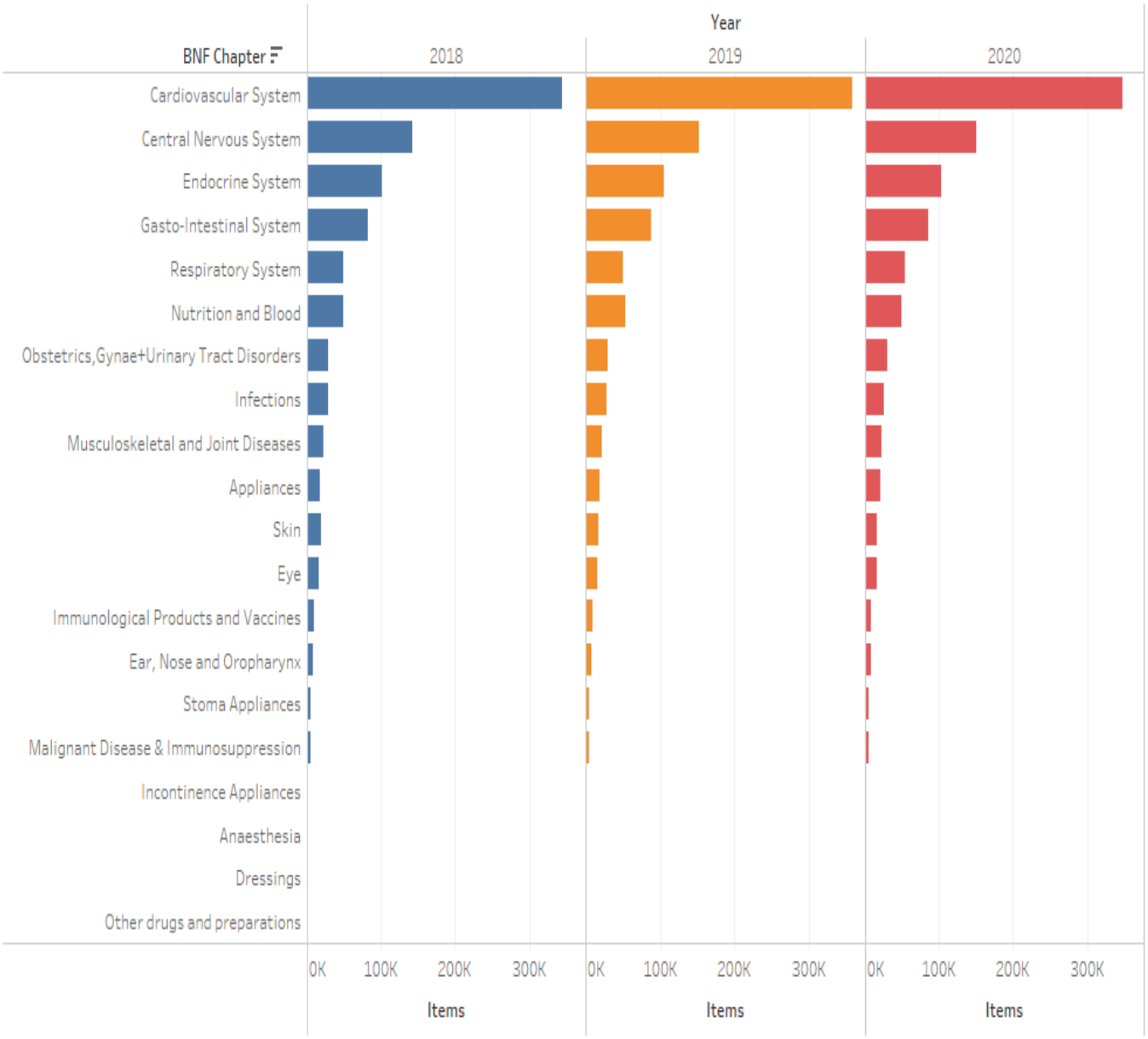
GP practices in Rutland prescribed over 951,000 items in 2020.[17] This equates to 24 items per head of registered population, including repeat prescriptions.[18] The largest proportion between 2018 and 2020 was drugs for the cardiovascular system which includes treatments for high cholesterol and hypertension. Drugs for the central nervous system include anti-depressants; those for the endocrine system include treatments for diabetes. More details are shown in **Table 6** and **Figure 8**. The prescriptions are dispensed by community pharmacies, internet pharmacies and dispensing GP practices.

Table 6: Number of items prescribed for Rutland in 2020

Area	Items Prescribed	Registered population (as at December 2020)	Items per head population
Rutland	951,275	39,745	24

Source: GP Prescribing data, 2021. Open Prescribing beta.

Figure 8: Prescribing Activity by BNF Chapter for Rutland, 2018 to 2020

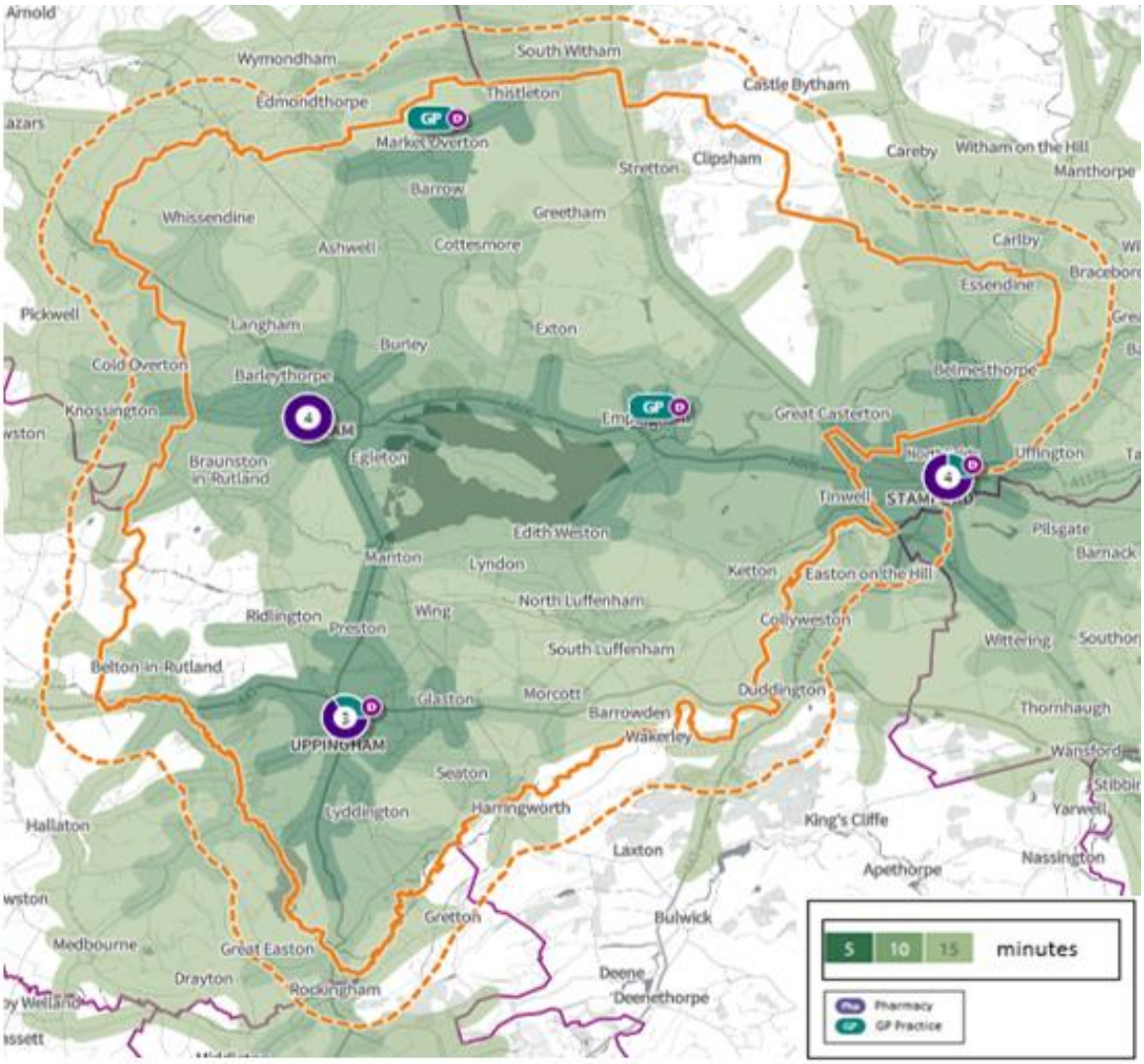


10.1.2. Drive and Walk Time Analysis

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool[19] it is possible to analyse how long it takes to walk or drive from any Lower Super Output Area in Rutland (LSOA) to the nearest pharmacy or dispensing GP practice location in Rutland. Please note, pharmacies or dispensing GPs that are 1.5km outside of the Rutland boundary have also been included in this analysis. The drive-time map for Rutland pharmacies is shown in **Figure 9**.

A Pharmacy reopened in Oakham on April 1st, 2021. This is after the time period of most services data used in this report, as such this pharmacy is not included in most analysis. It has been included on the access analysis to give a true reflection of the pharmacy access at the time of this report.

Figure 9: Drive time to nearest pharmacy



Source: Strategic Health Asset Planning and Evaluation, 2022.

Although large parts of the county appear to be outside of the 10-minute drive boundary, this does not account for the population distribution, with *less than 20% of the population living more than a 10-minute drive away from their nearest pharmacy or dispensing GP practice location* (**Table 7**).

Table 7: Population by drive-time in Rutland

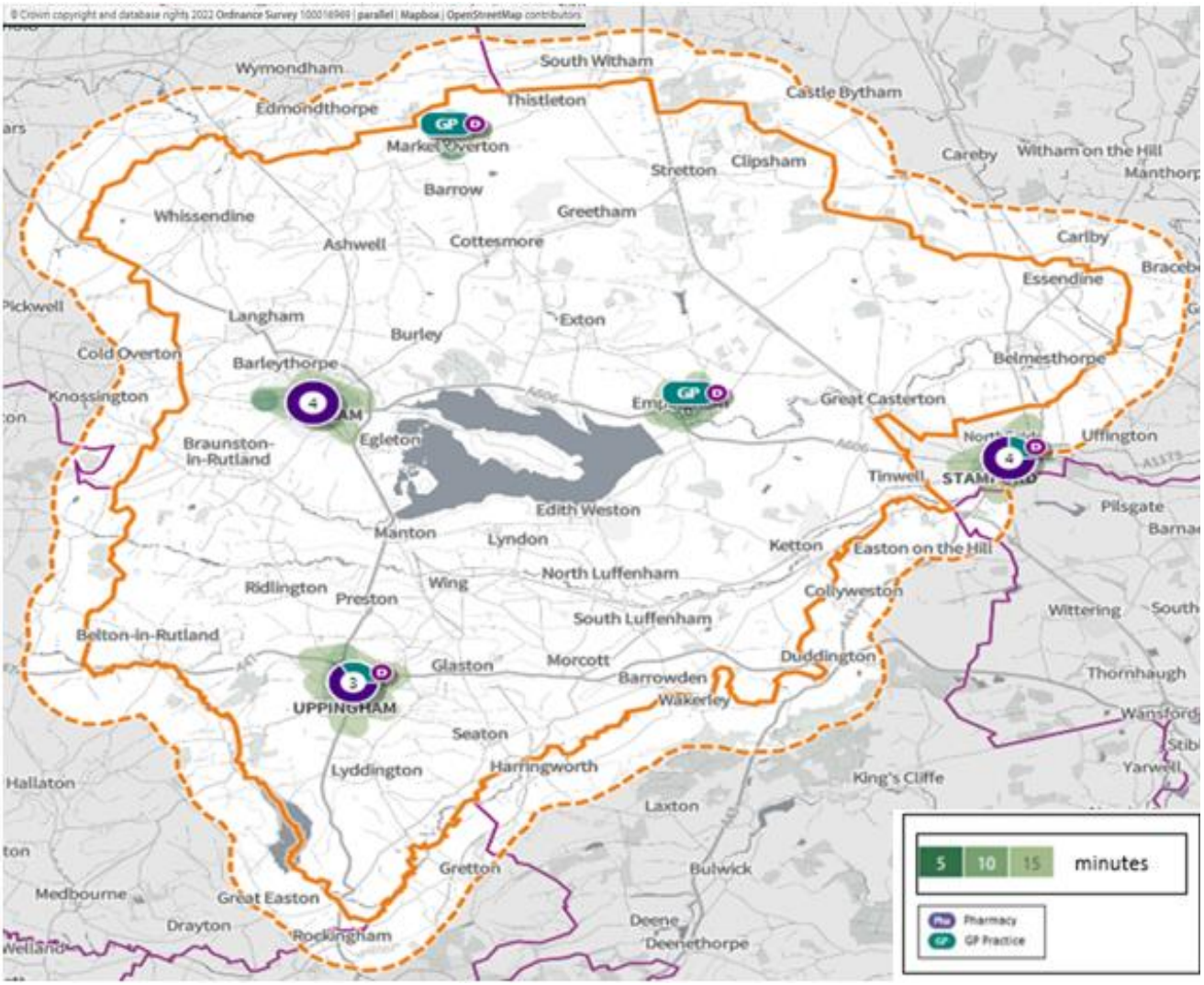
Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
21,610	53.4%	12,042	29.8%	3,096	7.6%	3,728	9.2%

Source: Strategic Health Asset Planning and Evaluation, 2022.

Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 8 and **Figure 10** illustrate **walking times** to pharmacies in the county. Overall, over 54% of the county's population live more than a 15-minute walk from a pharmacy or dispensing GP practice, 9% live between 11- and 15-minutes' walk, 20% live between 6 and 10 minutes and 16% live within a 5-minute walk time.

Figure 10: Walking time to the nearest pharmacy



Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 8: Population by Walk Time in Rutland

Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
6,594	16.3%	8,046	19.9%	3,682	9.1%	22,154	54.7%

Source: Strategic Health Asset Planning and Evaluation, 2022.

10.1.3. Public Transport

There are public transport services available across the county – currently including 4 services that operate hourly, 3 services that operate 2-hourly, and a number of less frequent rural services. These can be viewed on the Rutland County Council website:https://www.rutland.gov.uk/my-community/transport/bus-times-and-travel/

Due to the rural nature of Rutland, the majority of these bus services require financial support from Rutland County Council (and in some cases, from neighbouring authorities) in order to operate. In addition to the conventional fixed route bus services operating in the county, Rutland County Council currently supports a Demand Responsive Transport (DRT) service that runs only in response to pre-booked requests. This service is known as CallConnect and covers the eastern half of the county as well as crossing the county border to Stamford in Lincolnshire.

Within Rutland community transport services also exist. Voluntary Action Rutland (VAR), based in Oakham, operates one such scheme and a further, similar voluntary car scheme has recently been established in Uppingham. Furthermore, a number of parishes within Rutland also offer informal 'good neighbour' schemes, which include arranging lifts for people.

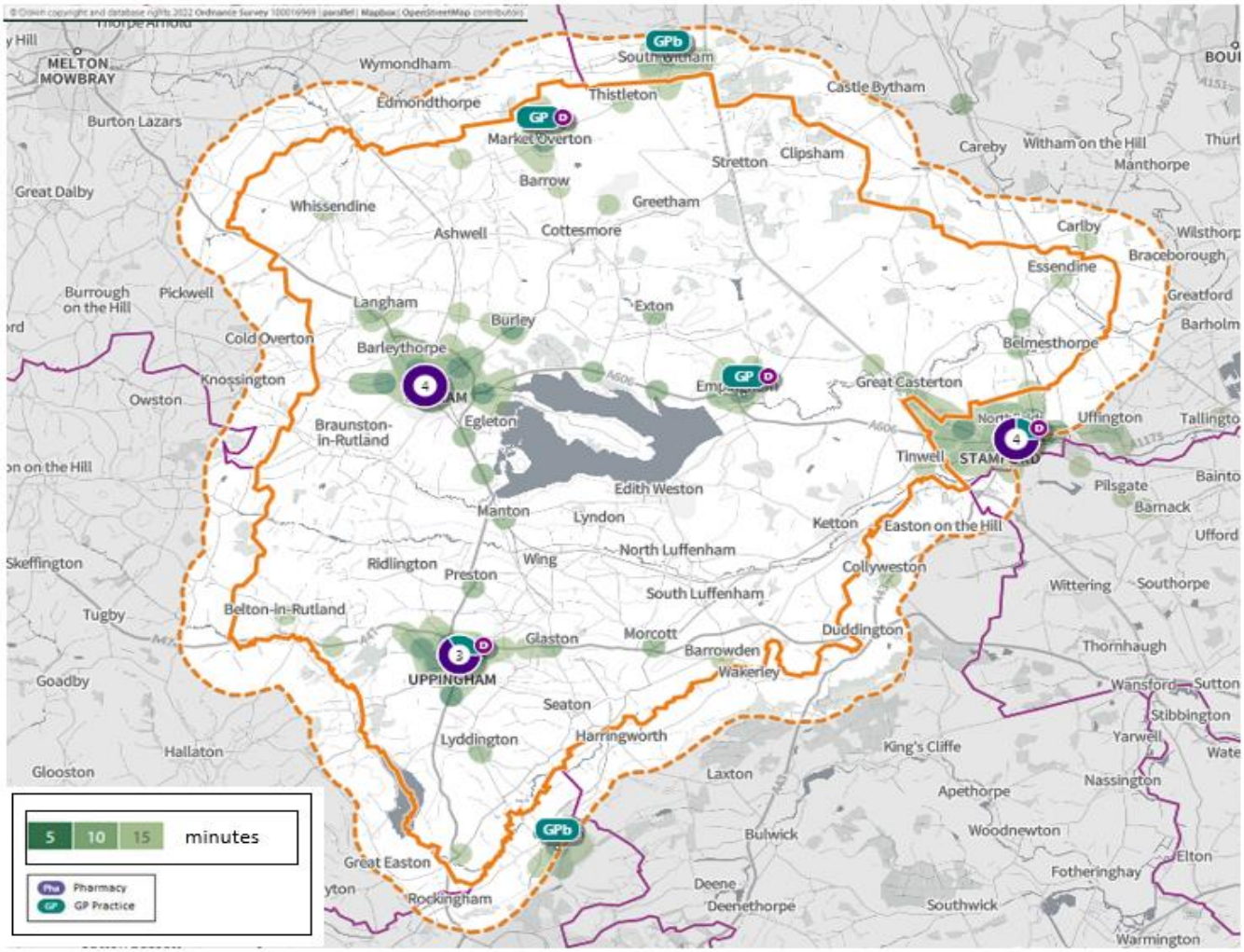
In addition to the bus services Rutland has one rail station in Oakham providing (approximately hourly) links to the cities of Leicester, Birmingham, Cambridge and Peterborough, as well as to Stansted Airport. At the time of writing Oakham also sees daily services to and from London serving Corby, Kettering, Wellingborough, Bedford, and Luton.

Rutland County Council published their fourth Local Transport Plan in September 2019, this sets out their transport vision for the county up to 2036.

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool[19] it is possible to analyse how long it takes by public transport on a weekday morning from any Lower Super Output Area (LSOA) to the nearest pharmacy or dispensing GP practice location. Pharmacies and dispensing GPs 1.5km outside of the Rutland boundary have been included in this analysis

Table 9 and **Figure 11** illustrate public transport times on a weekday morning to pharmacies in the county. Overall, over 44% of the county's population live more than 15-minutes by public transport from a pharmacy or dispensing GP practice on a weekday morning, 16% live between 11- and 15-minutes' journey, 27% live between 6 and 10 minutes and 13% live within a 5-minute journey time. Weekend and afternoon public transport services will present a different percentage of the population within these journey times. Some residents in certain areas and villages can face longer public transport travel times to access the pharmacy services they need.

Figure 11 Public transport time to the nearest pharmacy on weekday mornings



Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 9: Population by public transport travel time on weekday mornings

Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
5,080	12.6%	11,005	27.2%	6,526	16.1%	17,865	44.1%

Source: Strategic Health Asset Planning and Evaluation, 2022.

10.1.4. Access and Populations affected by Deprivation

An analysis of drive, walk and public transport times by deprivation quintile is presented in **Appendix D** (Tables 4-6 in the Appendix). It demonstrates that:

- 51% of those living in the most deprived areas in Rutland are within a 5-minute drive of a pharmacy or dispensing GP practice.

- 49% of those living in the most deprived areas are more than a 15-minute drive from a pharmacy or dispensing GP practice; and
- 49% of people living in Rutland's most deprived areas live more than a 15-minute walk from the nearest pharmacy or dispensing GP practice; and
- 49% of people living in Rutland's most deprived areas live more than a 15-minute public transport journey on a weekday morning from the nearest pharmacy or dispensing GP practice.

10.1.5. Access and People by Age Profile and Rurality

The tables in **Appendix E** (Tables 7-9 in the Appendix) show drive, walk and public transport times respectively for the estimated population belonging to age bands. The results indicate that:

- Most of Rutland's population (53%) live within a 5-minute drive of a pharmacy or dispensing GP practice. This is higher for the population aged 15-24 (67%) compared with 51% of the population aged 25-64 years.
- 16% of the population in Rutland live less than a 5-minute walk from their nearest pharmacy or dispensing GP practice. This is higher for the population aged 15-24 years (35%), compared with 13% of the population aged 65-84 years.
- 12.6% of the population in Rutland live less than a 5-minute public transport journey on a weekday morning from the nearest pharmacy or dispensing GP practice. This is lower for those in the 25-64 age group (9.7%) and 65-84 age group (9.1%).

The tables in **Appendix F** (Tables 10-12 in the Appendix) show drive, walk and public transport times respectively for the estimated population by Rural Urban Classification[20]. This illustrates that:

- 100% of those living in 'urban city and town' areas in Rutland are within a 5-minute drive of a pharmacy or dispensing GP practice
- 25% of those living in 'rural village and dispersed' areas are more than a 15-minute drive from a pharmacy or dispensing GP practice.
- 100% of those living in 'rural village and dispersed' areas in Rutland are more than a 15-minute walk from a pharmacy or dispensing GP practice.
- 92% of those living in 'rural village and dispersed' areas in Rutland are live more than a 15-minute public transport journey on a weekday morning from the nearest pharmacy or dispensing GP practice.

10.1.6. Access and Language

The 2011 Census found that the main language spoken throughout all Middle Super Output Areas (MSOAs) in Rutland was English.[10] However, understanding the proficiency of English and other languages spoken by the population of Rutland is essential to ensure the population is able to access the appropriate service to treat their health needs.

In all areas of Rutland, the percentage of the population who cannot speak English well or cannot speak English at all is significantly lower than the national average. To further understand the gaps in language provision, **Figure 13** examines the second most prevalent language spoken throughout the MSOAs in Rutland. The figure shows that throughout the county, Polish, Oceanic/Australian language, Chinese and French are the second most prevalent languages in areas of Rutland.

Figure 12: Second most prevalent language throughout Middle Super Output Areas in Rutland, 2011[10]

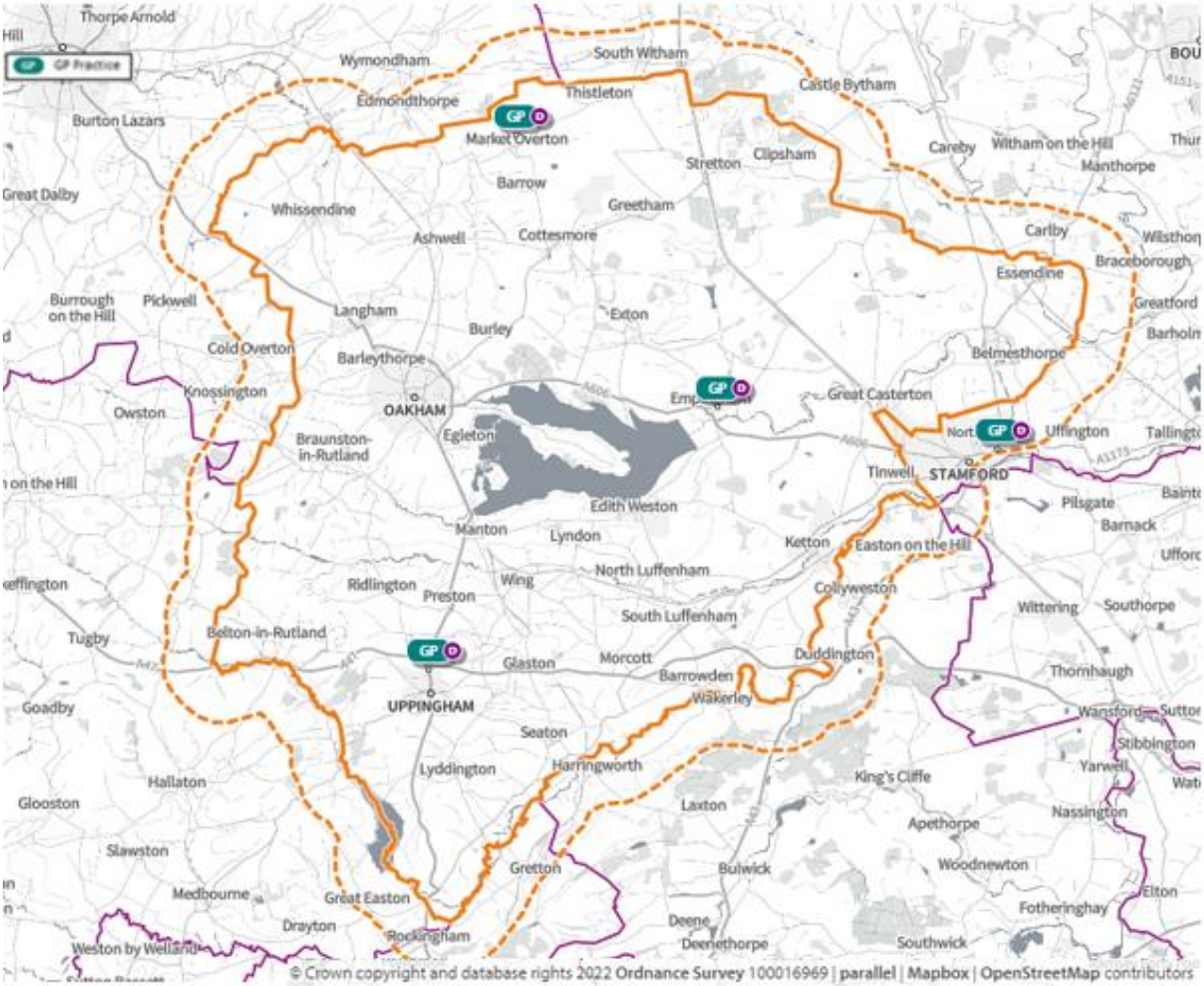
Source: 2011 Census, ONS, 2012

10.1.7. GP Dispensing

Dispensing doctors may generally only provide pharmaceutical services to patients who live in a designated controlled locality and more than 1.6km (1 mile) from a pharmacy. A controlled locality is an area that has been determined, by NHS England and NHS Improvement, a predecessor organisation or on appeal by the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), to be 'rural in character'.[2]

Patients may at any time request in writing that their GP practice provides them with pharmaceutical services. The practice should then check that they meet one of the conditions to be designated a dispensing practice. The purpose of GP dispensing is to recognise the difficulties of providing a full range of essential pharmacy services in rural areas and to provide the patients that live in rural areas with an alternative provider for dispensing services. Rutland has three dispensing GPs which dispense from five different practice locations, as they are able to dispense from their branch and their main surgeries, illustrated in **Figure 13**. The areas that are designated as rural in the Strategic Health Asset Planning (2022).

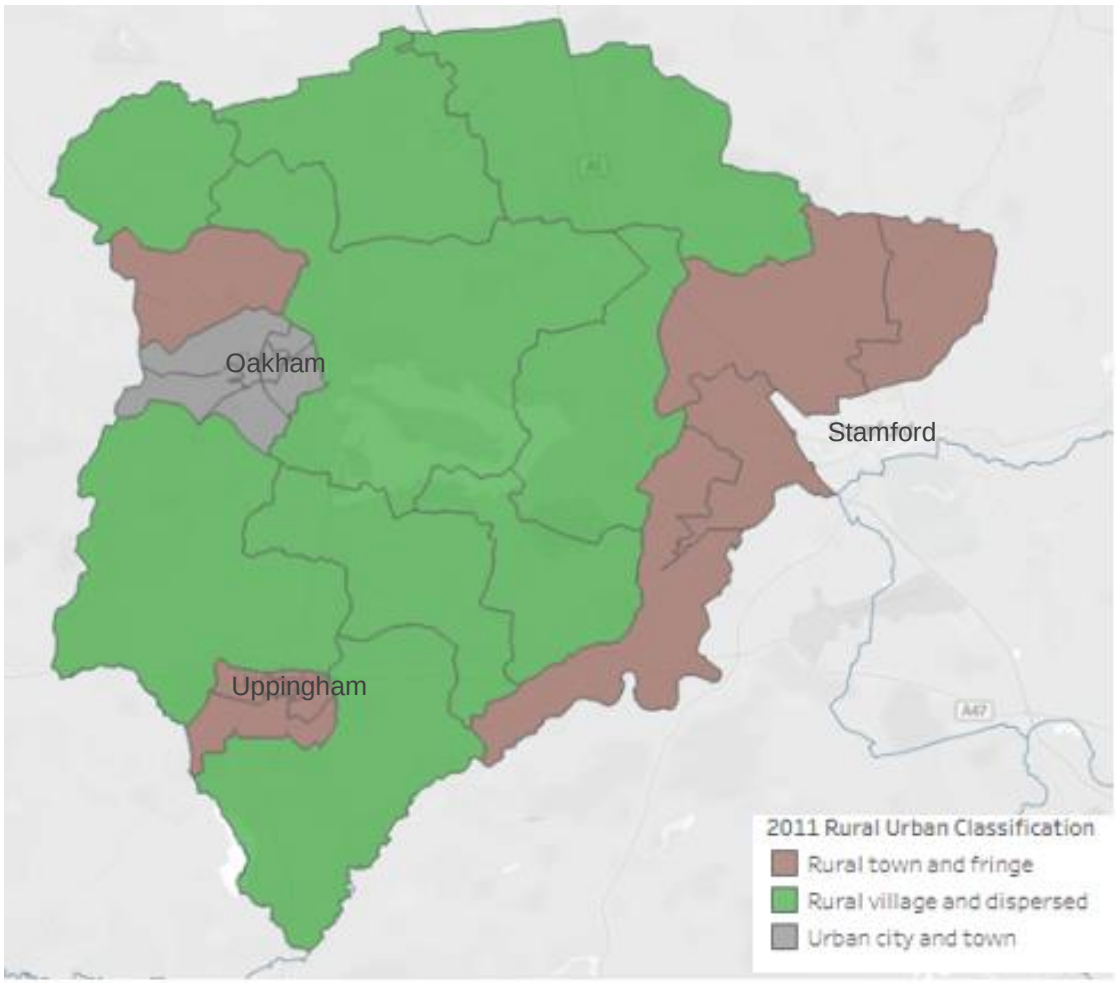
Figure 13: Dispensing GP Practices



Source: Strategic Health Asset Planning and Evaluation, 2022.

Figure 15 represents the controlled localities in Rutland. The dispensing GP surgeries are spread across the localities and whilst a patient may live over a 15-minute walk or 20-minute drive time to their nearest pharmacy or dispensing GP surgery, there is a strong correlation between the walk time analysis and the rural area designation. Designated patients in need of dispensing services will be able to access these as part of their GP visit; but the opening times of GP surgeries will restrict this. The drive and walk time analysis within this report includes the time it will take the people of Rutland to get to either a community pharmacy or a dispensing GP surgery.

Figure 14: Urban and Rural Areas Split, Rutland



Source: 2011 Census, ONS,2012.

10.1.8. Cross Border Issues

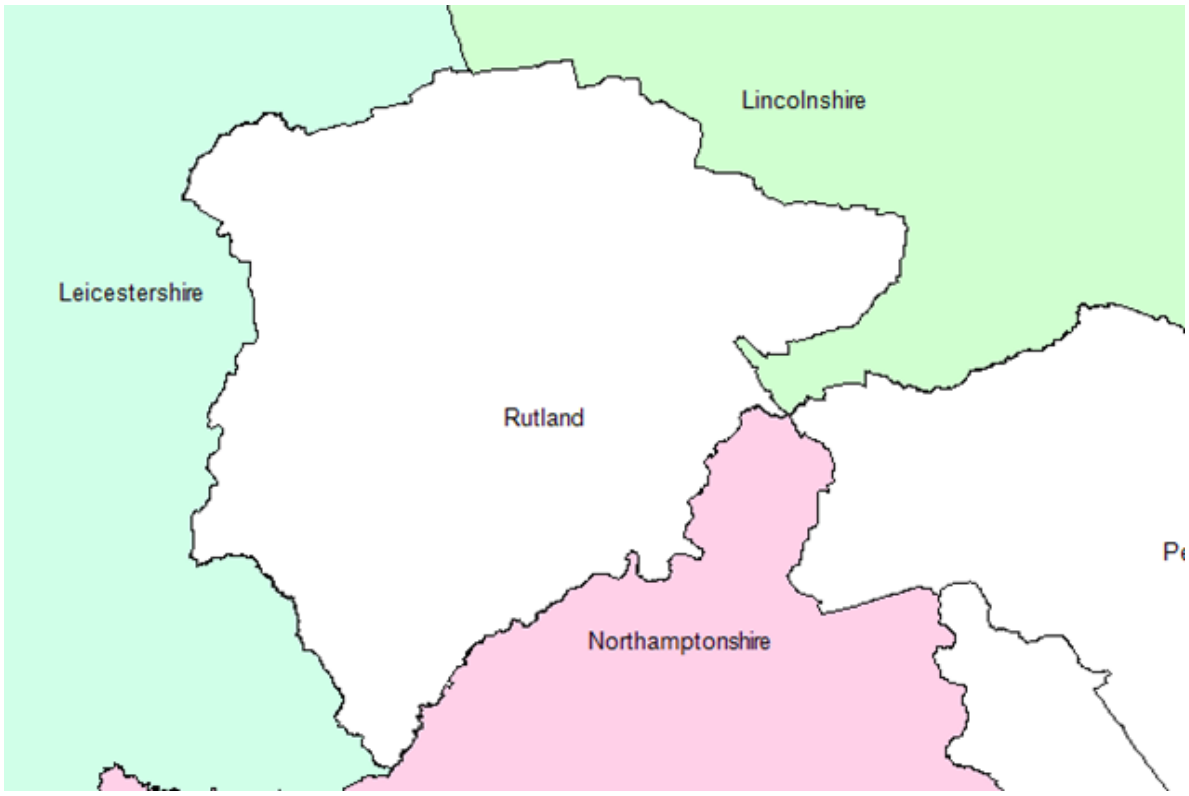
The population of Rutland are able to access pharmacy services from any community or distance selling pharmacy that they choose. This means that they can choose to access services that are near their homes but in another county or unitary authority, services that are near their work or, in the case of internet pharmacies, any registered provider. All the access analysis included in this document includes Pharmacies and dispensing GPs within 1.5km of Rutland's borders.

The boundaries that have been considered are illustrated in **Figure 15**.

The Health and Wellbeing Board is a statutory consultee for the PNAs developed in these areas. The most recent published draft PNAs for each area have been used to assess the impact of neighbouring pharmacy provision on the population of Rutland. Responses to the out of area PNA consultation processes will stress the importance of this cross border provision, particularly in the east of the county to Stamford pharmacies but also to the south east of Rutland.

The most recently published draft PNAs (2022) for each area will be used to assess the impact of neighbouring pharmacy provision on the population of Leicestershire, though these are not yet available but will be included in the final version of the PNA.

Figure 15: Rutland Neighbouring Local Authorities



Leicestershire – the draft 2022 Leicestershire PNA concludes that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB area. The importance of continued provision for residents in the north west of Rutland and supporting information will be stressed in response.

Lincolnshire – the draft 2022 Lincolnshire PNA concludes that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB areas. The importance of continued provision from Stamford for residents in the east of Rutland and supporting information will be stressed in response.

East Northamptonshire — TBC

Peterborough – TBC

10.2. Advanced Services

Advanced services are commissioned by NHS England and Improvement from pharmacies. These are voluntary agreements, and any pharmacy can choose to deliver these services as long as they meet the requirements set out in the Secretary of State's Direction around issues such as premises and staff training. These services provide an opportunity for community pharmacists to engage with and empower their patients to take greater control of their health through more effective use of their prescribed medication or appliance. This in turn should help prevent their conditions from unnecessarily getting worse and thus contribute towards savings to the NHS. Advanced services can be provided by community pharmacies and by distance selling pharmacies.

Advanced services such as Covid-19 lateral flow distribution and vaccination programmes have provided high profile, well regarded and important services to residents in recent years and have played an important role within overall provision. These developments have been a successful and well-regarded element of an enhanced role for pharmacies and stress the importance of access to provision moving forwards.

There were 10 advanced services – see **Table 2** (page 11) - but some of these services, such as C19 lateral-flow provision, have now ended. For some of the services we don't have activity data available – see below.

- Medicines Use Reviews - ended
- New Medicines Service (NMS)
- Stoma Customisation
- Appliance Use Reviews
- Seasonal Influenza (flu) Vaccination Programme
- Community Pharmacist Consultation services (CPCS)
- C-19 Lateral Flow device distribution- **no activity data available - ended.**
- Hepatitis C Testing Service- **- ended.**
- Hypertension case finding service- **no activity data available.**
- Pandemic delivery service- **no activity data available - ended.**
- Smoking Cessation Service (CSC)- **no activity data available.**

Table 100 shows the number of community pharmacies offering each service. Of the five pharmacies in Rutland, all provide seasonal influenza vaccination service. Four out of the five offered the Medicine Use Reviews, New Medicines Service and the Community Pharmacist consultation service. No pharmacies were offering Stoma Customisation, Appliance Use Reviews or Hepatitis C testing service. More details on advanced services activity data are set out in the supporting Appendix.

Table 100: Advanced Services in Rutland

Advanced Services in Community Pharmacies	
Advanced Service	**No. of Pharmacies**
Medicines Use Reviews	4
New Medicines Service (NMS)	4
Stoma customisation	0
Appliance Use Reviews	0
Seasonal Influenza (Flu Vaccination	5

Programme)	
Community Pharmacist consultation services (CPCS)	4
Total Pharmacies	5

Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

10.3. Quality in Essential and Advanced Services

Quality monitoring of essential and advanced services commissioned by NHS England and NHS Improvement is carried out by self-assessment. A questionnaire is completed by the pharmacy contractor before a visit and then the commissioner will complete the questionnaire upon completion of a monitoring visit. In addition, new pharmacies that have opened and existing pharmacies that have relocated are visited.

10.4. Community Based Services

Community based services are additional services that are commissioned by CCGs or by local authorities to meet the health needs of their populations. A number of these services are commissioned from pharmacies (**Table 11**).

The services that are currently commissioned by Rutland County Council are:

- Emergency Hormonal Contraception (EHC)
- Needle and syringe exchange for people with drug addictions; (via Turning Point)
- Supervised administration of methadone and other substitutes; (via Turning Point)
- Champix provision to help people who want to stop smoking; *this has been paused due to discontinuation of production of the treatment.*

The services that are currently commissioned by Leicester, Leicestershire and Rutland CCGs are:

- Extended care services Tier 1- Conjunctivitis and UTI treatment
- Extended care services Tier 2a - Impetigo, Eczema and insect bite treatment
- Palliative medicine supply
- Emergency supply service
- Covid-19 vaccinations-No data available

Table 11: Number of pharmacies providing these local authority commissioned community-based services in Rutland as of 31st March 2021

	EHC	Needle Exchange	Supervised Consumption
Rutland	4	1	3

Source: Source: Community Based Service Dataset, Leicestershire County Council and Turning Point Dataset.

These community-based services are voluntary agreements and pharmacies are not compelled to offer any or all of the services. Table shows the number of pharmacies offering each service in Rutland.

10.4.1. Emergency Hormonal Contraception

Following an episode of unprotected sexual intercourse the provision of emergency contraception can help to prevent unplanned pregnancy. Intrauterine devices provide the best method of emergency contraception as they give lasting protection. However, emergency hormonal contraception (EHC) is frequently a preferred method. A public health community-based service contract is currently in place with the aim of reducing unintended conceptions and improving sexual health for young people. Four of the five pharmacies in Rutland offer this service including one 100-hour pharmacy. In 2020/21, the overall consultation rate in Rutland Pharmacies was 6.8 consultations per 1,000 females aged 15-24 years. EHC is also provided by the specialist integrated sexual health service, GP practices in Rutland and by the School Nursing Service. A new EHC drug, Ulipristal, has been found to have a lower failure rate and is effective for up to five days after unprotected sexual intercourse.

10.4.2. Substance Misuse Services

There are currently two community-based services for substance misuse, the Needle Exchange Service and the Supervised Methadone Consumption Service. The Public Health Team at Rutland County Council commissions these services through Turning Point, a national charity that supports and treats people with alcohol and substance misuse problems. Turning Point has been commissioned to manage the whole system for people in Rutland with respect to substance misuse, and the pharmacy is a key part of the pathway for community-based services. Turning Point have put in place agreements with pharmacies to deliver needle exchange and supervised methadone consumption to support treatment and harm reduction in the community.

The overall aim of the **Needle Exchange Service** is to reduce the rates of equipment sharing amongst injecting drug users thereby preventing the risks of infection and drug related harm (individual and community). Pharmacies provide access to sterile equipment including needles and syringes and sharps containers for return of used equipment. Where agreed locally, associated materials for example condoms, citric acid and swabs, will be provided to promote safe injecting practice and reduce transmission of infections by substance misusers. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. One pharmacy in Rutland provides this service. This is based in Oakham.

Supervised Methadone Consumption - this service requires the pharmacist to supervise the consumption of methadone or other prescribed drugs at the point of dispensing in the pharmacy ensuring that the dose has been administered to the patient. Pharmacies offer a user-friendly, non-judgmental, client- centred and confidential service. The pharmacy will provide support and advise the patient including referral to primary care or specialist centres where appropriate. Three pharmacies provide this service in Rutland; two in Oakham, one of which is the 100-hour pharmacy, and one in Uppingham.

10.4.3. Extended Care Services

Of the 5 pharmacies in Rutland in 2020/21 two offered tier 1 extended care services (Conjunctivitis and UTI treatment) both these pharmacies were located in Oakham one of which is a 100-hour pharmacy. One pharmacy offered Tier 2a extended care services (Eczema, Impetigo and Insect bite treatment) this is the 100-hour pharmacy in Oakham.

10.4.4. Palliative Medicine Supply

The palliative medicine supply service requires pharmacies to keep a supply of an agreed list of palliative care drugs to ensure that when prescribed by healthcare providers the drugs can be supplied quickly to palliative patients to ensure their comfort and maintain a good level of care. No Pharmacies in Rutland supplied Palliative medicine in 2020/21.

10.4.5. Emergency Supply Service

The Emergency supply service allows pharmacists to prescribe prescription only medicines to a patient previously prescribed the requested drug without a prescription. This means a patient can in emergency situations receive a drug without visiting a doctor and is intended to lessen demand for emergency medical care for repeat prescriptions. In 2020/21 three of the five pharmacies in Rutland provided the Emergency supply service. Including the 100-hour pharmacy in Oakham.

10.4.6. COVID Vaccinations

The East Leicestershire and Rutland CCG also commissioned COVID vaccinations through community Pharmacies, unfortunately no data on this service is available.

10.5. Stakeholder Views

A consultation exercise has been undertaken to ask users of pharmacy services and providers of pharmacy services to share their views on the services. The questionnaires and findings will be available in the following appendices:

Appendix B – Professionals Pharmacy Questionnaire

Appendix C – Professionals Pharmacy Questionnaire Summary Report

Appendix D - Public Pharmacy Questionnaire

Appendix E - Public Pharmacy Questionnaire Summary Report

10.5.1. LLR Pharmacy Professionals - Initial Questionnaire

74 responses were received as at 9/05/22 from the LLR Pharmacy professionals survey.

The majority of pharmacies receive between 1,000 and 25,000 **enquiries** per year. The average number of **consultations** per week range from 2 to 150 (average 23). 100% have a closed consultation area on the premises and 92% have wheelchair access. Over half have **dementia-friendly** space and **large print** material and a range of other adaptations were made to help people access services.

84% use **locum** pharmacists and 69% use **relief** pharmacists, with recruitment difficulties experienced (58%) particularly in community pharmacist, dispenser and medicines counter assistant roles. Though 69% feel able to maintain the current level of services with 18% disagreeing.

42% of respondents intend to provide the appliance use review service, with 55% for the hypertension case finding service. Most would be willing to provide NHS and local authority commissioned services with training and/or facilities.

The majority do not provide **stop smoking service** as an LA commissioned service but would be willing to with training and/or facilities. 7 out of 20 **non commissioned** services are provided by over half of all respondents, with most indicating that they would provide others with support. Over half of respondents do not provide **non-NHS funded** services but most are willing to with training and/or facilities.

58% plan to expand the business with 29% planning to expand online services

80% of respondents indicate that the **amount of pharmacies** and the **location** within a 3-mile radius are 'excellent' or 'good' and 15% adequate. Ratings for the **range of services** provided within a 3-mile radius are slightly lower, with 71% rating 'excellent' or 'good' and 19% 'adequate'.

10.5.2. PNA Public Survey Responses to Initial Questionnaire

336 responses were received as at 25/04/22 with around a third from Leicester and the other two thirds from Leicestershire and Rutland.

In relation to the Rutland responses some of the themes that emerged include that over half (56%) use a **GP practice dispensary** for prescriptions. 57% use a **car** to attend a pharmacy with 80% having **less than 15 minutes** travel time. 69% used a pharmacy at least once a month with 13% using it a few times a month.

87% collected medicines from the pharmacy whilst 13% received delivery by the pharmacy. Most used pharmacies between 9am and 6pm on weekdays. 80% felt opening hours met their needs with 8% disagreeing. 95% felt it easy to find a pharmacy open in the day whilst 49% found it easy in the evening whilst 32% found it difficult. 57% found it easy at weekends whilst 23% found it difficult.

76% were very or fairly satisfied with **advice from pharmacies** with just 3% fairly dissatisfied and 71% very or fairly satisfied with **advice from GP dispensaries** with 9% fairly dissatisfied**. Availability** of medicines, **quality of service** and **location** were the most important aspects of pharmacy services. Private areas to speak to a pharmacist were also considered important by 82%. Respondents commented on the value of getting vaccinations at pharmacies, advice and also the importance of GP dispensing practices.

Most (95%) agreed that their pharmacy provides a **good service** and provides **clear advice.** Responses highlighted some concerns about speaking to a pharmacist **without being overheard.**
Services with **lowest levels of awareness** included advice on physical exercise (5%) and healthy eating advice (8%). 85% of those with **caring responsibilities** indicated that their pharmacy 'always' meets their needs.

The majority indicated that they were not likely to use **postal (70%) or online (home delivery) services (52%)** within the next 3 years.

11. Digital Developments

The Electronic Prescription Service (EPS) enables new and repeat prescriptions to be sent electronically from the GP to the patient's nominated pharmacy.

Pharmacies are now able to access an electronic Summary Care Record (SCR) for patients. The NHS SCR is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record with the patient's consent. SCR was rolled out to pharmacies from March 2016 and will help support safer patient care and treatment.

A web-based system called PharmOutcomes[21] collates information on pharmacy services. Local and national analysis and reporting of PharmOutcomes helps improve the evidence base for more effective community pharmacy services.

11.1.1. Access and Broadband Availability

An average download speed of 10Mbps is required to carry out basic online tasks, such as email, browsing the internet and online shopping, while 'superfast' speeds of 30Mbps are recommended. Data from ThinkBroadband shows that in April 2022, 96.2% of Rutland premises had access to superfast broadband. The Digital Rutland Strategy 2019-2022 sets out plans for superfast broadband to be available to over 97% of Rutland premises on completion of Phase 3 of the Digital Rutland Superfast broadband roll out. Though it is acknowledged that not all people will have the skills and knowledge necessary to carry out tasks such as ordering prescriptions online. As well as some people not being able to afford or willing to purchase digital technology.

12. Projected Future Needs

12.1. Population Projections

The population of Rutland is growing and by 2043 the total population is predicted to reach c46,500 people, a total population growth of 17.2%.[22] However, the population is not growing uniformly across the different age bands. In the next 25 years, the population is predicted to grow as follows (**Table12**):[22]

- A 3.4% increase in children and young people aged 0-24 years (10,427 people to 10,780)
- An increase in the working age population aged 25-64 of 6.1% (from 19,392 people to 20,575)
- A 43.7% increase in people aged 65-84 (from 8,579 people to 12,324)
- A 118.9% increase in the oldest population group of people aged 85 years and over (from 1,299 people to 2,843).

Table 12: Rutland population projections (in 1,000s) - 2018 to 2043[22]

	2018	2019	2024	2029	2034	2039	2043
0-24	10.4	10.3	10.5	10.8	10.8	10.7	10.8
25-64	19.4	19.7	20.3	20.3	20.1	20.2	20.6
65-84	8.6	8.8	9.5	10.5	11.3	12.1	12.3
85+	1.3	1.3	1.6	1.9	2.5	2.7	2.8
All ages	39.7	40.0	41.9	43.5	44.6	45.7	46.5

Source: 2018-based Subnational Population Projections, Office for National Statistics

By 2043, the population of Rutland is projected to grow to c46,500 people. With six pharmacies and three dispensing GP surgeries, the availability of dispensing providers is considered sufficient to meet the needs of the local population, with rural access issues supported by the GP dispensing surgeries. One avenue to explore is the provision of distance selling pharmacies to potentially increase local pharmacy capacity, for example in performing MURs, to ensure that the needs of local people are being met. The PNA should be reviewed in 2025 to ensure that the needs of the population continue to be met.

Population projections, calculated bi-annually by the Office for National Statistics (ONS), indicate potential population size of English local and health authorities. They are based on observed past trends and several assumptions of future migration patterns, mortality, and birth rates. As a result, they are increasingly uncertain as they go forward into the future[1], and should be treated with some caution. Also, the most recently published projections are still based on 2018 population estimates and may change when revised using the Census 2021 data.

12.2. Future Housing

New housing developments will provide housing for the increase in the population projected by the Office for National Statistics but may also see additional population moving into the area through migration. Population growth linked to plans for housing development are not included in the population projections, but the impact on services will be considered as part of the Health Impact Assessment that is carried out for new developments. The upcoming census release will also be used to update forecasts around current and forecast housing provision and population growth.

12.3. Long Term Conditions

The unprecedented increase in the older population will lead to increases in the number of people living with long-term conditions. The Projecting Older People Population Information System (POPPI) provides estimates and projections of the number of people that are likely to be affected by long-term

[1] Office for National Statistics 2020. QMI Report for Subnational Population Projections.

conditions both now and in the future in Rutland.[23] **Table 13** shows the number of people in Rutland predicted to be living with various long-term conditions.

Table 11: Projections of older people, age 65 years and over, with long-term conditions, 2020-2035 from POPPI

	2020	2025	2030	2035
Older adults with a limiting long-term illness	2,554	2,932	3,271	3,569
Older adults who are obese or morbidly obese	3,113	3,451	3,817	4,212
Older adults predicted to have Type 1 or Type 2 diabetes	1,296	1,427	1,572	1,744
Older adults predicted to have depression	885	988	1,087	1,192
Older adults predicted to have dementia	768	864	955	1,129
Older adults predicted to have any cardiovascular disease	3,299	3,749	4,140	4,551
Older adults predicted to have a longstanding health condition caused by bronchitis and emphysema	175	196	218	239

Source: Projecting Older Peoples Populations Information, (POPPI), 2022 Statistics

13. Response to the 60 Day Statutory Consultation

There is a statutory requirement for each Health and Wellbeing Board to consult a number of bodies about the contents of the Pharmaceutical Needs Assessment for a minimum of 60 days. The consultation period **will take place between June 2022 and July 2022**. The questionnaire used to collect responses and the consultation responses will be available in Appendix.

An **additional survey** also took place with local pharmaceutical professionals between **March and June 2022** to gather evidence to support the PNA. The questionnaire and consultation responses from the professional survey are available in **Appendices G and H**. A public questionnaire gathered responses between March and April 2022 and results can be found in **Appendices I and J**.

In addition, detailed comments were made by members of the Reference Group and in written submission from the Local Pharmaceutical Committee and NHS England and NHS Improvement on the draft PNA 2022. The intelligence leads for the PNA also attended meetings with the CCGs to provide updates on the 2022 PNA process.

14. Gap Analysis

14.1. Essential Services

Rutland benefits from two different types of provider for essential services, community-based pharmacies and dispensing GPs. Combining community pharmacies and dispensing GPs, residents of Rutland have a similar level of access (providers per 10,000 population) when compared to the England average – 2.0 per 10,000 compared with 2.2 nationally.

45% of residents live within a 15-minute walk-time of a pharmacy or dispensing GP surgery. Access to essential services by car is also reasonable, for such a rural area. Less than 20% of the population live more than a 10-minute drive away from their nearest pharmacy or dispensing GP practice location. However, 49% of those living in the most deprived areas are more than a 15-minute drive, walk or public transport journey from a pharmacy or dispensing GP practice. The importance of community, voluntary and demand responsive transport for certain groups and individuals to access services is noted.

Pharmacies across Rutland are open at varying times, providing a service somewhere in the county at almost all times: between 7am and 10pm Monday to Thursday and between 7am and 11pm Friday to Saturday, and supported by the 100-hour pharmacy in Oakham. The 100-hour pharmacy is open on Sundays. There is therefore reasonable coverage of pharmacy across Rutland. Patients that need to access emergency pharmacy services outside of opening times are able to access an emergency pharmacy service through the out of hours service.

Subject to the points above regarding the importance of continued community, voluntary and public transport provision, no gaps have been identified in the provision of essential services during normal working hours or outside of normal working areas across the whole Health and Wellbeing Board area. Furthermore, no gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole Health and Wellbeing Board area.

14.2. Advanced Services

Table 10 shows the number of community pharmacies offering each service. Of the five pharmacies in Rutland, all provide seasonal influenza vaccination service. Four out of the five are offered the Medicine Use Reviews, New Medicines Service and the Community Pharmacist consultation service. No pharmacies are offering Stoma Customisation, Appliance Use Reviews or Hepatitis C testing service.

Stoma Appliance Customisation and Appliance Use Reviews are provided using pharmacies but are not available at any pharmacies in Rutland. Pharmacies that do not provide this service are able to signpost patients to the appliance contractors who provide this service. Hepatitis C testing is also not available in Rutland, but this service is nationally not widely available.

No gaps have been identified in the provision of advanced services across the whole Health and Wellbeing Board area. No gaps have been identified in the provision of advanced services at present or in the future that would secure improvements or better access to advanced services across the whole HWB area.

14.3. Community Based Services (CBS)

In relation to Rutland 4 pharmacies offered emergency hormonal contraception, 1 needle exchange and 3 supervised methadone/substitutes. The CCG commissions extended care services, palliative medicine supply, emergency supply service and covid-19 vaccinations. LPT commissions under-18 flu and covid vaccinations. These community-based services are voluntary agreements.

Across Rutland a good range of community-based services are offered by pharmacies. The CBS schemes provide the CCGs and Local Authorities with an opportunity to increase the role of pharmacies in delivering the primary care and the public health agendas. Pharmacies are highly valued by the people that use them, and pharmacies have considerable day-to-day accessibility to clients making them an ideal setting for supporting patients and clients to either make informed lifestyle choices or to manage their own health conditions effectively.

Based on current information, no gaps have been identified in the provision of enhanced services across the whole Health and Wellbeing Board area. No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole Health and Wellbeing Board area.

15. Recommendations

15.1. Equity of service

NHS England and NHS Improvement (and where relevant Rutland County Council and the CCG/ICS) should:

- Keep locations, opening times, service usage and transport under review to ensure access to pharmacies for essential services is equitable for all Rutland residents.

- Pharmacy service provision should be kept under review, in particular where provision has cross-county border use, to ensure that issues of quality and uniformity of access to advanced and community-based services are regularly considered.

- The availability of public, community and voluntary transport provision to pharmacy and GP dispensing locations should also be kept under review.

- Keep under review recruitment difficulties for some pharmacies, use of private consultation rooms and timely access to some medicines.

15.2. Promote optimal use of pharmacy services in promoting health and healthcare management

NHS England and NHS Improvement (and where relevant Rutland County Council and the CCG/ICS) should:

- Ensure the promotion of the healthy lifestyles (Public Health) element of essential services. While NHS England and NHS Improvement retains responsibility for this area of the pharmacy contract, local campaigns should be jointly defined by NHS England and NHS Improvement, Local Authority Public Health and the Clinical Commissioning Group.
- Consider the opportunity to include and develop the role of pharmacies in commissioning strategies, particularly in relation to providing services which deflect work out of primary care

general practice.

- Assess levels of uptake of advanced and community-based services and follow-up low or high performers in order to share best practice.

16. Conclusions

The Pharmaceutical Needs Assessment looks at pharmacy cover across Rutland in relation to the health needs of the people who live there. It includes existing services, where they are located, the breadth of facilities they are providing, and the views of people both using them and providing them.

Overall, the PNA shows that the community-based pharmacies are meeting the current needs of the Rutland population for Essential and Advanced services. However, the consistency and quality of the Advanced Services should be continually reviewed, and the uptake increased wherever possible. It also shows the provision of Community Based Services across Rutland to be reasonable but indicates that more should be done to increase the promotion and uptake of these services as well as to ensure its consistency across the County.

The PNA also highlights the importance of public, community and voluntary transport to accessing pharmacy provision in Rutland for those without a car and that this should be supported and kept under review. It also highlights that the move to more digital/online provision will take some further time and there is a risk of digital exclusion for those without technology and skills to use it. Facilities for customers to have a confidential conversation in a pharmacy has also been flagged in the survey and consideration should be given to greater use of confidential meeting spaces.

Pharmacies have successfully extended their offer over recent years and surveys indicate a general willingness to offer more services, if funded and supported to do so. However, feedback has also pointed to pressures and the busyness of some pharmacy staff and some recruitment difficulties, which could provide a potential risk to further expansion of services. Timely access to some medicine supplies was also raised through survey responses.

Community pharmacy staff are the easiest healthcare workers for members of the public to access, and they are highly valued by their customers. Their role during the recent Covid-19 pandemic was particularly well regarded. Pharmacies have an essential role in promoting healthy lifestyles and supporting health and social care in the future, particularly with issues such as patient self-care in the community, which can cut down the number of unnecessary admissions to hospital.

The landscape of health care in LLR is changing through local and national policy development and the impact on pharmacies should continue to be monitored.

GLOSSARY OF TERMS

AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation Service
DHU	Derbyshire Health United
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GP	General Practitioner
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NIAVS	National Influenza Adult Vaccination Service
NMS	New Medicines Service
OHID	Office for Health improvement and Disparities
ONS	Office of National Statistics
OOH	Out of Hours
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
QOF	Quality Outcomes Framework
SCR	Summary Care Record
SCS	Smoking Cessation Service
UTI	Urinary Tract Infection

If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા વ્યવસ્થા કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

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Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

LLR ICB Vision and Plan for Local Healthcare in Rutland

Rutland Health and Wellbeing Board 12th July 2022

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Agenda Item 15a

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

1. Primary Care Transformation

2. Community Health and Social Care Integration

3. Planned Care in the Community

4. Mental Health (See Rutland H&WB Plan for detail)

5. Access to Pathways

6. Maternity and Children's (See Rutland H&WB Plan for detail)

7. Enablers to Fit for the Future Local Healthcare

Primary Care Delivery (2022-2023)

- ❑Proactive identification of Frail / Housebound patients
- ❑Increase advance End of Life Care Planning
- ❑Proactive Care at Home frameworks for managing Cardiovascular Disease Long Term Conditions
- ❑Develop training for new ways of working for Occupational Therapy, Community Pharmacist, Paramedic connected to Network, muscular-skeletal first contact staff and health coach
- ❑PCN expansion through Additional staff roles
- ❑Increase Blood Pressure monitors available for Hypertensive patients to self
- ❑Increase uptake of community eye scheme provided by local optometrists

Primary Care Estates (2022-2024)

- ❑Develop sustainable estate solutions to support the growth in population
- ❑Develop the Primary Care Network estate strategy to identify options for space utilisation and maximise estate
- ❑Seek approval of business case to convert waiting room space at Oakham practice to add 3 additional clinical treatment rooms to be operational September 2022
- ❑Plan digitisation of paper records by exploring digital record storage for practices using SystmOne to optimise space for PCN activity

Our Aim:
1. Transform local Primary Care

- **Pro Active Health Inequalities Focus**
- **Technology and data Enabled**
- **New roles and ways of working**
- **More operational space to deliver care**

Home First Approach (2022-2023)

- ❑Pilot of Falls Crisis Response Service
- ❑Implement Ageing Well Urgent Crisis Response 7-day therapy
- ❑ Raise local awareness to Integrated Community Specialist Services
- ❑Expand virtual ward model

Integrated Neighbourhood Working (2022-2023)

- ❑Embed anticipatory care to jointly manage frail, complex and high-risk patients
- ❑Develop an Integrated neighbourhood leadership team
- ❑ Increase Frailty identification and assessment with RISE team by 25%
- ❑All vulnerable patients have quality care plans

Care in the Community (2022-2023)

- ❑Review and develop bed based rehabilitation models
- ❑Pilot Tele-Health Technology in local Care Homes
- ❑Work to support a sustainable increase in referrals to the Community Pharmacy Consultation Service
- ❑Increase the local Voluntary and Community Sector offer in Rutland
- ❑Apply for Compassionate Communities standard accreditation Status

Our Aim:
2. Integrate Community Health and Social Care

- Technology and data enabled
- Voluntary and Community Sector
- Enhanced Care in Care Homes
- Integrated Neighbourhood Leadership
- Anticipatory Care
- High Risk Focus

Expand Diagnostics (2022-2023)

- ❑We are working with the GP practices to develop Diagnostics for Cardiac and Respiratory investigations
- ❑Develop a case for moving appropriate high demand activity into the most clinically appropriate place for the patient.
- ❑Imaging Services review of plain film and ultrasound provision re opening times at RMH
- ❑Work with Independent providers of ultrasound and echocardiogram (ECHO) to increase local provision
- ❑Explore opportunity for local Doppler Scan provision to enable patient review of Vascular flow and leg ulcer issues
- ❑Explore the need for mobile Dual Energy X-Ray Absorptiometry (DEXA) Scanner in Rutland
- ❑Exploring the possibility of local provision of Magnetic resonance imaging (MRI)

Expand Outpatients (2022-2024)

- ❑Establish local Pre-Assessment and Rehabilitation service to support elective outpatients for Cardiac, Respiratory and Cancer Surgery currently on the waiting list
- ❑Review specialties including Dermatology and Respiratory and the provision of virtual appointments, introduction of artificial intelligence and Patient initiated follow-ups at Rutland Memorial Hospital
- ❑Work with High Street Optometrists to consider local Glaucoma Outpatient follow up provision in Rutland
- ❑Review the AMD injection delivery at Rutland Memorial Hospital to support age related Macular Degeneration
- ❑Look at local working agreement opportunities that allow local High Street Optometrists to deliver Ear Syringing provision
- ❑We will review clinic activity across key Specialities starting with Renal Medicine and Cardiology (Chronic Cardiovascular Condition related to assess viability for more locally

Aim:
3. Planned Care closer to the local community

- Technology and data enabled
- Care closer to home
- Mobile provision
- Wider delivery partners
- Enhanced diagnostics
- Better utilisation of RMH

Primary Care Pathways (2022-2024)

- ❑New Enhanced Access service resulting in more appointments available a minimum of two weeks in advance
- ❑Consider a local Enhanced Access service encompassing same day access for Primary Care, Urgent Care, including (Minor Injuries), and Frailty Care
- ❑Source funding to enable recruitment of dedicated local Digital Inclusion and Communications resources to support access of digital tools like Patient Online System/NHS App services/remote consultations/ practice websites
- ❑Review GP registrations in the context of unique or under-served groups to increase registration for Health Services e.g., Armed Forces Families and Traveller Community

Urgent Care Pathways (2022-2023)

- ❑Develop an enhanced access model that supports access to same day appointments
- ❑Review Minor Injury Service provision and Urgent Treatment Centre provision to support reduced need for ED access
- ❑Identify the highest utilised ED's out of county including reasons and reviewing those pathways
- ❑Increase the utilisation of the Community Pharmacy Referral Scheme
- ❑Expand the number of Clinical Pharmacists working locally who can treat Minor Illness

End of Life Pathways (2022-2024)

- ❑Strengthen the community palliative and end of life care offer
- ❑Support more people to die in their place of choice through RESPECT planning
- ❑Improve access to end-of-life care provision through developing 24/7 advice line for patients, carers, and professionals
- ❑Enhancing the end-of-life discharge pathway through testing an integrated EOL social care bridging and co-ordination offer
- ❑Quality and co-production review of patient and carer experiences at end of life. Support training and support
- ❑Refresh the LLR all age end of life strategy

Our Aim:
5. Improve access to local pathways

- Technology and data enabled
- Enhance and strengthen models of access
- Multi agency Care Planning
- Same day provision
- Increase utilisation of Pathways
- Minor illness provision

Strategic Estates Solutions (2022 – 2024)

- ❑Undertake strategic site feasibility review of local Health Estates including Rutland Memorial Hospital to quantify potentially available free Space and compare with criteria to deliver future healthcare services
- ❑Work with Rutland County Council to facilitate development of a set of options for a Health Campus /Medi-tech trials facility in support of a levelling up funding opportunity
- ❑Identify venues for colocation of services e.g., MH Staff, consideration for community nursing staff to be based in Rutland that are currently based in Melton

Digital Innovation (2022-2024)

- ❑The Rutland discharge team will pilot the LLR Electronic Care Record to enable key information relating to an individual's care to be shared between all health care settings and Rutland County Council staff
- ❑Develop SystmOne Community Module in support of new ways of Integrated working
- ❑Implement remote monitoring and patient questionnaires for appropriate Cardiovascular conditions using text facilities or an app
- ❑Support the Implementation of Cloud Telephony across GP practices
- ❑Review PRISM, which is the LLR Local pathway referral system to look at replacement solutions that will include offering better support for Out of Area Referrals

Cross Border Working (2022-2023)

- ❑Work with neighbouring Integrated Care Systems (ICSs) to share information consistently across local infrastructure plans to maximise potential for CIL/S106 contributions
- ❑Undertake an Out of Area contract review of LLR CCG commissioned services to inform future plans
- ❑Work with out of county providers and commissioners to discuss neighbouring area plans for Minor Injury Services, Community Diagnostics, Primary Care New Models, Hospital Outpatient Transformation
- ❑Embed Early Intervention Service referrals for Children between health and care to appropriate in and out of area local authorities

Our Aim:
7. Develop a fit for the future local healthcare offer

- Long term infrastructure planning
- Improve partnership working in and out of area
- Technology and data enabled teams and patients
- Model and understand population health impacts

What will this mean for Rutland Memorial Hospital (RMH)?

Service Provision at Rutland Memorial Hospital (RMH)

2015

OUTPATIENTS	DIAGNOSTICS	SERVICES
Musculoskeletal	Adult Audiology	Podiatry
Heart Failure	Children's Audiology	Dieticians
Memory Clinic	Obstetric Ultrasound	Falls Prevention
Continence Clinic	X-Ray	Occupational Health
Diabetic Clinic	Echocardiogram	Community Mental Health Services
Leg Ulcer Clinic	Phlebotomy	Adult Psychological Therapy (IAPT)
Cardiology		Cognitive Behavioural Services
Dermatology	A range of Cardiorespiratory diagnostics delivered in GP practices to include: • ECGs • Spirometry • 24 Tapes and Blood pressure • FENO testing	Adult Speech and Language Therapy
Integrated Medicine		Children's Speech and Language Therapy
Ear, Nose and Throat (ENT)		Health Visitors
General Surgery		Infant Feeding Services
Geriatric Medicine		Sexual Health/Family Planning
Gynaecology		
Ophthalmology and Orthoptist	**INPATIENTS**	Urgent Care and Extended Access
Plastic Surgery	16 Bedded Adult Ward providing:	Minor Injuries Unit
Rheumatology	• Sub-acute care	
Respiratory Medicine	• Complex Rehabilitation	
Urology	• End of Life of Care	
Podiatric Surgery		

Our Vision and Plan for Local Healthcare at Rutland Memorial Hospital (RMH)

1. Inpatient Bed Utilisation
2. Expand Diagnostics
3. Expand Outpatients
4. Access to Pathways
5. Strategic Enablers

1. Inpatient Bed Utilisation (2022-2023)

- ❑ Work with LPT to ensure that inpatient beds are used in the most effective way and reflect the needs of the local population.

2. Expand Diagnostics Services (2022-2023)

- ❑ Review plain film and ultrasound imaging opening times
- ❑ Work with Independent Sector providers of ultrasound and echocardiogram (ECHO) to increase local provision
- ❑ Explore opportunity for local Doppler Scan provision for patient review of their Vascular flow and leg ulcer issues

3. Expand Outpatients Services (2022-2024)

- ❑ Locally delivered offer for Pre-Assessment and Rehabilitation service to support elective outpatients for Cardiac, Respiratory and Cancer Surgery currently on the waiting list
- ❑ Review outpatient specialties including Dermatology and Respiratory
- ❑ Review the offer for AMD injection delivery to support age related Macular Degeneration
- ❑ Review clinic activity across key Specialities starting with Renal Medicine and Cardiology (Chronic Cardiovascular Condition related to assess viability for more locally)

4. Access to Pathways (2022-2023)

- ❑ Develop Local Enhanced Access service encompassing same day access for Primary Care, Urgent Care, including (Minor Injuries), and Frailty Care
- ❑ Minor Injury Service provision and Urgent Treatment Centre provision to ensure it meets the needs of the local population and reduces the need for presentation at ED
- ❑ Strengthen the local community palliative and end of life care offer

5. Strategic Enablers (2022-2023)

- ❑ Undertake a Site feasibility review to quantify free Space and compare with criteria to deliver future services
- ❑ Develop options for a Health Campus /Medi-tech trials facility
- ❑ Work with out of county providers and commissioners to inform future healthcare service decisions

Our Aim:
The Right Care Closer to Rutland Residents

- Urgent Care
- Minor Injuries
- Outpatient Clinics
- Adult Inpatient Ward
- Community Health Services
- Enhanced Diagnostic Capability

UHL Reconfiguration / LPT Estates Strategy / NHS Operational Planning / Technology Enablement / Rutland Local Housing Growth

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Report No: 127/2022
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

12 July 2022

LEVELLING UP FUND (LUF) GRANT APPLICATION APPROVAL

Report of the Leader of the Council

Strategic Aim:	Delivering Sustainable Development	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor L Stephenson, Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships and Economy	
Contact Officer(s):	Penny Sharp Strategic Director for Places	psharp@rutland.gov.uk
	Angie Culleton Interim Head of Safe and Active Public Realm	aculleton@rutland.gov.uk
	Mike Slater Interim Head of Sustainable Economy and Place	mslater@rutland.gov.uk
Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Board:

1) Notes the submission of a joint application by Rutland County Council and Melton Borough Council for Round 2 of Levelling Up Funding, in line with the Councils Constitution Financial Procedure Rules.

2) Notes that the joint application was submitted on the basis that a detailed discussion regarding funding including any ongoing financial implications would be required should the Council be successful in securing the bid. Any discussions would result in a Full Council decision to accept or reject funding offered.

1 PURPOSE OF THE REPORT

1.1 The report sets out the rationale for the bid and the benefits to the residents of Rutland in terms of rural connectivity, enhanced cultural offer, town centre regeneration and the economic opportunities presented by the Levelling Up proposition.

1.2 Feedback from the Department for Transport on our recent unsuccessful Bus Service Improvement Plan (BSIP) and Enhanced Partnership bid encouraged applications for funding to support the BSIP from other funding streams and named round two of the Levelling Up Fund as an alternative which can support investment in aspects of BSIP.

1.3 The bid will create a new transport interchange called a Mobi-Hub and improve the public transport offer as outlined in the BSIP including the establishment of a system of demand responsive transport across Rutland and Melton; a medi-tech centre in Oakham and the development of a digitised heritage interpretation of the Rutland Roman Villa and Ichthyosaur.

1.4 The report details the joint bid application for Levelling Up Funding to support regeneration of the town centre economy, deliver improved transport connectivity and an enhanced cultural offer.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The second round of the Levelling Up Fund will focus on the same three investment themes as the first round:

2.1.1 **Local transport projects that make a genuine difference to local areas:** Proposals for high impact travel schemes to reduce carbon emissions, improve air quality, cut congestion, support economic growth, and improve the safety, security, and overall experience of transport users.

2.1.2 **Town centre and high street regeneration:** Proposals are expected to upgrade eyesore buildings and dated infrastructure; acquire and regenerate brownfield sites; invest in secure community infrastructure and crime reduction; and bring public services and safe, accessible community spaces into town and city centres.

2.1.3 **Support for maintaining and expanding the UK's world-leading portfolio of cultural and heritage assets:** Funds will look to support cultural investment maintaining, regenerating, or creatively repurposing existing cultural, creative, heritage and sporting assets, or creating new assets that serve those purposes including theatres, museums, galleries, production facilities, libraries, visitor attractions (and associated green spaces), sports and athletics facilities, heritage buildings and sites, and assets that support the visitor economy.

2.2 The joint proposition with Melton BC will include town centre regeneration of the two town centres of Oakham and Melton and the third component will be for a high impact travel scheme, through the provision of a new mobi-hub and improvements to the rural public transport network, connecting the four main market towns of the area. This will support economic growth and encourage modal shift, reducing pressure on car parking in Oakham Town Centre and Rutland memorial hospital.

2.3 The deadline for submission of second round Levelling Up Funding bids was 6 July 2022 and must be signed off by the MPs for the areas they cover. Local authority areas are grouped according to a detailed need ranking.

2.4 Whilst a joint bid covering Rutland and Melton could seek capital resources to deliver focused regeneration activities up to a total of £40 million, given that Rutland County is in the tier two ranking (second priority) circa £12m-£15m would be a more realistic level for Rutland. This is based on stretching a modest bid (in the order of

50% of the maximum funding) flexed upwards to take account of feedback on the recent BSIP (Bus Service Improvement Partnership) that Levelling Up would be a good source of alternative funding for the proposals submitted therein. Alicia Kearns is the Conservative MP for both Rutland and Melton.

2.5 **The Rutland Proposal**

2.5.1 Rutland is not a priority one area and it is externally perceived to be wealthy which makes it difficult to achieve funding through a competitive process, where part of the focus is on deprivation. A detailed evidence base (Appendix A) has been collated however and has surfaced a number of key features (many in common with Melton – co-bidding authority) which enable the development of a distinctive narrative:

- Health inequalities linked to a high proportion of vulnerable older people
- Challenging health and economic outcomes for women, with wages significantly lower than the national and regional average and a lower rate of healthy life expectancy than the national average
- Declining business competitiveness in terms of the area's ranking on the national index
- Nationally significant numbers of veterans a proportion of whom face mental health and physical health problems
- Key factors from all four issues above combine to put Rutland in the lowest 10% of all local authorities in the most recent social mobility index
- These challenges are all overlain by a low level of access to services driven by the rural nature of the area

2.6 The bid seeks to address these challenges through concentrating on health as an economic sector and transport as a key enabling tool. It seeks to leaven these impacts further by introducing an investment package linked to recognising the additional focus and opportunity offered by Rutland's cultural and heritage assets in round 2 of Levelling Up.

2.7 **Three areas of Investment**

2.8 **Transport** – implementation of the BSIP proposals (c£3 million) and a new transport hub based on an innovative concept, which links economic activity to a traditional bus depot function called a mobi-hub (c£2.5 million) will form one theme of the bid. Three options for the location of the mobi-hub are currently in train: the current bus depot site, the C&M Tractors site on Station Approach and part of the current site at Rutland Memorial Hospital. This project will enhance access to the Town Centre for all categories of people, making it more viable through enhanced footfall and as a consequence of the compact nature of the town centre creating mutually supporting links with the Health Innovation Centre and the Museum.

2.8.1 The Mobi-hub and demand responsive transport elements of the proposal provide the opportunity to connect the market towns of Oakham, Uppingham and Melton Mowbray, with further links to Stamford. This will build the critical mass of the area as a functioning economic geography, harnessing the collective "economic heft" of 150,000 people. This will enable the area, through enhanced public transport to

have a more flexible workforce and open up access to its town centres, thus increasing footfall and developing the local economy.

2.8.2 The recently approved BSIP for Rutland makes proposals for improvement which are not currently funded. The Levelling Up Fund bid offers the potential to fund key elements of the BSIP, particularly to encourage usage of public transport through an improvement bus service offer and two pilot decarbonisation schemes, to pilot electric town centre 'hopper' services and to pilot electric community transport. The full BSIP is detailed in Appendix B and the bid application will include as much as possible that is appropriate to be addressed through Levelling Up funding.

2.9 **Health Innovation Centre** – creation of a DigiTech/MediTech and clinical innovation centre operating as a managed workspace facility (c£6 million). Development options of the DigiTech Centre are being scoped at the Kings Centre and at Rutland Memorial Hospital, (RMH). This Health Innovation Centre will involve the creation of c10,000 square footage of lab and office space. It will create scope for field trials by a wide range of medi-tech businesses and could host up to 10 new medi-tech themed businesses. It will drive additional footfall into the town centre, particularly if it is located at the RMH. Based on very detailed assessment of current innovation opportunities and informed by the Mablethorpe Centre for Future Living (an £8.3 million Town Fund investment in medi-tech, which has been rigorously tested through formal Town Fund appraisal), this development will deliver major economic development and generate a long-term surplus for the operation and the owner of the asset. It is proposed that the Council will own the building and let a contract for the operation of the facility to a third party with a track record in DigiTech.

2.9.1 The creation of a health innovation and medi-tech centre in Oakham will give opportunities for people to have improved treatment through the availability of cutting edge internationally significant technology and pharmaceutical products. It will bring a distribution of new high skill, high wage jobs linked to the health and digital sectors, building the ability of the GP practice and current hospital facilities in Oakham to attract more staff. The development will also provide partnering opportunities to engage local Higher Education providers through the centre in the provision of learning placements and research in Oakham and more widely across Rutland.

2.10 **Digital interpretation of Rutland's heritage assets;** The final element of the bid opens up the opportunity to maximise the economic potential of the internationally significant heritage assets of Rutland. The bid will offer the opportunity to create a mobile facility to digitise and display the Rutland Ichthyosaur and key aspects of the recently discovered Rutland Roman villa. (c£3million), hosted at the museum. Both these recent finds are internationally significant. They provide the potential to significant increase the footfall not just to the museum but to Oakham as a whole. They will benefit from the location which is already a southern gateway in the town for access to Rutland Water. This aspect of the project will also potentially enhance the hospitality sector in terms of local jobs associated with enhanced heritage interest in the area.

2.11 The location of the investments in Oakham town centre (with links to Uppingham via the mobi-hub and demand responsive transport component of the bid) fits all three components of the bidding themes. It responds to 1) the Town and High Street Regeneration theme of the Levelling Up opportunity in relation to the new Medi-tech Centre by bringing public services and safe accessible community space into town

and city centre 2) in relation to the mobi-hub and demand responsive transport element by addressing the local transport theme and 3) through the heritage component to the heritage theme.

2.12 Architects and Quantity Surveyance Services to provide plans and costings for the Health Innovation Centre and the Mobi-Hub options have been appointed.

2.13 The bidding timeframe was challenging with a deadline for submission of 6th July. A Gantt chart setting out the key dates and milestones for the bid is attached at Appendix C.

3 LOCAL BENEFITS TO RUTLAND

3.1 Social and health benefits

3.1.1 Health benefits from the investment in a health innovation and medi-tech centre will help to address the existing health inequalities linked to a high proportion of vulnerable older people, veterans and outcomes for women in terms of lower rate of healthy life expectancy identified in the evidence base. The creation of a health innovation or medi-tech centre in Oakham will give opportunities for these people to have improved treatment through the availability of cutting edge internationally significant technology and pharmaceutical products. The new Centre will provide improved recruitment ability for the GP practice and current hospital facilities in Oakham to attract more staff, again benefiting local residents.

3.1.2 Bus Service Improvements and the mobi-hub will enhance access to the town centre of Oakham for many residents of Rutland. This increased connectivity, will enhance opportunity for residents from our community to connect, to access local hospitality sector and visit a new and mobile cultural offer to show case the recent historical finds in Rutland. Through improvements to be delivered through the BSIP, services will become more accessible and equitable and have a positive impact on those with protected characteristics.

3.1.3 Improvements within the BSIP are likely to improve health and wellbeing in the following ways: Reducing social isolation by ensuring all parts of the county have access to a bus service; improving access to employment opportunities and services such as shops and healthcare; and improving wellbeing by providing improved access to transport for social activities.

3.1.4 Social and cultural benefits will be realised from increased access to the high-impact digital interpretation of the historically significant finds from 2021-22 via the mobile facility and in Oakham when it is hosted at the museum.

3.2 Economic benefits

3.2.1 The LUF bid provides clear and strong economic benefits to both the county town of Oakham and to the wider, mainly rural, community of Rutland. The proposed new midi-tech facility at Oakham will support the creation of new high value, high growth potential, businesses specialising in health and digital services. It would be an anchor for the development digital skills, activity and new businesses in the town of Oakham. It is envisaged that the establishment of the medi-tech facilities companies would attract high calibre health clinicians to locate to the town in order to gain professional experience - including work on clinical trials - which may not be available in other locations.

3.2.2 The mobi-hub would bring much improved connectivity between the county town of Oakham and its mainly rural hinterland. It would enhance access to the town centre of Oakham for many residents of Rutland bringing increased footfall to the benefit of town centre retail, hospitality and service businesses.

3.2.3 Together, the provision of the new mobi-hub at Oakham and the proposed investment in the rich cultural assets of Rutland would enhance the attraction of Oakham for residents and visitors from outside the county brining increased footfall to the town centre, enhancing both retail and hospitality sectors of the local economy.

3.3 Environmental benefits

3.3.1 Elements outlined in the BSIP will encourage usage of public transport and modal shift away from car dependency. If additional funding is received, two pilot decarbonisation schemes, to pilot electric town centre 'hopper' services and to pilot electric community transport can be undertaken to investigate the impact on greenhouse gas emissions reduction and reduction of air pollution.

4 CONSULTATION

4.1 Consultation is a key element of the bid. The application will demonstrate community consultation through reference to Future Rutland conversations.

4.2 Support from the local MP was key to a successful bid and this was planned to take place prior to the bid submission on 6th July. Tourism and Medi-Tech are both priority themes for Greater Lincolnshire LEP Strategic Economic Plan (SEP) and we have initiated a dialogue with the organisation to engage their support.

4.3 Following a 28-day Operator Objection period, during which no objections were received, public consultation was opened on the Enhanced Partnership (EP) Plan and Scheme that support the BSIP. The statutory consultation ran for 4 weeks, between 23rd February 2022 and Wednesday 23rd March 2022.

4.4 The majority of feedback received provided positive support generally, but also with regards to the vision and the ability of our EP approach to deliver our objectives. There was good level of support for the obligations on bus operators and RCC as well as the Governance arrangements.

5 ALTERNATIVE OPTIONS

5.1 Not to bid

5.2 If unsuccessful, then to bid to other alternative funding streams as the opportunity becomes available

6 FINANCIAL IMPLICATIONS

6.1 Council Financial Contributions

6.1.1 It is possible to bid for 100% funding from Levelling Up. There is an expectation that up to 20% of funding would be provided by the bidder. This is a capital funding only bidding opportunity.

6.1.2 In view of the position of Rutland in tier 2 of eligibility it is highly unlikely that a 100% funding request from the Council will succeed. Match funding has not yet been identified at this stage, although parallel discussions are in train concerning the museum repurposing with £1.75m to be sought from the National Lottery Heritage Fund, and £0.25m from Rutland County Council developer contributions.

6.1.3 Match funding, which must be a cash contribution, will be investigated and identified during the bid preparation process. Potential funding still to be explored includes the Local Transport Plan (LTP) allocation and UK Shared Prosperity Funding.

6.2 **Ongoing Capital and Revenue Implications**

6.2.1 There will be revenue requirements associated with the running of the mobi-hub in the same way as our existing bus station. The medi-tech facility will cover running costs through the letting of commercial space and will provide the potential for the Council to generate a net surplus. In addition to these two new facilities there are also operational costs associated with the operation of the digital display at the museum which are again being formally worked through as part of project development process.

6.3 **Conditions of Funding**

6.3.1 Funding conditions will follow the standard format for Government Regeneration grant support. We are currently commissioning subsidy control advice to ensure our approach avoids breaching competition regulations.

6.4 **Acceptance of Funding**

6.4.1 If the Council is successful, then the acceptance of funding would be a matter for Full Council. The submission of a bid does not compromise the Council's future decision making on this matter.

6.4.2 The Council recognises that further information will be required around the business case and funding. We anticipate having that information available should the bid be successful.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 If successful, appropriate governance arrangements for the delivery of the levelling up projects will need to be established to align to government guidance and the Council's decision-making arrangements as set out in the Constitution.

8 DATA PROTECTION IMPLICATIONS

8.1 A Data Protection Impact Assessments (DPIA) has been completed. No adverse or other significant risks/issues were found. A copy of the DPIA can be obtained from Angie Culleton.

9 EQUALITY IMPACT ASSESSMENT

9.1 The bid seeks to level up health inequalities, improve connectivity for all and increase diversity in access to the cultural offer in Rutland. An equality impact screening assessment form (EISA) has been completed. A copy of the EISA can be obtained from Angie Culleton, Interim Head of Safe and Active Public Realm.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 The existing bus station has experienced incidents of anti-social behaviour and vandalism. The mob-hub proposition will reduce the risk of anti-social behaviour, through increased usage and better design.

10.2 The BSIP outlines improvements to both buses and waiting areas which would lead to increased safety and perception of safety.

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 Substantial progress has been made with health partners in scoping out their support for the medi-tech element of the approach. They have identified that the project fits the context and priorities outlined in the Rutland Health and Wellbeing Strategy 22-27 and future Healthcare plan for Rutland.

12 ORGANISATIONAL IMPLICATIONS

12.1 Environmental implications

12.1.1 The BSIP and pilot decarbonisation pilot schemes offer an opportunity to improve the Council's environmental performance through reduction in carbon emissions, reduced car usage and use of alternatively fuelled transport.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

13.1 The report sets out the rationale for the joint bid and has outlined the main components of the overall joint submission namely, town centre regeneration for Oakham and Melton Mowbray and an enhanced transport offer. It seeks comments about the joint bid and outlines financial implications in terms of funding conditions, revenue implications and match funding requirements.

13.2 Given that Rutland County is in the tier two ranking (second priority) a bid of circa £12m-£15m would be a realistic level for Rutland, considering the inclusion of the BSIP elements for improved bus services encouraged by the DfT. The deadline for second round Levelling Up Funding bids submission was the 6th July 2022.

13.3 The Rutland proposition will create a new transport interchange called a Mobi-Hub in Oakham and improve the public transport offer as outlined in the BSIP including the establishment of a system of demand responsive transport across Rutland and Melton; a medi-tech centre in Oakham and the development of a digitised heritage interpretation of the Rutland Roman Villa and Ichthyosaur.

13.3.1 This meets the criteria of the Levelling Up Fund in Round 2; 1) Local transport projects that make a genuine difference to local areas, 2) Town centre and high street regeneration, 3) Support for maintaining and expanding the UK's world-leading portfolio of cultural and heritage assets:

13.4 If successful, the investment in Oakham will bring social, economic and environmental benefits to residents of Rutland. The investment will bring enhanced rural connectivity and a new mob-hub facility linking up public transport and connecting the 4 main market towns in the area. The new medi-tech centre will create new high value, high growth potential, businesses specialising in health and

digital services. It would be an anchor for the development of digital skills, activity and new businesses in the town of Oakham. It will offer high-quality, well-paid jobs and has the potential to support recruitment of the RMH and local GP surgery which will also benefit local residents supporting the regeneration of the local economy. Finally, the digital interpretation of recent significant finds in Rutland will enhance the cultural offer for the whole area and attract additional footfall into Oakham.

13.5 A successful bid will support the levelling up of Rutland and bring investment into the town. If successful, then the acceptance of funding would be a matter for Full Council. The submission of a bid does not compromise the Council's future decision making on this matter.

14 BACKGROUND PAPERS

14.1 Rutland County Council Bus Service Improvement Plan

https://rutlandcounty.moderngov.co.uk/documents/g2444/Public%20reports%20pack%2015th-Feb-2022%2010.00%20Cabinet.pdf?T=10…

15 APPENDICES

15.1 Appendix A: Evidence base

15.2 Appendix B: Full BSIP elements to be considered for inclusion in the bid

15.3 Appendix C: Key dates and milestones

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

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Appendix A

Levelling Up Background and Rationale

We have been working with Melton BC as we are in the same geography for Levelling Up to look at how we might link our approach together and this evidence base spans both areas – setting out a distinctive picture for Rutland but showing the links to Melton. In addition to the working of this group a wider Melton/Rutland dialogue has been initiated.

Distinctive Characteristics

Rutland's Demography

Rutland has a very high store of older people[1], making it an excellent place for the development of medi-tech to support longer term independent living and better health outcomes for the older population.

Rutland has a rapidly growing stock of over 65s which is rising from a high base compared to regional and national figures as indicated in the table below. This puts pressure on services and creates pinch points in the market for services such as adult domiciliary care. Evidence from other settings suggests that places with an unbalanced mix of age bands are at higher risk of becoming socially and economically unsustainable, creating significant health and care costs and needing to import labour to service their local business needs.

65+	2020	2031	2041
Rutland	26	30	33
E Midlands	20	23	25
England	19	22	24

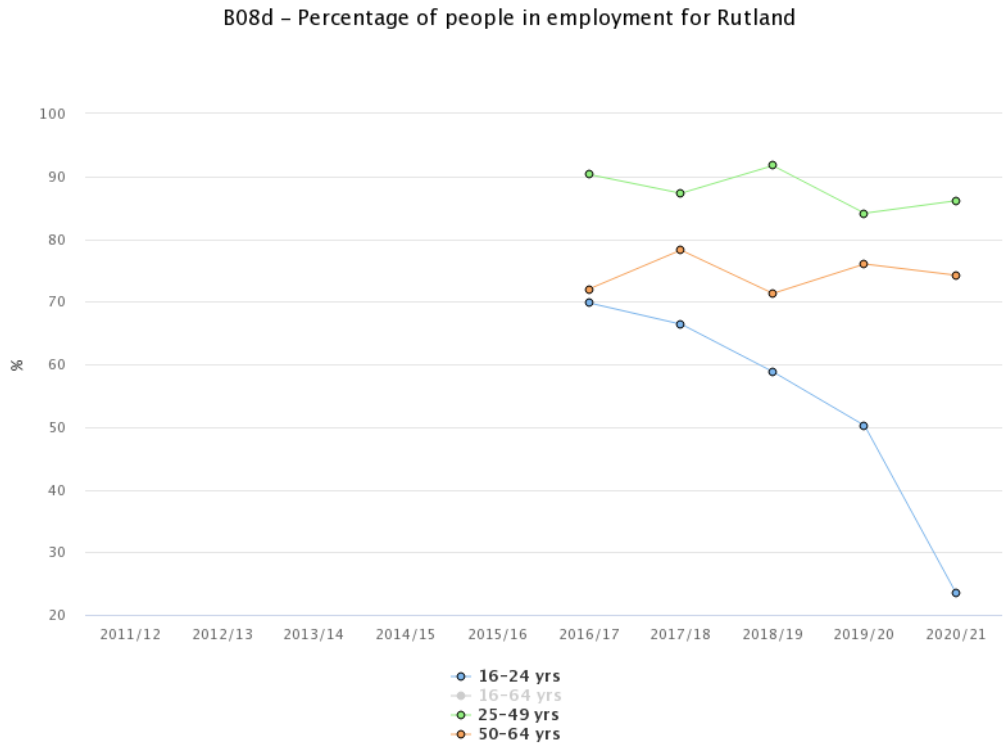
Economic Inactivity in Rutland

Rutland has high levels of economic inactivity[2] at 26.8% of all 16-64 year olds compared to an East Midlands regional figure of 20.8% and a GB figure of 21.3%. A significant proportion of those who are economically inactive are students 35.8% compared to regional figures of 24.8% and GB figures of 27.3%. These figures are based on place of residence and it is a fair assumption that a high proportion of these students are studying outside of the district and at risk of being lost to the economic capacity of the area. These high levels of economic inactivity also indicate a significant proportion of 16 – 64 year olds with health challenges.
Additionally, the same source above indicates a stark inequality in the number of people in employment residing in Rutland when broken down by Sex. 79.0% of male residents were in employment compared to 62.0% of females aged 16-64 yrs. When comparing to England, male residents have similar employment levels at 78.5%. However, for females, the 62.0% of Rutland residents in employment is significantly worse than 71.8% for England. There are a few possibilities for why this inequality may

[1] ONS Population estimates and projections 2020
[2] ONS Annual Population Survey – 2020-21

exist and locally we are keen to ensure females have equitable access to good work opportunities.

It is worth also noting trends in employment across Rutland. Looking at Sex, males and females have been on a steady decreasing trend for the last four time series, starting in 2017/18. Over the same trend period, England has only seen a decrease in one time period, 2020/21, which will likely have been impacted by the Covid-19 pandemic. Looking at age, residents living in Rutland aged 25-64 yrs have stayed similar over the last four time series. However, residents aged 16-24 yrs in employment has been declining (starting before the pandemic), demonstrated in the figure below[3].



Food and Melton

For every job[4] in food production and processing, in terms of the national average there are 9 in Melton, using the following three categories to calculate the location quotient for the borough as set out below:

	number	number
01 : Crop and animal production, hunting and related service activities	550	159,000
10 : Manufacture of food products	3,250	316,000
11 : Manufacture of beverages	75	32,500
Total	3,875	507,500

[3] Office for Health Improvement & Disparities, Fingertips

[4] Business Register and Employment Survey 2020

Location quotient: (local sector jobs/all local jobs)/(national sector jobs/all national jobs) (3875/21415)/(507500/25805500) = 9.2

Wider Economic Profile

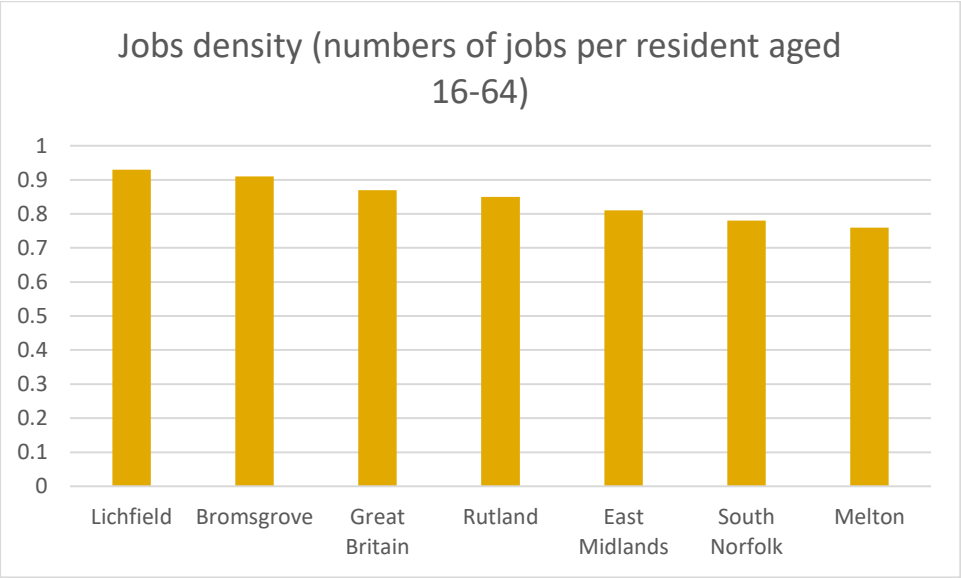
Social Mobility

Rutland and Melton both score very low on social mobility. They have historically been in the worst 10% performing local authority areas in England.[5]

Job Density

Melton and Rutland both have a low job density (the ratio of jobs to the 16-64 population)[6]. The table below shows their relative positions within their Cipfa audit family group:

Area	Jobs density (numbers of jobs per resident aged 16-64)
Lichfield	0.93
Bromsgrove	0.91
Great Britain	0.87
Rutland	0.85
East Midlands	0.81
South Norfolk	0.78
Melton	0.76



Earnings

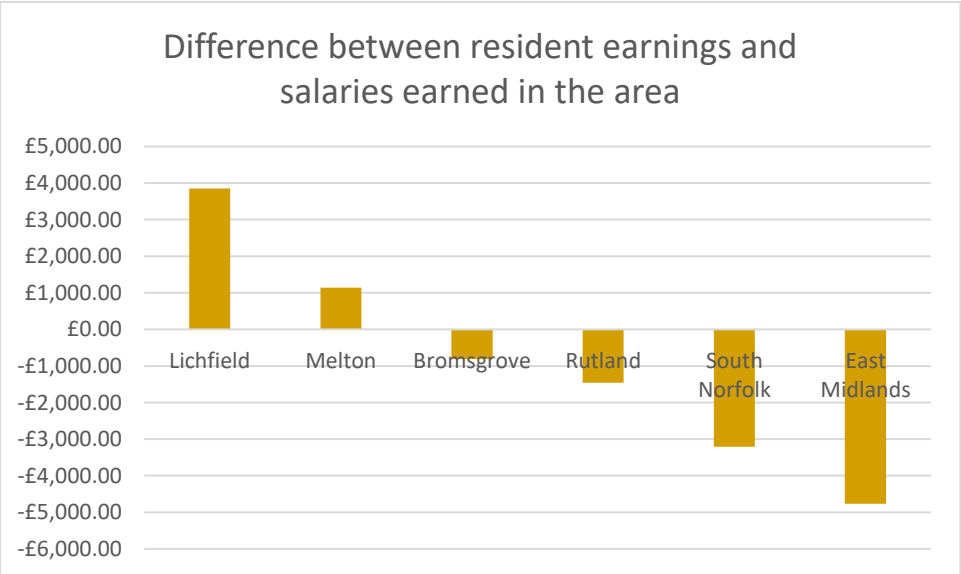
[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496103/Social_Mobility_Index.pdf
[6] Nomis local area profiles: https://www.nomisweb.co.uk/

There is scope to work together to drive up wages. In both places the wages offered by local jobs[7]:

- Rutland - £598 per week
- Melton - £455 per week

are significantly lower than the national average: £613 per week
In Rutland there is a major gap between what people who live locally but work externally are paid compared to people who live and work in the area. In Melton local wages are higher than those earned by Melton residents elsewhere but this serves (in view of the low value of local wages) to emphasise the low earning potential of the wider economic hinterland for Melton residents. Comparisons within the Cipfa audit family group are set out below:

	Resident Gross Annual Pay	Gross Annual Pay of those who work in the Area	Difference between resident earnings and salaries earned in the area
Rutland	£34,040.00	£32,577.00	-£1,463.00
Bromsgrove	£34,295.00	£33,479.00	-£816.00
Melton	£26,254.00	£27,398.00	£1,144.00
Lichfield	£33,283.00	£37,138.00	£3,855.00
South Norfolk	£33,133.00	£29,926.00	-£3,207.00
East Midlands	£34,198.00	£29,430.00	-£4,768.00



Additionally, when looking at full time employees living in Rutland there is a significant pay gap between male and females, outlined in the table below[8]. Males in full-time

[7] Annual Survey of Hours and Earnings – Earnings by Place of Work 2021
[8] ONS, Earnings & hours worked, place of resident by Local Authority, 2021.

employment have significantly higher weekly salaries compared to females. Females also have lower salaries than regional and national comparisons.

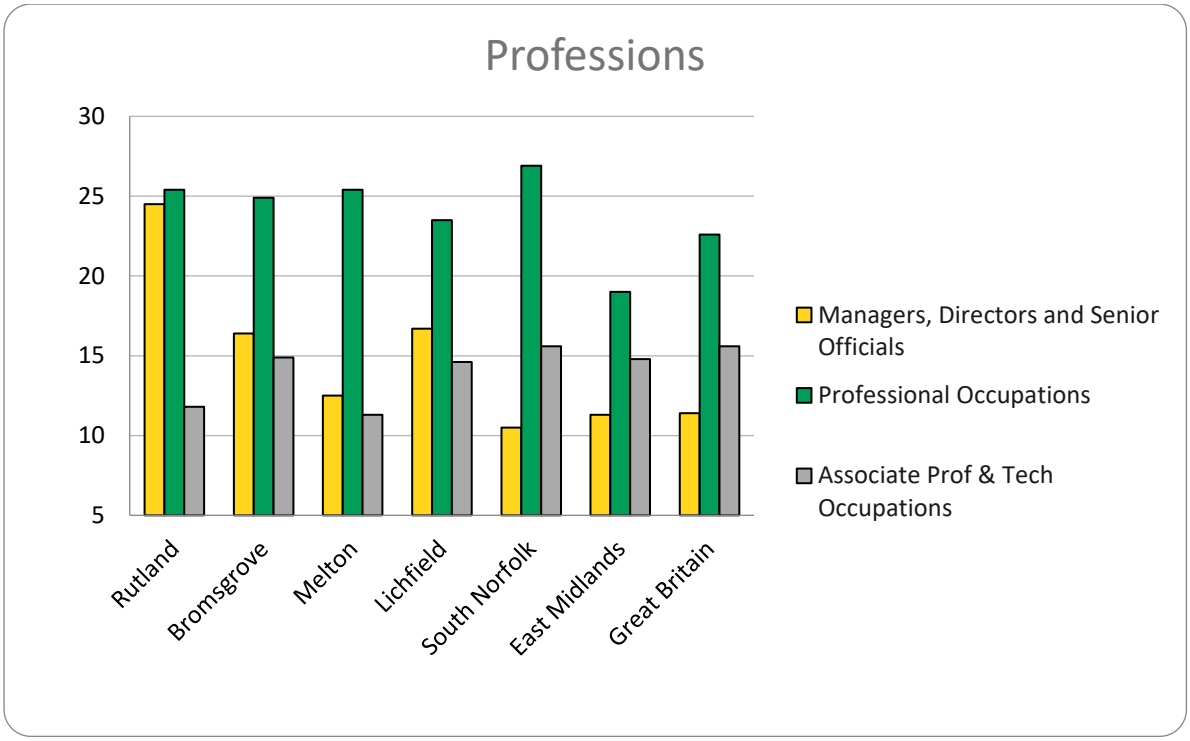
Gross weekly pay	Rutland (pounds)	East Midlands (pounds)	Great Britain (pounds)
Full time workers	710.4	573.4	613.1
Male full-time workers	796.1	613.4	655.5
Female full-time workers	501.6	508.0	558.1

Skills of the Workforce

Both areas have a good proportion of higher skilled workers[9], more of whom could be retained to the value of the local economy through the creation of more high quality local jobs:

	% all in employment who are managers, directors and senior officials	% all in employment who are professional occupations	% all in employment who are associate prof & tech occupations
Rutland	24.5	25.4	11.8
Bromsgrove	16.4	24.9	14.9
Melton	12.5	25.4	11.3
Lichfield	16.7	23.5	14.6
South Norfolk	10.5	26.9	15.6
East Midlands	11.3	19	14.8
Great Britain	11.4	22.6	15.6

[9] ONS Annual Household Survey 2020-21



Productivity

GVA per head in Rutland in 2019 was £39,301, in Melton it was £52,517, the England average is £53,386[10]

Commuting

The most comprehensive statistics[11] relating to commuting are from the 2011 census so come with a health warning in terms of their currency, however in our experience working patterns on this scale change very gradually over time. Rutland has a strong commuting relationship with South Kesteven and Melton. Whilst retaining a significant proportion of its workforce, over 1000 workers per day travel to Melton and over 2,000 to South Kesteven (Stamford area). Taken together commuters to these districts represent over 3,000 workers from a worker base of 23,500 workers (ONS Population Estimates 2020). Just over 1700 individuals travel from Melton and South Kesteven to work in Rutland. Commuting to other proximate districts is set out in the table below:

Live	**Work**						
	Corby	**East Northants**	**Harborough**	**Leicester**	**Melton**	**Rutland**	**South Kesteven**
Corby	18,120	761	370	154	26	372	47
East Northamptonshire	1,115	12,593	110	88	15	179	340

[10] Nominal (smoothed) GVA (B) per filled job (£); Local Authority District, 2002 – 2019 ONS
[11] 2011 Origin and Destination Statistics Census

Harborough	637	103	13,159	6,397	184	298	56
Leicester	284	32	3,737	78,479	984	229	67
Melton	55	8	229	1,802	10,770	1,036	801
Rutland	450	178	209	640	484	7,378	1,244
South Kesteven	213	399	49	197	894	2,301	30,494

Connectivity

Underlying indicators from the 2019 English Indices of Deprivation barriers to services domain[12] demonstrate the connectivity challenges for the area.

Area	Road distance to a post office indicator (km)	Road distance to a primary school indicator (km)	Road distance to general store or supermarket indicator (km)	Road distance to a GP surgery indicator (km)
Rutland/Melton Average	1.346	1.277	1.575	2.859
England Average	1.119	0.855	0.709	1.303
Additional distance R/M	0.227	0.422	0.865	1.556

To support the data above, engagement with the local communities of Rutland consistently demonstrate travel and connectivity issues for health, care and local support activities. Most recently it was a key finding of the Healthwatch Rutland report 'What Matters to You', with residents strongly voicing a need for improvements in the area.[13]

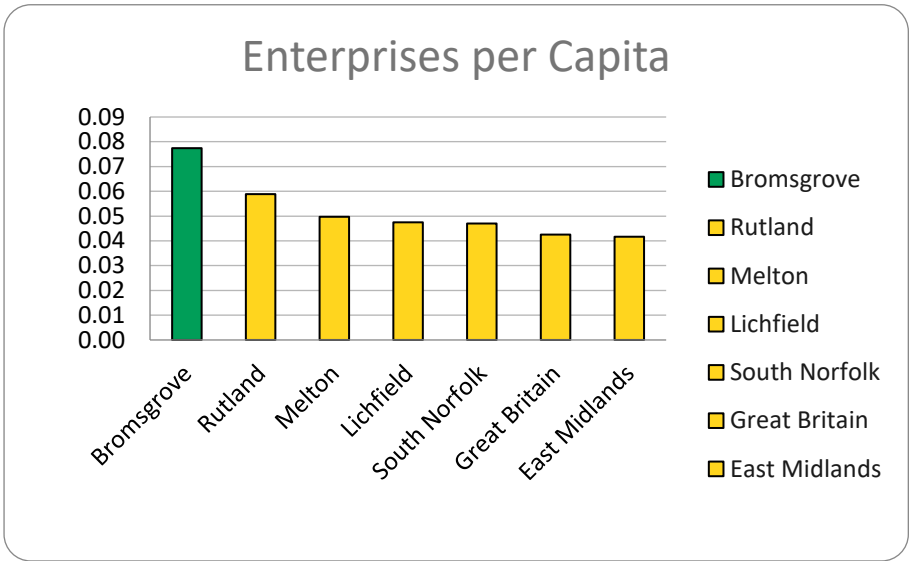
Enterprise

Both settlements have a reasonable level of enterprises per capita[14] to build on. We have shown comparisons with the Cipfa audit family group below:

	UK Business Counts - Enterprises	2011 Population	Per Capita Enterprises
Bromsgrove	7,250	93,637	0.08
Rutland	2,200	37,369	0.06
Melton	2,505	50,376	0.05
Lichfield	4,780	100,654	0.05

[12] English Indices of Deprivation 2019, File 8 Underlying indicators, Barriers to Services
[13] Healthwatch Rutland, What Matters to You? Our report on what people in the county want from Place-based Health and Care, 2021
[14] ONS Business Demography 2020/21

South Norfolk	5,830	124,012	0.05
Great Britain	2,688,450	63,200,000	0.04
East Midlands	188,925	4,533,222	0.04



This demonstrates the enterprise potential of both areas in terms of levelling up.

Competitiveness

The 2021 Competitiveness Index developed by Professor Rob Huggins[15] and his team at the University Cardiff identifies both local authority areas as being in the bottom 50% of all local authority areas with Rutland at 199 and Melton at 201 out of 362 areas across the UK. Melton also experienced a prodigious fall from 2019 by 44 places in the index. The overall report identifies poor transport connections as one substantial material factor in the competitiveness of places. “Localities such as South Somerset with weaker road or rail connections have seen larger drops in their ranking.”

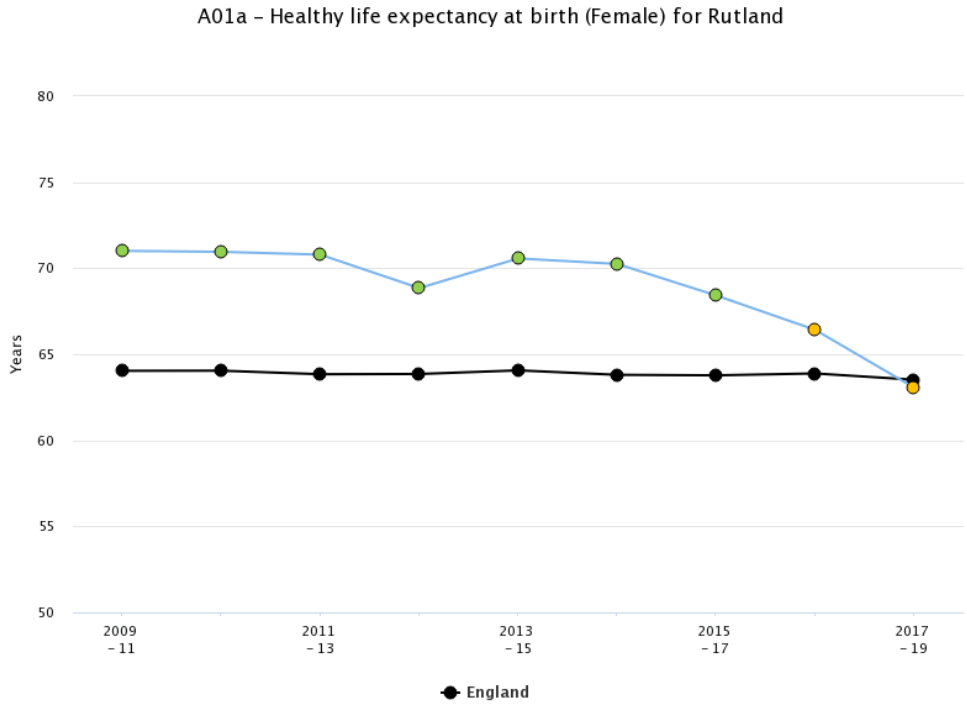
Health inequality

The above outlines insight into the economic, social and environmental determinants of health and the existence of local inequality requiring action. We outlined inequality in employment and earnings for females compared to males when looking at Sex. There are also similar trends looking at healthy life expectancy (HLE) in females. Female HLE in Rutland has consistently been approximately 5 years higher than the England average. This began to change around 2013, when female HLE began a steady decline up to 2019 and it has now dropped below the England average[16].

The figure below shows this decline at the same time England female HLE stayed at a constant level around 64 yrs. The rate of decline in Rutland shows no signs of

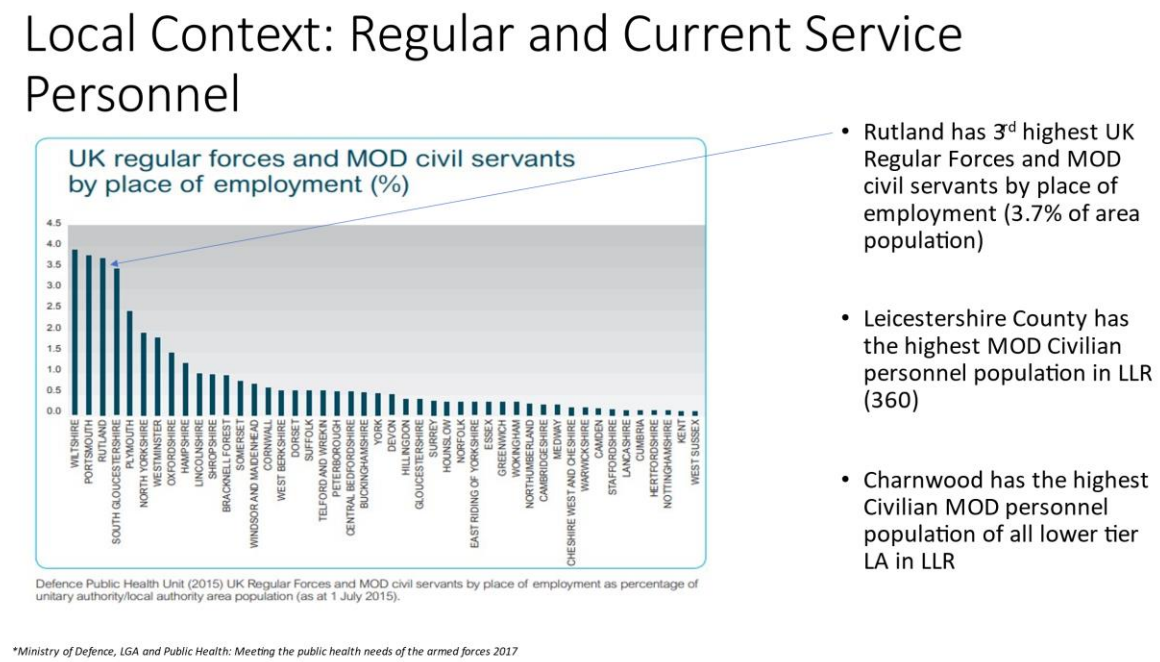
[15] UK Competitiveness Report, University of Cardiff 2021
[16] Office for Health Improvement & Disparities, Fingertips

slowing yet. Possible contributing factors to the decline could be resulting from the inequality data presented above for female employment and earnings in Rutland.



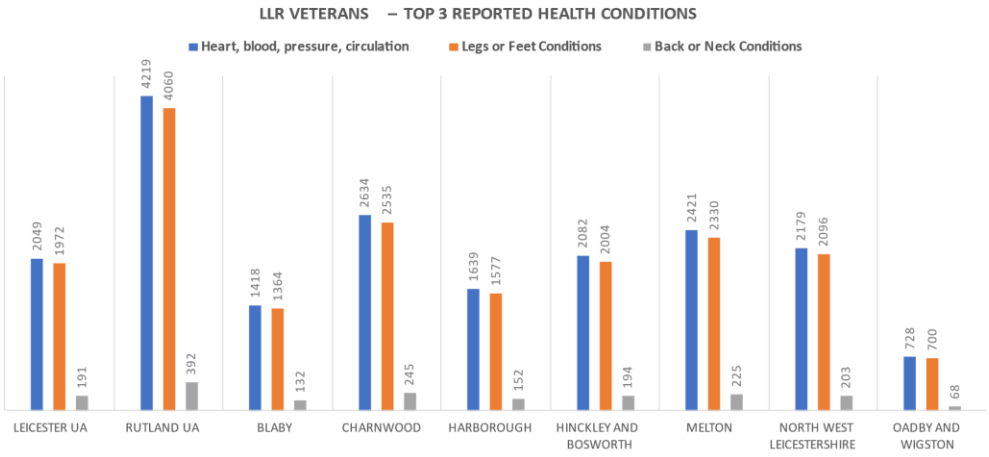
Veterans

Rutland has a disproportionately high stock of armed forces veterans:



The scale of health challenges facing veterans is significant

Local Context: Estimated Prevalence of Top 3 Long Term Conditions in LLR Veterans



*Ministry of Defence: Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016

Female Veterans Identified a Number of key challenges

Female Veteran's health and wellbeing

Post service health and wellbeing outcomes:

Health conditions	Mental Health	Access to services	Finances, employment & housing	Social relationships
• Most of the gender differences reported in the physical health of veterans reflects gender differences seen in the general population. • However, female veterans are more likely to report headaches, fatigue, digestive issues, and less likely to report acute MI, non-melanoma skin cancer, alcoholic liver disease and substance misuse than male veterans.	• Research indicates ex servicewomen are at a lower risk of self-harm/suicide than male veterans, but at a higher risk of common mental health disorders. • Compared to civilian women, female veterans are at increased risk of posttraumatic stress disorder (PTSD) and suicide/suicidal thoughts.	• UK research suggests that whilst female veterans are more likely to access formal medical support, they are less likely to access informal sources of support in comparison to male veterans. • SMEs suggests that a lack of uptake of informal support in women appears to be related to both the male-dominated nature of many veteran support organisations and a lack of awareness of female-only support networks.	• US research indicates that female veterans are at increased risk of homelessness compared to civilian women. • Female veterans in the UK are more likely to be unemployed, but less likely to claim unemployment benefits compared to male veterans. • UK research and SMEs suggest that barriers to employment for female veterans include poor mental health, finding suitable employment, inability to recognise and articulate transferable skills to civilian employers.	• Limited research suggests that female veterans are more likely to be divorced than men, with additional strain associated with dual-serving partnerships. • SMEs reported difficulties associated with readjusting to family life following discharge, and this was seen to be particularly challenging for single female veterans with children.

Item 3: Emerging Themes

Rationale

The economic review above shows that Melton and Rutland have strong interconnections, both in terms of commuting but also in terms of a shared economic narrative.

They have low wages, low productivity and low job density. They do have high levels of skills (with significant out commuting of higher skilled residents) and good levels of

enterprise formation. There are also indications females have lower employment levels, earnings and a decreasing healthy life expectancy in Rutland.

These features point to a level of disadvantage, which accounts for their social mobility rankings, which involves it being harder to live and work in the area than it is to live there and work somewhere else.

The levelling up challenge in these areas is to grow the stock of high quality local jobs, driven by enterprise and the growth of higher level skills to make the settlements more economically sustainable. This should reduce levels of out-commuting and build the resilience of the key towns in both areas. Additionally, focusing on 'good work' opportunities for females will help to level up and address the inequality we see above.

The strategy for driving a higher level of wages and skills is by building on the economic potential of each settlement. In Rutland this is around developing the distinctively high store of older people in the population as a key clinical trial and test base for the development of medi-tech and the wider development of digital skills and social enterprise.

Medi-tech

Engagement with medi-tech companies identifies that a heavy concentration of people with relevant conditions (in this case older age and frailty) combined with a whole health system commitment to working with researchers, from primary all the way through to acute settings, is the key to unlocking their developmental investment. Furthermore our plans to provide a clinical trials base with the key core components required, in terms of lab and light assembly space, means that the costs of setting up and managing clinical trials and the development of associated medi-tech will be significantly reduced for participating businesses. It will also create training opportunities for local people interested in this sector. This will replicate in terms of health the successful learning factory model operated at Holbeach in Lincolnshire (National Centre for Food Manufacturing) in relation to food which is cited as an example of good practice by the Gatsby Foundation.[17]

We intend to use medi-tech as an anchor for the wider development of the digital sector in the area on the basis that creating an anchor for people with medically relevant digital skills will teem out into wider digital activity created by the growing critical mass of people with digital skills in the area. The establishment of a similar effect centred around Cirencester through the "Rock the Cotswolds" initiative provides a highly relevant exemplar of what can be achieved.[18] The very significant economic potency of the digital sector is set out in the Tech Nation Report 2021[19]

In terms of work with all categories of worker to address social mobility, health sector innovation, with a planned networking base in the proposed health hub, can also be extended to the creation of social enterprises linked to the provision of adult domiciliary care, through the creation of micro-enterprises. This involves building on the

[17] https://www.gatsby.org.uk/uploads/education/the-opportunities-for-learning-factories-in-the-uk.pdf
[18] https://www.rockthecotswolds.com/about/
[19] https://technation.io/report2021/#forewords

successful adult social care model already operating in Rutland to identify individuals who wish to become independent carers supporting people in their own communities. This creates jobs, reduces travel time to support care clients and makes small communities more resilient by building local care networks at the micro level. Evidence from Somerset where the system has been substantively developed by Community Catalysts demonstrates that it makes communities more resilient and enables people to live at home for longer.[20] A comprehensive approach to the provision of personal care budgets and an availability of people able to self fund care are both important components of this approach.
Rounding off the workforce and skills benefits associated with the use of health to drive up economic outcomes, the establishment of a CPD base at the hub for clinicians, will follow the model of the Cavell Centre concept (based on the Centre in Peterborough[21]) in creating a concentration of critical mass driving health economic outcomes in one concentrated facility.

Transport/Connectivity

Connectivity is also a significant challenge in rural and market town settings and the development of Mobi-hub generating enhanced travel and mobility options within the levelling up strategy for the two settlements provides real potential to consolidate the impact of the innovation agglomeration strategy. It will also enhance wider access to services for individuals across both areas.

The Mobi-hub concept is very effectively set out in the 2019 study: "The Future of Rural Mobility Study (FoRMS): Gary Bosworth, Charles Fox, Liz Price & Martin Collison, University of Lincoln.

"A local hub is a public space which is designed to accommodate multiple local level activities, and to connect to the other layers of a hierarchical transport network (such a market town hub connecting direct to the nearest city and to direct to each of the villages around it). These hubs have the capacity to regenerate village and market towns as general hubs with enhanced transport connectivity following strict hierarchical transport networks, both for people and goods. A hub at the edge of a market town would provide a transport link directly into the market town.

Making the hubs useful and pleasant places to be by including a café, basic health provision, Wi-Fi and information points makes waiting for transport a productive experience. A good example of the concept can be seen in Belgium with the Mobihub model (Mobihub.eu) which is designed to catalyse other forms of social and economic activity within villages and help to breathe life and customers into struggling rural services. Integrating goods delivery facilities can also reduce the rapidly increasing door-to-door delivery services provide hubs for the design of innovative last-mile vehicles to deliver both people and goods to and from the transport interchange."

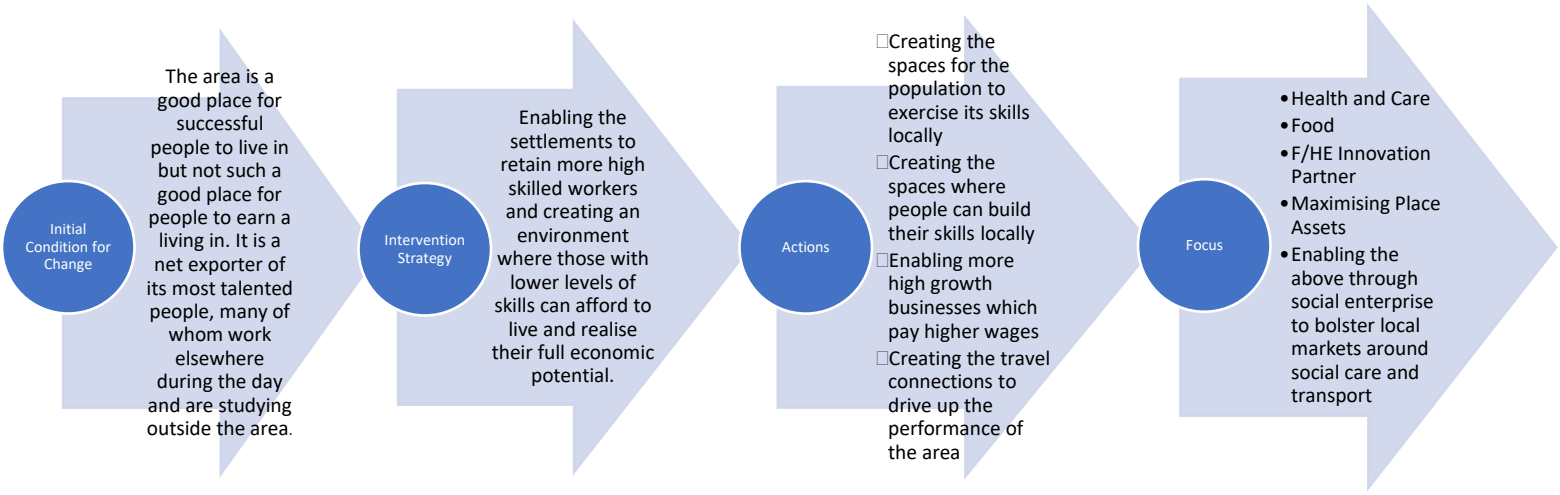
There is a cross cutting social enterprise theme (which is complementary to the adult social care opportunity described in the health section above) arising from the potential

[20] https://www.communitycatalysts.co.uk/wp-content/uploads/2020/05/Community-micro-enterprise2.pdf
[21] https://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=101012

to develop the service offering at the Mobi-hub by using it as the operational base for a community transport approach, building on current activities in the two areas. This would help to address the current market failure challenges which render commercial provision of a number of rural services financially challenging for operators

Theory of Change

A theory of change for the two settlements is set out below:



Turning to the Levelling Up agenda of bringing together skilled people, good infrastructure and pleasant social spaces to generate greater creativity, we believe the investments in these two innovation hubs will ripple out more widely into the Oakham and Melton driving more sustainable economic growth. This is also the logic of enabling the wider hinterland of both towns to benefit from the enhanced accessibility arising from the mobi-hub concept.

Key Background Documents which help underpin our logic further are:

“Health on the High Street” – Michael Wood and Susie Finlayson: NSC Confederation and Power to Change 2020.
“A High Street Renaissance” - Jonathan Todd and Jay Rowe, BOP Consulting for the Arts Council 2021.
“Future of Rural Mobility” – Midlands Connect 2020.
“Head Hand Heart: The Struggle for Dignity and Status in the 21st Century” – David Goodhart 2020.

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	Title of scheme	Detail on aspiration [e.g. 'additional bus priority on X corridor', 'flat fares of Y across operators']*	Priority Ranking **	Source of Funding		2022/23 (£ nominal)		2023/24 (£ nominal)		2024/25 (£ nominal)		Beyond 2025 (£ nominal)		Total cost of project or proposal (£ nominal) ***	
						Resource	Capital	Resource	Capital	Resource	Capital	Resource	Capital	Resource	Capital
Bus priority infrastructure	**Utility permit scheme: Improve efficiency of roadwork scheduling to reduce delays and diversions.**	Introduce a utilities permitting scheme that would enable more efficient and coordinated road closures - reducing disruption to bus services. Investigate issuing permits for buses to allow them to travel through road closures (where physically possible). Costs to cover software set up and ongoing administration and staffing.	14	**LUF** **DfT other (please specify)** **Other Government (please specify)** **Private**	- RCC staff costs (existing)	10,000 10,000		2,000 10,000		2,000 10,000				14,000 -00 -00 30,000	-00 -00 -00 -00
	Behavioural change measures: Encouraging sustainable travel options that reduce school gate congestion, causing delay to buses.	On going funding to deliver School Streets outside schools with high levels of	13	**LUF** **DfT other (please specify)** **Other Government (please specify)**	-	20,000		20,000		20,000				60,000 -00 -00	-00 -00 -00

		congestion, which in turn causes delays to bus services. Continued support for schools taking part for schools taking part in Modeshift STARS		**Private**	RCC staff costs (existing)	15,000	15,000	15,000		45,000	-00
	Review of taxi and bus laybys: Review location and usage to enhance accessibility.	Undertake review of positioning and use of taxi and bus laybys - assessing removal options and lining or engineering mechanisms for ensuring buses aren't restricted from re-joining traffic flow.	15	**LUF** **DfT other (please specify)** **Other Government (please specify)** **Private**	- Integrated Transport Block RCC staff costs (existing)	35,000 10,000 15,000	20,000 10,000 15,000	20,000 10,000 15,000		-00 -00 -00 45,000	75,000 30,000 -00 -00
Other infrastructure	**Bus stop audits and improvements: Improving the comfort, accessibility and safety of waiting areas.**	Audit all bus stops and implement a grading system to identify level of provision. Create prioritised programme of works and implement improvements to bus stops over 3 years to provide improved safety and	10	**LUF**		20,000	12,500	12,500		-00	45,000

		comfort. Includes improvements to information provision.		**DfT other (please specify)** **Private**	Integrated transport block RCC staff costs (existing)	20,000 5,000	20,000 5,000	20,000 5,000		-00 15,000	60,000 -00
	Real time information: To improve service information and public confidence.	Investigate viability of countywide real-time information displays.	16	**LUF** **Private**	 RCC staff costs (existing)	100,000 10,000	50,000 5,000	50,000 5,000		-00 20,000	200,000 -00
	On board USB charging and Wi - FI: Modernising buses to improve passenger experience	Retrospectively fit buses with USB charging and Wi-Fi provision.	20	**LUF**		36,000				-00	36,000
	Audio and visual on board announcements: Improving accessibility and information for residents and visitors.	Retrospectively install audio visual announcement systems on buses operating within Rutland.	12			35,000	35,000			-00	70,000
	Creation of travel hubs: Improving onwards travel information and integration between travel modes.	Create travel hubs with information about onwards travel. Provide secure and sheltered cycle parking.	21	**LUF** **DfT other**	 Integrated Transport Block	8,333 10,000	8,333 10,000	8,333 10,000		24,999 -00	-00 30,000

				Private	RCC staff costs (existing)	5,000	5,000	5,000		15,000	-00
	Walking and cycling audits: Review walking and cycling routes to bus stops and identify areas for improvement.	Undertake audits to identify suitability of walking and cycling routes to bus stops and stations. Create a prioritised list of infrastructure improvements for delivery.	18	**LUF**		50,000	20,000	20,000		90,000	-00
				DfT other	Integrated Transport Block	30,000	30,000	30,000		-00	90,000
				Private	RCC staff costs (existing)	15,000	15,000	15,000		45,000	-00
										-00	-00
Fares support	**Lower fares**	Investigate opportunities to deliver lower fares and capped fares. However, initially these will be offered through quarterly incentivised travel incentives targeting particular demographics, services, days of the week etc. The cost of these incentives is include in	Included in priority 3							-00	-00

		'Marketing - Annual Promotion Calendar'.								-00	-00
Ticketing reform	**Electronic ticketing machines: Modernising payment methods and improving accessibility**	Buy into Lincolnshire County Council's existing ETM system to enable cashless ticketing on Rutland services.	9	**LUF**		50,000	10,000	10,000		70,000	-00
	Integrated ticketing: Identifying opportunities to offer multi operator and mode travel tickets	Explore opportunities for integrated ticketing between bus operators and with rail services.	11	**LUF**		30,000	20,000	20,000		70,000	-00
	Simplifying ticketing and growing youth patronage: reviewing ticket options, age brackets and implementing a youth travel id card.	RCC to issue a youth identity card to all Rutland residents under the age of 19. Investigate application of consistent youth age brackets.	8	**LUF**		20,000	5,000	5,000		30,000	-00
				Private	RCC staff costs (existing)	5,000	5,000	5,000		15,000	-00
Bus service support	**Countywide Digital Demand Responsive Transport: Ensuring all residents have access to passenger transport**	Expansion of existing DRT service to cover the whole county - providing feeder services for locations	1	**LUF**		390,000	52,000	360,000	360,000	1,110,000	52,000

		where it isn't viable to have a timetabled service. Expansion to include additional destinations of Oakham, Uppingham town centre and Melton Mowbray to enable onwards travel opportunities. Enhancements to buses and administrative system including scheduling and dispatch system and smart ticket machine as well as promotion. Will also help streamline services.		**Private**	RCC existing revenue budget	42,000	42,000	42,000		126,000	-00
	Enhanced frequency of services: More frequent week day services and evening and Sunday services to meet our residents' needs.	More frequent week day services. Support Friday and Saturday evening services to tie in with local activities and	4	**LUF**		220,000	220,000	220,000		660,000	-00

		events such as cinema and theatre. Trial Sunday services to enable shopping and tourism opportunities – for example to Rutland Water.									
	Simplifying services: Streamlining services delivered by multiple operators.	Work with operators and Lincolnshire County Council to identify ways of streamlining the multiple services running between Oakham and Stamford.	5	**LUF** **Private**	RCC existing revenue budget	25,000 20,000	25,000 20,000	25,000 20,000		75,000 60,000	-00 -00
Marketing	**Travel incentives & promotions: Annual promotions calendar including free or discounted travel campaigns**	Produce and deliver an annual promotion calendar - including a quarterly incentivised travel offer, providing free or reduced fare travel. Include targeted campaigns with free, reduced or capped fares.	3	**LUF**		30,000	30,000	12,000		72,000	-00

				DfT other	BSOG underspend	25,000	25,000	25,000		75,000	-00
				Private	RCC staff costs (existing)	6,000	6,000	6,000		18,000	-00
	Promotional materials: Enhanced promotion and marketing to raise awareness of existing, new and enhanced services and travel incentives.	Production of new timetables, service maps and in vehicle promotional materials such as 'underground' style route maps.	7	**LUF**		15,000	5,000	5,000		25,000	-00
				Private	RCC existing revenue budget	20,000	10,000	10,000		40,000	-00
	Renumbering of services: Strengthen the identity of Rutland's services - renumbering subsided services to align with the Rutland Flyer 1 and 2.	Renumber all supported services to follow existing numbering of the Rutland Flyer 1 and Rutland Flyer 2. Upgrade timetable information and promote changes.	6	**LUF**		3,500				3,500	-00
EP/franchising delivery: LTA costs	**NB – we believed these costs to be covered through Capacity Funding.**									-00 -00	-00 -00
Zero emission buses	**Decarbonisation: Pilot electric town centre 'Hopper' services**	1 year pilot: Oakham and Uppingham town centre 'Hopper' services to be operated using electric minibuses.	2	**LUF**		18,000	8,000			18,000	8,000

		Funding to cover vehicle lease and charger install.								
	Decarbonisation: Community transport electric minibus pilot	1 year pilot: Electric minibus trial for community transport provider. Funding to cover vehicle lease and charger install.	19	**LUF**		9,000 4,000				9,000 4,000
Additional safety enhancements	**Bus station and interchange monitoring: enhanced staffing presence to improve perceived and actual passenger safety.**	Increased monitoring of Oakham bus station and Uppingham interchange. To be carried out by RCC bus inspector. Further safety improvements associated with bus stop infrastructure are covered under 'Bus Stop Infrastructure'.	17	**Private**	RCC staff costs (existing)	2,000	2,000	2,000		6,000 -00
Essential elements	**Additional staff resource**	If funding is available to deliver all projects, additional staff resource will be required to support some elements of delivery.	Not prioritised	**LUF**		60,000	60,000	60,000		180,000 -00

	Customer satisfaction surveys	Carry out twice yearly surveys to identify progress in levels of customer satisfaction.	Not prioritised	**LUF** **DfT other**	Capacity Funding	20,667 10,333		20,667 10,333	20,667 10,333		62,001 30,999	-00 -00
TOTALS* **						**1,184,833**	**360,000**	**996,333**	**978,333**		**3,159,499**	**700,000**

Levelling Up Fund Round 2																
		Who	Status	04/04/22	11/04/22	18/04/22	25/04/22	02/05/22	09/05/22	16/05/22	23/05/22	30/05/22	06/06/22	13/06/22	20/06/22	27/06/22
Governance																
Forward Plan Submission		AC	Complete	04/04/22												
Cabinet briefing report		AC						06/05/22								
Cabinet report first draft		AC/MS								19/05/22						
First draft and Final draft for appendix		Architect						02/05/22		19/05/22						
Director Sign off		PS								19/05/22						
Draft report to Legal & Finance		AC/EO								19/05/22	23/05/22					
PFH Briefing/ Cllr Helmsley		PS									23/05/22					
MP Briefing		PS														
Final Draft cabinet report with Kim Cross		AC										30/05/22				
Cabinet		PS												14/06/22		
Preparation of Bid/ cabinet report																
Request for Quotes Achitect/ QS		AC		04/04/22												
Brief for architect		IA		04/04/22												
Appointment of architect/QS		PS						06/05/22								
First draft of BID		IA						02/05/22								
Evidence base sign off		GG with Melton						02/05/22								
Project development (RIBA stage 1)		Architect								19/05/22				14/06/22		
Technical aspects of bid inc BCR		IA					29/04/22			19/05/22				14/06/22		27/06/22
Drafting of Bid (words)		IA/Melton														
Final draft of Bid		IA/Melton														27/06/22
Bid submission (6/7/22)		PS														01/07/22
Implementation																
Rutland Team Workshop	Bus challenge?	IA/PS/AC/MS			13/04/22											
Goverance Group Internal (weekly)		IA/PS/AC/MS														
Health Liaison	Form Group?	IA/PS/MS			11/04/22		29/04/22			20/05/22			10/06/22			27/06/22
Governance Group (with Melton)		IA/PS/MS					29/04/20			20/05/22			10/06/22			
Public Consultation		AC											10/06/22			
Planning of Fin, Comm and Man Cases		IA											10/06/22			

	Who	Status	########	########	18/04/22	25/04/22	########	########	########	########	########	########	########	########	########
Review current draft				11/04/22											
Share with Melton				15/04/22											
Produce final draft						29/04/22									
Confirm Theory of Change						29/04/22									
Sign off on consultation strategy						29/04/22									
Incorporate in bid for council							02/05/22								
Director sign off									19/05/02022						
Incorporate in full bid														27/06/22	

	Who	Status	########	########	18/04/22	25/04/22	########	########	########	########	########	########	########	########	########
Commisson Architect			08/04/22												
Confirm options for Health Angle				11/04/22											
Incorporate Bus Challenge Material				11/04/22											
Very High Level First Costings							02/05/22								
First robust designs and costs									19/05/22						
Director sign off									19/05/22						
Public Consultation to inform Cabinet												10/06/22			
Cabinet sign off													14/06/22		
Refined designs for bid submission															27/06/22
Post Cabinet consultation															27/06/22
Final Bid Inclusion															27/06/22

	Who	Status	#######	########	18/04/22	25/04/22	#######	########	########	########	########	########	########	########	########
Theory of Change						29/04/22									
Benefits Confirmed									19/05/22						
Scheme Designed and Costed									19/05/22						
BCR Analysis									19/05/22						
Final Adjustment													14/06/22		
Incorporation in Bid															27/06/22

	Who	Status	########	########	18/04/22	25/04/22	########	########	########	########	########	########	########	########	########
Theory of Change						29/04/22									
Strategic Case							02/05/22								
Analysis of Consultation												10/06/22			
Commercial Case									19/05/22						
Economic Case												06/06/22			27/06/22
Financial Case												06/06/22			27/06/22
Management Case												06/06/22			27/06/22

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Report No: 133/2022
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

12 July 2022

REDUCING HEALTH INEQUALITIES – CORE20PLUS5

Report of the Executive Director for Strategy & Planning, LLR CCGs

Strategic Aim:	Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Samantha Harvey: Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	Sarah Prema, Executive Director Strategy & Planning. LLR CCGs	Telephone: 0116 2953413 Email: **Sarah.Prema@nhs.net**
	Steve McCue, Senior Strategic Development Manager, LLR CCGs	Telephone: 07825 657990 email: steve.mccue@nhs.net
Ward Councillors	N/A	

DECISION RECOMMENDATIONS
That the Committee: 1. Receives and notes the report 2. Completes further work to agree an initial focus on a Rutland population cohort(s) who already experience health inequities – a plus cohort of the Core20Plus5 approach

1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to inform the Rutland Health and Wellbeing Board (HWB) of the NHS requirement by NHS England and NHS Improvement to deliver against the CORE20Plus5 agenda to support wider work to reduce health inequalities across Leicester, Leicestershire and Rutland (LLR).

1.2 In the hierarchy of "Do, Sponsor, Watch", The RHWB is required to 'do' specific place led work (such as work on the wider determinants of health) and 'sponsor' wider LLR NHS initiatives that reduce health inequalities in Rutland.

2. POLICY FRAMEWORK AND PREVIOUS DECISION

2.1 Previous reports on the Core20Plus 5 have been reported in the following meetings:

- Received and noted by the Leicestershire Health and Wellbeing Board - 26 May 2022
- Received for information by the LLR Integrated Care Board – 14 April 2022

- Received for information by the LLR Integrated Care Partnership - 29 March 2022

2.2 Improving population health and healthcare and tackling unequal outcomes and access are two of the four purposes of an ICS.

2.3 Nationally, Core20Plus5 is the NHSs approach to tackling unequal outcomes and access.

2.4 LLR Health Inequalities Framework – Better Care for All (Appendix A) presented to the RHWB on 5 October 2021.

3. BACKGROUND

3.1 NHS England define health inequalities as 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. Reducing health inequalities is a core priority for the LLR Integrated Care System (ICS) and our programme of work to reduce health inequalities will be guided by the 12 principles within the LLR Health Inequalities Framework (see Appendix 1) with a focus on addressing the five priorities in the 21/22 & 22/23 NHS Operational Planning Guidance and the Core20Plus5 approach (Figure 1). The LLR ICS is aligned to the national vision of 'exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes. Health inequalities exist on a gradient throughout populations, and we are committed to using a proportionate universalism approach to reduce inequity wherever it exists across LLR.

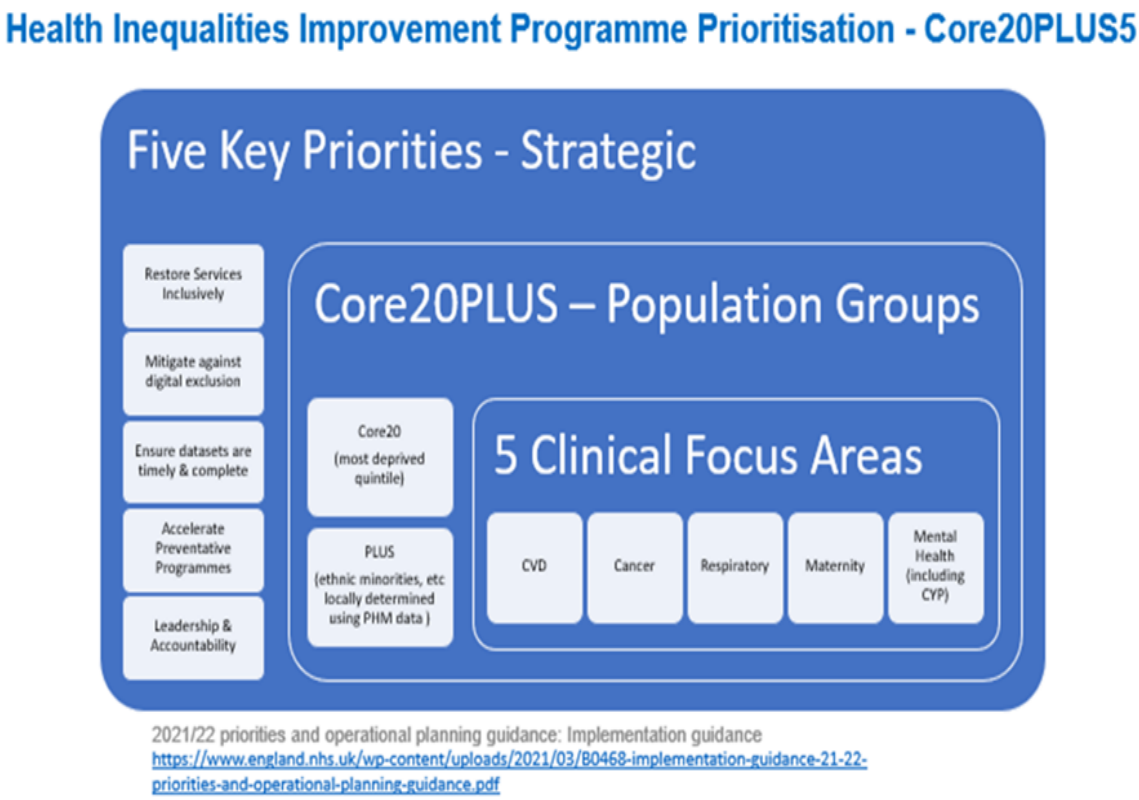

Figure 1*: The five priorities in the 21/22 & 22/23 NHS Operational Planning Guidance and the Core20Plus5 approach*

4. CORE20PLUS5 – AN APPROACH TO REDUCING HEALTH INEQUALITIES

4.1 Core20Plus5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system (LLR) level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement (Figure 2).

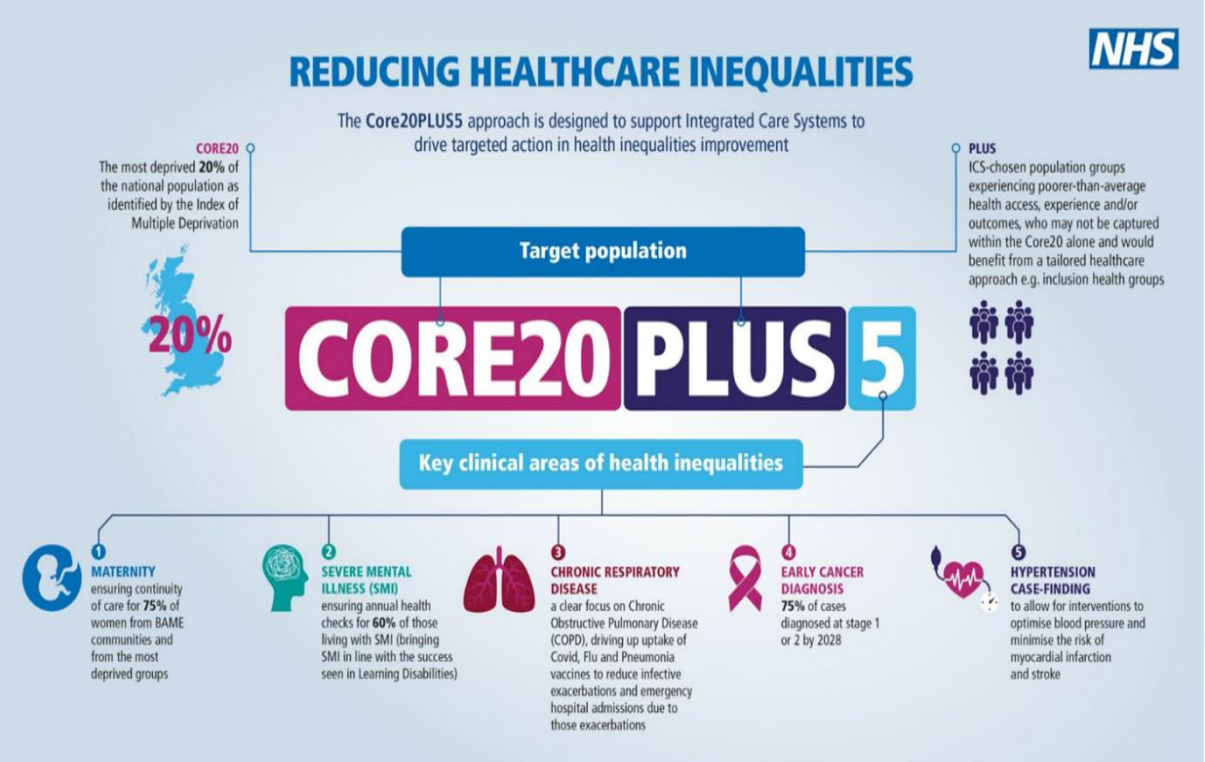

Figure 2: *The Core20Plus5 approach to reducing health inequalities*

4.2 **Core20** - refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

4.3 For Leicester, Leicestershire & Rutland (LLR), 153,284 registered patients live in the 20% most deprived neighbourhoods in England (Table1). Our Strategy and system, place and neighbourhood levels of service delivery will be to ensure that we invest resources to ensure that (1) access to services, (2) experience of services, and (3) health and care outcomes are fair and equitable for the people in this group compared to the rest of the population. This means that we will work with partners to make the necessary efforts and investments needed to "level the playing field" for everyone in terms of chances to live a long and healthy life.

Table1*: Summary of the number of registered patients across LLR and those that live in the 20% most deprived areas in England*

	Registered patients living in 20% most deprived areas in England	Total registered patients	%

Leicester	130,794	413,074	31.7%
Leicestershire	22,321	688,401	3.2%
Rutland	169	40,035	0.4%
LLR	153,284	1,141,510	13%

4.4 **The Plus** populations of the Core20Plus5 approach to reducing health inequalities are groups, not specifically covered in the 'Core 20', who may need additional support from system partners in order to have an equitable chance of having the best health and care outcomes. The LLR partners will use national and local data to identify these groups. They may include ethnic minority communities, people with very poor mental health, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, military and veteran populations, sex workers, people in contact with the justice system, victims of modern slavery. It also considers those living in very rural areas/ those remote from certain services, and other socially excluded groups.

4.5 The recently approved Joint Health & Wellbeing Strategy for Rutland has health inequalities as a cross cutting theme across all the life course stages (Figure 3). To ensure that additional work and resources are aligned to the specific 'place' priorities and populations, it is recommended that the 'Plus' population groups will be determined in each of our three 'places' by the relevant Health & Wellbeing Board. A Rutland health inequalities report is in development and scheduled to be presented to the RHWB in October 2022.

4.6 The final part of the Core20Plus5 framework sets out five clinical areas of specific NHS focus. Governance for these five focus areas sits with national NHS programmes; national and regional teams coordinate local systems to achieve national aims. The five clinical areas include:

a. **Maternity:** ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the Core 20 part of the population.

b. **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).

c. **Chronic respiratory disease**: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

d. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.

e. **Hypertension case-finding**: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

5. DELIVERY AND GOVERNANCE

5.1 The local NHS will collaborate with partners to deliver against Core20Plus5 national targets. Successful programmes to improve access, experience and outcomes requires not just the NHS, but all system partners working together. At system level; reporting on, and governance of actions will be through the LLR Prevention & Health Inequalities Reduction Board, Integrated Care Board (ICB) and Integrated care Partnership (ICP). At place level it will be through the Health and Wellbeing Boards and Directors of Public Health.

5.2 Reporting on Health Inequalities will be proportionate to the footprint at which action is taken, with neighbourhood reporting being the most detailed and localised, but aligned to place and system priorities, and overall progress against the NHSEI 5 priority areas and Core20Plus5 metrics for the five clinical areas.

5.3 The LLR ICS has placed a very high premium on identifying and strengthening leadership and accountability for tackling health inequity at all levels of the system. Health Inequality Leads are now in place at Board level in each large NHS providers, on the NHS system Board, and through formal clinical and management leader roles in different specialities. The LLR Prevention & Health Inequalities Board, chaired by the Director of Public Health for Leicestershire, will oversee the implementation of the LLR Health Inequalities Framework and support action at place and neighbourhood level through a 'Do, Sponsor, Watch' approach to delivery.

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5.5 A local LLR health inequalities dashboard has been developed in addition to the national reporting tool to help us measure local progress on reducing health inequalities through the Core20Plus5. Regular reporting against system, place and neighbourhood actions to reduce health inequalities will be presented to the Integrated Care Board, the Integrated Care Partnership and each of the three Health and Wellbeing Boards in LLR.

6. CONSULTATION

6.1 Health Watch has been a member of the Task and Finish Group for drafting the LLR Health Inequalities Framework. This framework is currently being updated to reflect the Core20Plus5 approach. We believe that meaningful engagement with public and patients on health inequalities needs to take place at place level and more locally to be effective in driving effective action

7. BACKGROUND PAPERS

7.1 **https://www.england.nhs.uk/wp-content/uploads/2021/06/240621-board-meeting-item-9-tackling-inequalities-in-nhs-care.pdf**

8. RELEVANT IMPACT ASSESSMENTS

8.1 Equality and Human Rights Implications - The CORE20Plus5 is a NHS national framework to reduce health inequalities, it takes into account protected characteristic's as part of its 'Plus 5' groups.

9. PARTNERSHIP WORKING AND ASSOCIATED ISSUES

9.1 The Core20Plus5 approach provides a framework for how we plan to act, both collectively and through specific organisations to positively impact not just the direct causes, but the "causes of the causes" of these differences. Some work, therefore, will fall to the NHS to do, some to other partners such as local authorities or other public sector bodies, and some as joint working at system, place or neighbourhood. Often this is not something one organisation can do on their own – it requires the system to work together to act as anchor institutions – using their collective resources and working with the voluntary and community sector to make a difference.

10. APPENDICES

10.1 Appendix A - LLR Health Inequalities Framework – Better Care for All

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

Leicester, Leicestershire and Rutland Integrated Care System

Better care **for all**

A **framework** to reduce health inequalities in Leicester, Leicestershire and Rutland.

Contents

What are health inequalities?

Health inequalities are avoidable and unfair differences in health between different groups of people. Health inequalities concern not only people's health but the differences in care they receive and the opportunities they have to lead healthy lives.

Those living in the most disadvantaged areas often have poorer health, as do some ethnic minority groups and vulnerable/socially excluded people. These inequalities are due to many factors, such as income, education and the general conditions in which people are living. In addition, the most disadvantaged are not only more likely to get ill, but less likely to access services when they are ill.

Health inequalities have been made worse by the Covid-19 pandemic, which has hit hardest the groups who already do not have the best health. The rate of people dying from the virus has been higher in more deprived areas and among some ethnic minority communities and people with disabilities. People in crowded housing, on low wages, unstable or frontline work have experienced a greater impact from Covid-19.

There are always going to be differences in health, some are unavoidable, due to people's age or genetics, but many differences in health are avoidable, unjust and unfair – it is these that we are concerned about and that this framework seeks to address.

What does it mean for local people?

Health inequalities across Leicester, Leicestershire and Rutland (LLR) are stark.

A boy born today in our most deprived area could be expected to die up to nearly nine years earlier than a boy born in the least deprived area. Furthermore, people from less affluent areas will be spending a greater proportion of their (often shorter) lives in poor health compared to people from more affluent parts of our area.

What will this framework seek to achieve?

We want local people to be healthier, with everyone having a fair chance to live a long life in good health. This is why we will aim to 'level up' services and funding, rather than take anything away from areas where outcomes are already good.

This framework sets out how local organisations will plan to take action to not only affect the causes of these health inequalities but the 'causes of these causes'.

Health and wellbeing is not just the concern of the NHS. The health and wellbeing of people is an asset to individuals, to communities, and to wider society. Good mental and physical health is a basic precondition for people to take an active role in family, community and work life. The NHS, local authorities and other public bodies all have a part to play. Often, it will involve a number of different organisations working together to improve all the things that can affect someone's health.

Locally, we have set up an integrated care system (ICS) which brings organisations together to ensure better partnership working, and improvements in people's health and care. By listening and responding to local people, we will achieve a fairer and healthier future for us all.

> The health and wellbeing of people is an asset to individuals, to communities, and to wider society.

What does equity look like?

'Health inequalities' is the commonly used term, however we are actually referring to 'health equity and inequities'.

'Equality' means treating everyone the same or providing everyone with the same resource, whereas 'equity' means providing services relative to need.

We can show what this looks like in the illustration below. **Figure 01** shows, on the top line, four people of different sizes all trying to cycle the same size of bicycle. One person in a wheelchair cannot use the bicycle at all. The second line shows each person happily using a bicycle correctly sized or adapted for their needs.

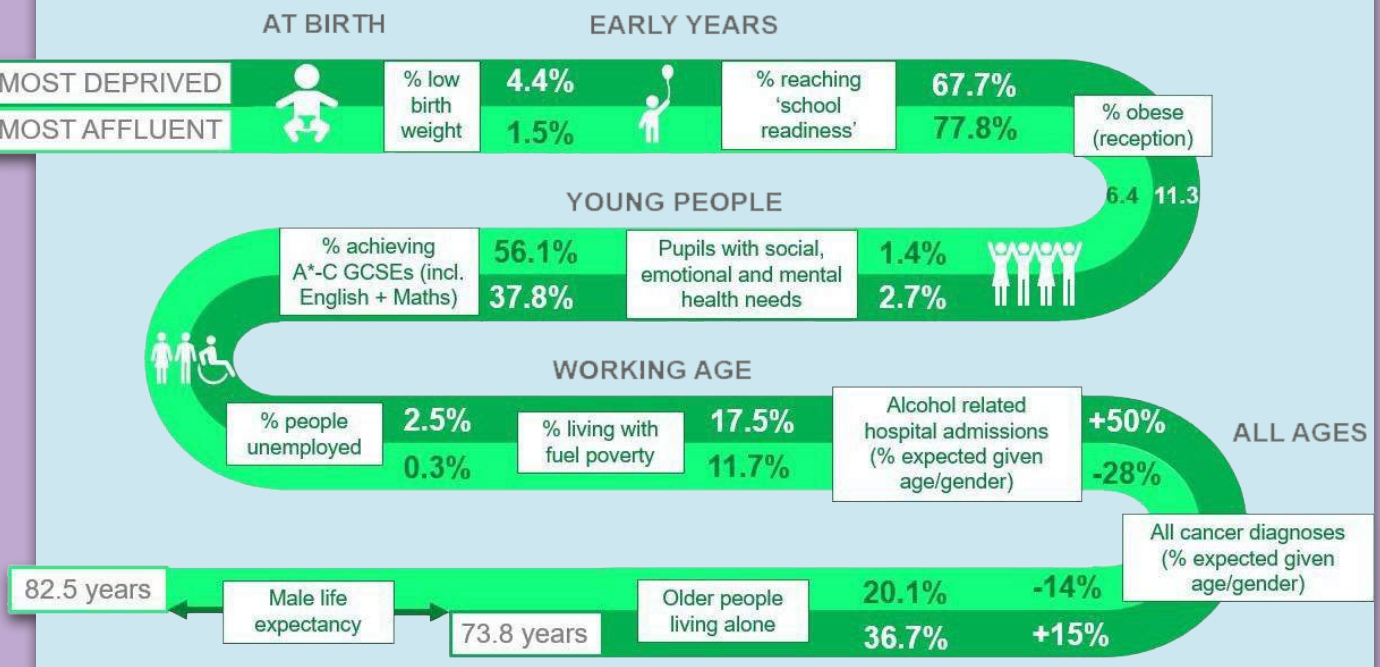
Figure 01 | Representation of equality and equity using adapted bicycle example

Source: Reproduced with authorisation from Robert Wood Johnson Foundation (Better Bike Share, 2017)

Inequalities can be seen as being present from birth, through someone's early years and into later life. At each stage this can result in relatively poorer mental and physical health.

This can be shown in a tale of two babies in **Figure 02** below. While we must recognise that no outcome is set in stone, the story aims to illustrate the different opportunities and difficulties that two babies might encounter throughout their life. The graphic shows two parallel curving lines. One showing outcomes for those from the most deprived areas of LLR and the other showing outcomes for those from the most affluent areas of LLR.

Figure 02 | Difference in health indicators between the most and least deprived local areas of LLR



Source: PHE Fingertips

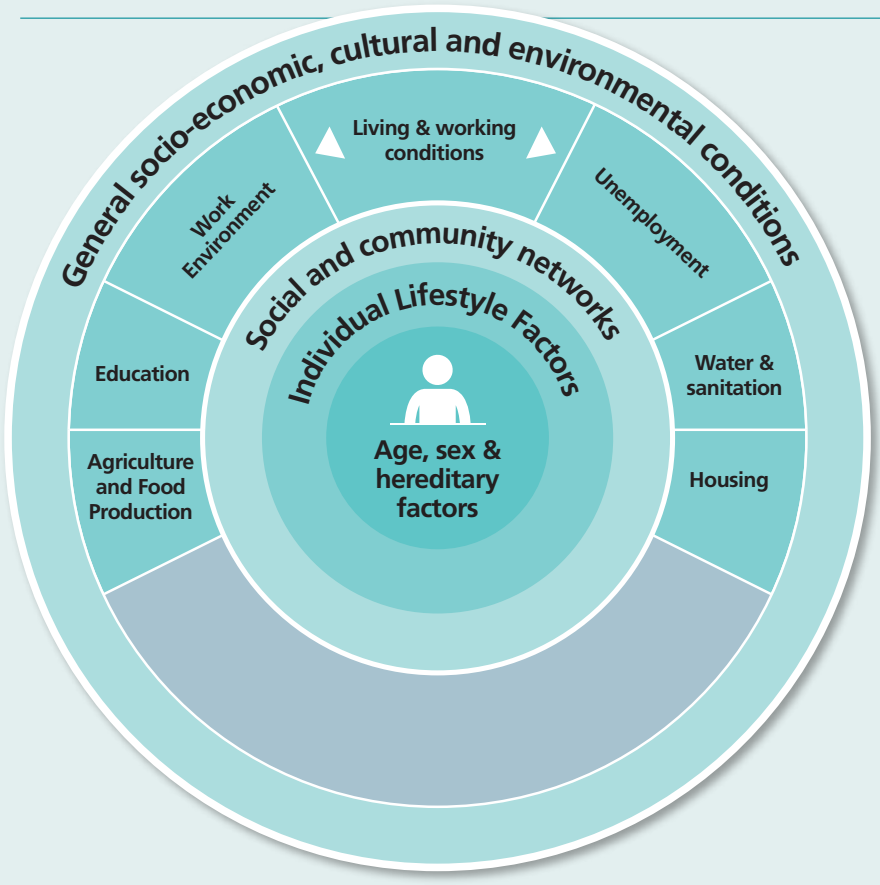
What is 'Health'?

Health has been defined as:
"A state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of illness."

We are using this definition of health in **assessing health inequalities.**

Our work is also based on a **'social model'** of the factors that can influence someone's health. This is shown in **Figure 03** below. It shows that everything but age, sex and hereditary factors can be modified in terms of factors that can influence an individual's health.

Figure 03 | A Social Model of Health



Things like education, housing, transport and clean air are often known as 'wider determinants of health'.

They can also be seen as the 'causes of causes' which we mentioned earlier. It shows the importance of the NHS working with local authorities and other organisations who can influence these factors.

Source: The World Health Organisation

Our Principles
for reducing health inequalities

> Reducing health inequalities is a key factor in all work carried out within the ICS – it is everyone's business.

Our work in this area will be guided by the following principles:

Principle 01

Reducing health inequalities

is a key factor in all work carried out within the ICS – it is everyone's business. Reducing health inequalities and improving health equity should run through all our work, at all levels, as a 'golden thread'. Appropriate training and support will be given to enable people to think and act in ways that reduce health inequity.

Principle 02

We will use data and insight

to better understand local health inequalities and how they affect people. We will draw upon the best evidence to take action to reduce inequalities and to evaluate the impact of our services. This is known as 'population health management'. Where services are failing to reduce inequity, or (by accident) are increasing it, the services will be adjusted or changed completely.

Principle 03

We will prioritise prevention,

helping prevent or lessen the impact of illness. This is important in improving health equity as the burden of disease is borne unfairly by those who are more deprived, marginalised or in a minority. Primary prevention includes a focus on and increased investment in reducing inequalities in lifestyle risk factors (such as smoking, diet, exercise or alcohol consumption), mental wellbeing, housing, income, education, working conditions and the wider environment. In these areas, it is critical that the NHS works effectively with local authority partners.

Principle 04

A focus on gaining a fair balance

between mental and physical health - reducing inequalities in mental health will be prioritised to the same extent as reducing inequalities in physical health.

Principle 05

Local public sector organisations

will seek to reduce health inequalities through offering 'social value'. This approach includes efforts to make the workforce more representative of the local population. We will use mentoring, reverse mentoring and apprenticeships to improve opportunities for under-represented groups, support people from less affluent backgrounds to establish a career in the public sector, and seek to tackle racism and prejudice in society. In addition, we will seek to maximise the value of our collective spending on the local economy.

Principle 06

Investment in services

will be proportionate to the needs of people using those services. This means that although there will be a universal offer of services to all, we will vary the provision of services in response to differences in need within, and between, groups of people. In this way we will look to 'level up' the way that services are offered and outcomes achieved.

Principle 07

We will draw on the strengths of communities and individuals

to reduce health inequality and inequity. Our services will aim to focus on 'what matters to people' rather than focusing on 'what is the matter' with them. We will listen to local people with lived experience to shape local priorities and redesign services. As part of strengthening resilience in communities we will work to improve health literacy – the skills, knowledge and understanding that people have to make use of available information and access local services.

Principle 08

We will ensure that all plans

and policies put forward by the ICS partners take into account issues of health equity. This is particularly important in relation to the wider factors that can affect people's health such as housing, education or employment.

Principle 09

We will take effective action

during the key points of a person's life to help reduce health inequality and inequity. This means a specific focus on giving children the best start in life, prevention of ill health and the promotion of wellbeing and resilience.

Principle 10

The ICS is accountable

for delivering on health inequalities across the local health and care system. We acknowledge that organisations within the ICS also have a statutory duty to reduce health inequalities. The work required to reduce health inequalities will tend to take place at a 'place' (or local neighbourhood) level. These places will need to be responsive to the particular needs of local people.

Principle 11

Actions will be undertaken

at the most appropriate level of the ICS where they can be most effectively owned and delivered. This will tend to be determined by the relevant statutory responsibilities of the partner organisations. Housing, education, and licensing rest with local authorities, for example, while commissioning responsibility for most health services sits with the local NHS clinical commissioning groups and their successors.

Principle 12

There is significant potential

to improve people's health through better and more widespread use of digital technologies. Digital technologies are integral to many of the changes envisaged in the NHS Long Term Plan. However, it will also be important to take steps to prevent digital technologies entrenching or widening health inequalities. This means understanding and addressing the issue of digital exclusion and ensuring that people can still receive face-to-face services where required.

Taking steps to reduce health inequalities

Actions to address health inequalities will need to take place at different levels:

System Level

Across the whole LLR area.

Place Level

Across the area covered by the upper tier local authorities (Leicester City Council, Leicestershire County Council, Rutland County Council) and led by Health and Wellbeing Boards.

Neighbourhood or Locality Level

Smaller (though locally meaningful) populations within the wider upper tier boundaries.

Medium to long term priorities will be determined at place level and are likely to include:

- A **focus on the first 1,001 days of life.** Events and people's health during this period often determine outcomes across the whole of someone's life
- **Improving healthy life expectancy** through early intervention and prevention. This will include actions relating to the other factors that can affect someone's health such as education or job opportunities
- **Using the lived experiences of people** to inform our plans and actions
- **Each organisation having their own executive lead for health inequalities** who will be responsible for driving this agenda forward
- An approach which is **Smart, Measurable, Achievable, Realistic and Timed (SMART).**

Shorter term goals are to:

- **Restore NHS services inclusively** (following the impact of Covid-19)
- **Mitigate** against digital exclusion
- Ensure that **our data is accurate** and **providing the necessary insights**
- **Accelerate preventative programmes** that engage those at greatest risk of poor health (management of long-term conditions, annual health checks for people with learning disabilities/serious mental illness, continuity of maternity care for BME women and those from deprived neighbourhoods)
- **Strengthen leadership and accountability.**

Strategic actions

to reduce health inequalities at the ICS level

All decision makers within the ICS will have expertise, skills, insight and understanding of health inequity and how to reduce it.

Action 01

Places will be expected

to apply the principles, outlined in this framework, to their specific populations, in the most appropriate way, that meets their local needs. This is likely to embrace the various factors that can affect people's health (as shown in figure three).

Action 02

The ICS will make investment decisions

for people across LLR that reflect the various needs of different communities. In this way, actions can be universal, but adjusted and made proportionate to the level of disadvantage. The aim of reducing health inequalities will be a high priority. Specifically, we will develop a new strategic long-term model of primary care (GP practice) funding, distribution and investment. This will 'level up' funding based on population need rather than historical allocation.

Action 03

We will establish a defined resource

to review health inequalities at this strategic level. This will be a virtual partnership between the NHS, local authorities and local universities. An enhanced ability to process and analyse data will support a better understanding of inequity across the area. We will gather and share best practice in effective interventions and provide teaching and training to all levels of staff in undertaking health equity audits. We will facilitate local research. Public health teams will deliver, with partners, the health inequalities support function at a place and neighbourhood level. Specifically, a proposal for the establishment of an LLR health inequality resource will be presented to the system executive.

Action 04

All decision makers

within the ICS will have expertise, skills, insight and understanding of health inequity and how to reduce it. Specifically, health inequity and inequality training will be mandatory for all executive decision makers in each organisation. We will work with local and regional partners to develop appropriate and robust training packages relevant to roles.

Action 05

Partner organisations will work together

to understand the impact of Covid-19 on health inequalities across LLR, to allow effective and equitable recovery after the pandemic. We will be looking to:

- Identify groups and communities, across all ages and across protected characteristics, which have been most affected by the pandemic as a result of pre-existing vulnerabilities and disadvantages
- Undertake proportionate additional work to ensure vaccine uptake is equitable
- Include consideration of the role of the wider determinants of health, such as education, employment, housing and poverty
- Promote equal support for mental and physical health to those groups worst affected by the pandemic and the consequences of lockdown.

Action 06

All partners will work

to improve the completeness and consistency of their data to enable a better understanding of health inequity. This mainly relates to data collection on people with 'protected characteristics' under the Equality Act. Specifically, partner organisations will develop an action plan for having ethnicity, accessibility and communication needs of their population appropriately coded in records. In addition, we will make better use of our data sets in order to identify vulnerable groups and individuals to offer proactive, holistic care through Integrated Neighbourhood Teams.

Action 07

At the ICS level,

we will obtain and use data to help us better understand where we can do more work to reduce health inequity. Each organisation will adopt a standard health equity audit tool and put training plans in place to use this tool, so that each 'place' area can compare their performance against other areas.

Action 08

We will undertake health equity audits

to identify health inequalities between different population groups. These will be carried out at the planning stage when we commission, redesign or evaluate services. Action to reduce health inequity will be taken based on audit findings (at a minimum considering the protected characteristics of the Equality Act 2010).

Action 09

The NHS

and public sector partner organisations within the ICS will seek to reduce health inequalities through seeing what we can do together, especially in the areas of work opportunities, use of buildings and purchasing.

How will we know if this work is succeeding?

If this framework is successful in driving effective action, we expect to see the following outcomes:

- A reduction in health inequities
- An increase in healthy life expectancy
- A reduction in premature mortality
- A workforce that is representative of the local population
- Better use of data

CASE STUDY 01:
Reducing health inequalities – COVID vaccine hesitancy in St Matthews

Our Approach

Our approach to tackling inequalities across LLR is based upon the NHS Race & Health Observatory Covid-19 working group recommendations for communications & engagement:

1. Build trust through community forums
2. Clear, simple and accessible messaging
3. Messages are repeated, consistent and culturally sensitive
4. Engages in proactive social media campaigns
5. Embed delivery within familiar and accessible locations – such as GP practices and community infrastructure
6. Use NHS professionals and other trusted community voices to promote and advocate the programme

What the issue was - i.e. rate prior to intervention

Data from SystmOne via Leicestershire Health Informatics Service includes counts of vaccines administered and population data by age band, sex, ethnic group and geographical area.
By showing vaccination uptake by ethnic group and geographical area, it is possible to see areas of the city with low vaccination uptake for different ethnic communities. Leicester's Somali population had 49% uptake in over 50s at 23/03/21 compared with 78% in the population overall. Over half of the Somali population live in 2 neighbouring areas in the city, St Matthews and St Peters.

Design of intervention in partnership with community

In Reach Pop Up Clinic

- To provide an agile response to the population, we facilitated a vaccination pop up clinic at a local Faith Centre in the City known to the community.

Community Engagement

- Zoom webinars - hosted by a local GP and proactive community leader with support from the Director for Public Health.
- YouTube video curated by a local GP highlighting the vaccination pop up clinic and key details/cascading amongst the local Community via whatsapp.
- Local Radio with BBC Radio Leicester to inform and discuss the vaccination pop up clinic, also interview with the local CCG.
- Communications material sent out to all shops, mosques, schools, and community organisations.
- Information sharing via the COVID helpline, managed by the Women 4 Change Community Organisation who can advocate for the population and signpost queries.
- Information sharing via NHS, LLR CCG websites and social media.

Rate after interventions

537 people attended the pop-up clinics for their vaccination. Overall, 44% of people that attended said that had this not been made available locally then they were not likely to have taken up the vaccine.

Data up to 23/3/21 shows uptake in over 50s Somali population was 49%. Following the In reach intervention with the community and a pop-up vaccination clinic increased vaccination uptake to 60% at 30/03/21.

Data up to 17/08/21 shows currently 78% of over 50s within the Somali population in Leicester have received dose 1 vaccination.

Data up to 23/3/21 in St Matthews & St Peters shows 69%. Data up to 30/3/21 shows an increase to 75%.

Feedback from staff and patients

- Volunteers and vaccinators alike stated they were **"proud to be part of this local initiative"**
- Many volunteers stated they **would like to join the mass vaccination efforts.**
- **The vaccinators felt it had an impact on changing hearts and minds** - individual interactions with the community members enabled them to breakdown a lot of the myths and allay their fears and concerns. Many community members who came to the clinics - partly out of curiosity and others who felt doubtful and came to ask questions - were able to have their vaccines there and then once they were able to have these conversations with the vaccinators.

How we have applied this learning elsewhere

The learning has been applied across various differing settings including Workplace in Reach Clinics. We were asked by Local Authority and Public Health colleagues to contact several large employers within the LLR footprint.

We set up an initial task and finish group with a large organisation where we discussed vaccine hesitancy, the use of the Healthy Conversations Toolkit, support for managers in using this toolkit and also asked for the demographics of the workforce this data showed us that 62% of the workforce were from ethnic minorities, including individuals from Eastern European communities and African communities.

As this large organisation uses a 24-hour shift pattern system. It was agreed that the best time to run the clinics was across the shift change times this gave all employees the opportunity to access the vaccination clinic.

A range of Comms was used for this clinic including internal comms through staff awareness sessions the Healthy Conversations toolkit was also used in these sessions.
The organisation also arranged for their staff to book into the clinics via an internal appointment system this was provided to us allowing us to book individuals into the clinic via the Swift Q system. Use of Swift Q ensured that a second dose trigger was set.

151 people were vaccinated over the two days of the clinic with 32% of those that attended advising that they would not have taken up the vaccine had it not been made available to them on site.

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CASE STUDY 02:
Health inequalities - Introduction of new technology to improve care in diabetes

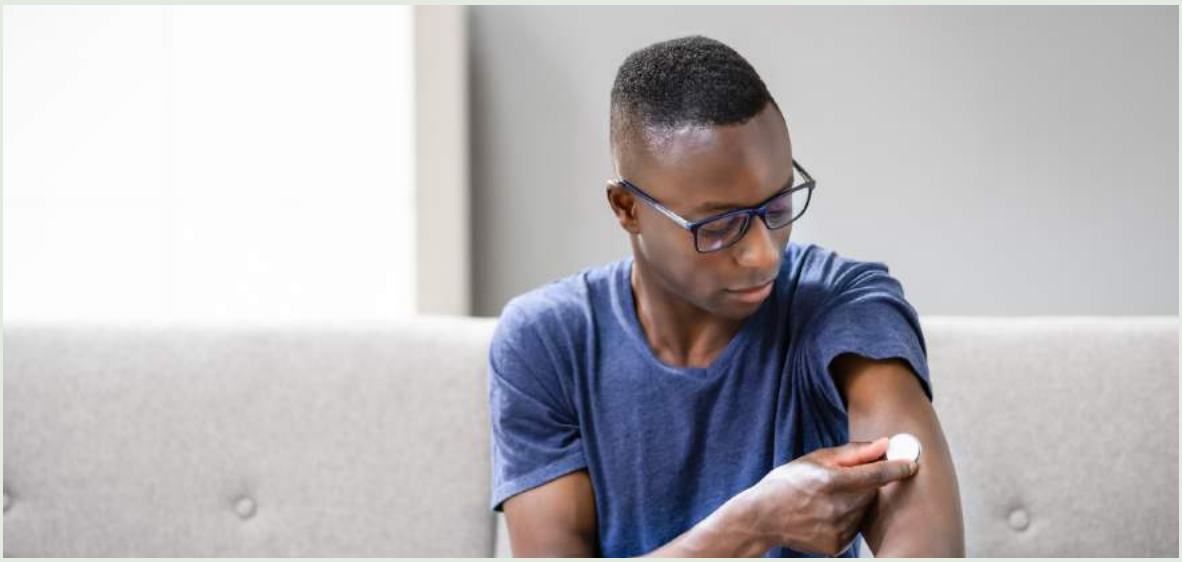
Case study by Professor Azhar Farooqi

Diabetes is one of the most common chronic disorders affecting nearly five million people in the UK. It is a significantly more common condition in people of low socio-economic status and in BME groups. Diabetes is a costly condition, not only in financial terms (more than 10% of the NHS budget), but also in terms of mortality and morbidity. Sufferers lose several years of life and the condition is the biggest cause of acquired blindness, renal failure and amputations.

The evidence that good control of blood glucose improves outcomes for patients and reduces NHS costs is overwhelming. Freestyle Libre (FSL) is a new technology, known as flash glucose monitoring, which allows patients to monitor in real time their blood glucose using a skin patch and a small handheld sensor. It avoids multiple lancet jabs and time-consuming use of glucose strips and machines.

The technology is approved by NICE for patients with type 1 diabetes who normally would test multiple times a day and is likely soon to be extended to patients with type 2 diabetes on insulin and other groups deemed at high risk of hypoglycaemia.

It costs about £500 per patient per year. The real-world impact of this technology has shown significant improvements in blood glucose levels, reduced hospital admissions and paramedic call-outs, less severe hypoglycaemia and improved overall blood glucose control.



How was this technology rolled out?

The prescribing of FSL has been via secondary (hospital) care to eligible patients who have an education session on how to use it. As with all new technologies and treatments, patients learn about the availability of this via media and friends and those most empowered tend to know about it first. The patient benefit is not only in improved diabetes control but also the avoidance of painful finger pricks. It was entirely predictable that the most articulate, informed and persuasive patients would be in a position to demand this technology and persuade their health care professional they are eligible and would benefit. The criteria of existing multiple testing and the education package also favours English speakers, literate patients and those already empowered in looking after their condition - all of which make it less likely that people form deprived backgrounds would either push for this technology or be prioritised for it.

What has been the health inequality?

Type 1 patients in the most deprived area of Leicester, Leicestershire and Rutland had a 29% chance of receiving this technology, compared to 39% in the least deprived area. Only 14% of type 1 patients received FSL in GP practices with the most BME people in their population, whereas this figure was 38% for the practices with fewest BME people.

Why has this happened?

This data was produced by a pharma company, who in effect, 'whistle blew' the problem. The local NHS service provider had no idea of this health inequality. There was no consideration of health inequalities in the introduction of this technology, nor monitoring of uptake by deprivation or socio-economic status. Despite the data, little has changed on the provision of this technology to date. Future provision requires a robust health equity audit to fully understand the potential impact on health inequalities.

Lessons to be learnt

It is important that a full equity impact assessment is carried out when all new technology (or therapies) are introduced. It is important that monitoring of uptake by socio-economic status and BME status, as well as other characteristics, is undertaken, and data reported and shared. It is important to consider if specialist-only provision will worsen health inequalities. Most type 1 patients (60%) and the vast majority of type 2 diabetics (95%) receive care only in general practice. It is likely that appropriate primary care provision will improve wider access to this intervention. Language is likely to be a significant barrier in addressing health inequalities, in particular, when a mandatory education package is only available in English. Specific thought, investment and planning needs to take place to reverse this inequality of provision of FSL.

Where can I find out more?

Public health experts routinely put together assessments of health and health inequalities for local areas. These are known as Joint Strategic Needs Assessments and are available for:

- **Leicester City**
- **Leicestershire**
- **Rutland**

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