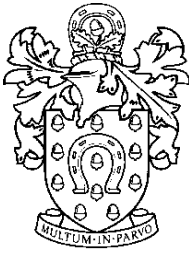


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Rutland County Council

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Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 23rd April, 2024 at 2.00 pm

PRESENT

1.	Diane Ellison (Councillor) CHAIR	Portfolio Holder for Adults and Health, RCC
2.	Alison Gilmour	Director of Strategy & Partnerships, Leicestershire NHS Partnership
3.	Dawn Godfrey	Strategic Director of Children and Families (DCS), RCC
4.	Debra Mitchell	Deputy Chief Operating Officer, LLR ICB
5.	Ian Crowe	Armed Forces Representative
6.	Janet Underwood (Dr)	Chair, Healthwatch Rutland
7.	Kim Sorsky	Strategic Director for Adults and Health (DASS), RCC
8.	Mike Sandys VICE CHAIR	Director of Public Health for Leicestershire & Rutland, LCC
9.	Sarah Prema	Chief Strategy Officer, LLR ICB
10.	Tim Smith (Councillor)	Portfolio Holder for Children and Families, RCC

APOLOGIES:

11.	David Williams	Group Director of Strategy & Partnerships Leicestershire Partnership NHS Trust & Northamptonshire Healthcare NHS Foundation Trust
12.	Karen Kibblewhite	Head of Commissioning, RCC

ABSENT:

13.	Duncan Furey	Chief Executive Officer, Citizens Advice Rutland
14.	Liam Palmer (Sgt)	Leicestershire Police
15.	Louise Platt	Executive Director of Housing, Care and Support, Longhurst Group
16.	Simon Barton	Deputy Chief Executive, UHL NHS Trust
17.	Simon Pizzey	Associate Director of Strategy and Partnerships, UHL NHS Trust

OFFICERS PRESENT:

18.	Adrian Allen	Assistant Director - Delivery, Public Health
19.	Emma Jane Hollands	Head of Community Care Services
20.	Jane Narey	Scrutiny Officer, RCC

21.	Katherine Willison	Health and Wellbeing Integration Lead, RCC
22.	Mitch Harper	Strategic Lead – Rutland, Public Health
23.	Susan-Louise Hope	Strategic Lead – Rutland Commissioning, Public Health

IN ATTENDANCE:

24.	Chief Inspector Audrey Danvers	Leicestershire Police
25.	Fiona Grant	Consultant in Public Health, Leicestershire County Council
26.	Anuj Patel	Strategic Lead – Health Protection, Leicestershire County Council
27.	Hanna Blackledge	Lead Public Health Analyst, Leicestershire County Council
28.	Amy Chamberlain	Senior Public Health Analyst, Leicestershire County Council

1 WELCOME AND APOLOGIES RECEIVED

The Chair welcomed everyone to the meeting. Apologies were received from Karen Kibblewhite and David Williams. Alison Gilmour, Director of Strategy & Partnerships at Leicestershire NHS Partnership attended the meeting as David’s representative.

2 RECORD OF MEETING

The minutes of the Rutland Health and Wellbeing Board meeting held on the 16th January 2024 were approved as an accurate record.

3 ACTIONS ARISING

There were no actions arising from the previous meeting.

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 PETITIONS, DEPUTATIONS AND QUESTIONS

There were no questions with notice from members.

6 QUESTIONS WITH NOTICE FROM MEMBERS

There were no questions with notice from members.

7 NOTICES OF MOTION FROM MEMBERS

There were no notices of motion from members.

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Chief Inspector Audrey Danvers joined the meeting at 2.03 p.m.

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8 RIGHT CARE, RIGHT PERSON: OVERVIEW AND UPDATE

A verbal briefing was received from Chief Inspector Audrey Danvers on the Right Care, Right Person (RCRP) approach. During the discussion, the following points were noted:

- It had been recognised that many people in mental health crisis would often see a police officer, who could not provide the specialist care or support that was needed.
- This was a national partnership approach led by police services alongside ambulance services, hospitals, mental health services and social services which aimed to ensure that vulnerable people with health and social care needs were responded to by the most appropriate specialist service.
- RCRP gave an overview of when police would get involved in relation to certain matters i.e. people who were absent without leave (AWOL) from mental health establishments or who had walked out from health care services.
- Guidance had been produced called 'Considerations before you call' for partner agencies to use before they called the police regarding a person who had gone AWOL or was missing – copy attached.
- Chief Inspector Danvers confirmed that the police would always be involved to support and safeguard any person who was at risk of harm.
- The Strategic Director of Adults and Health confirmed that agreed strategies and processes were already in place locally to ensure that the right services were in place to support the public.
- The Strategic Director of Children and Families confirmed that work was ongoing locally with regard to the RCRP approach and the safeguarding of children and young people.

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Chief Inspector Audrey Danvers left the meeting and Fiona Grant and Anuj Patel joined the meeting at 2.20 p.m.

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9 RUTLAND HEALTH PROTECTION ANNUAL REPORT

Report No. 59/2024 was received from Fiona Grant, Consultant in Public Health, Leicestershire County Council and Anuj Patel, Strategic Lead – Health Protection, Leicestershire County Council. During the discussion, the following points were noted:

- Public Health continued to work closely with all partners to improve vaccination rates.
- The Consultant in Public Health noted that a women's health hub would help to promote the uptake in cervical and breast screening services, which had seen a downward trend following the COVID pandemic.
- Antibiotic resistant pseudomonas infection rates were covered by the Integrated Care Board (ICB) and not Public Health.
- The [bowel screening](#) programme was gradually being expanded to make it available to everyone aged 50 to 59 years.

RESOLVED

That the Board:

- a) **NOTED** the Rutland Health Protection Annual Report 2023.
- b) **RECOGNISED** the specific health protection issues that have arisen locally, the steps taken to deal with them and the particular areas of focus for the coming year.

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Fiona Grant and Anuj Patel left the meeting at 2.42 p.m.

The Chair proposed to take Agenda Item 11 (Leicester, Leicestershire & Rutland (LLR) Integrated Care System: Update) before Agenda Item 10 and this was agreed by the Health and Wellbeing Board.

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

Report No. 62/2024 was received from Sarah Prema, Chief Strategy Officer, Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB). During the discussion, the following points were noted:

- Caroline Trevithick had been appointed as the new Chief Executive Officer for the LLR ICB following the retirement of Andy Williams in November 2023.
- David Sissling had also left the role of Chair of the LLR ICB and the recruitment process for a new chair was ongoing.
- The Birmingham and Solihull ICB, on behalf of the 10 ICB's located across the Midlands region, would manage the 59 'low volume, high cost' specialised services delegated from NHS England to the ICB's on the 1st April 2024.

RESOLVED

That the Board:

- a) **NOTED** the update from the LLR Integrated Care System (ICS).

11 RUTLAND WHOLE SYSTEMS APPROACH TO HEALTHY WEIGHT

Report No. 57/2024 was received from Adrian Allen, Assistant Director - Delivery, Public Health and Mitch Harper, Strategic Lead – Rutland, Public Health. During the discussion, the following points were noted:

- A presentation was received from Mitch Harper, Strategic Lead for Rutland – copy attached.
- The next step would be to engage with the community to get their involvement to inform the priorities and identify any possible 'quick wins'.

RESOLVED

That the Board:

- a) **APPROVED** for a long-term Whole Systems Approach to Healthy Weight be developed for Rutland.
- b) **APPROVED** the approach to be delivered by the Rutland Staying Healthy Partnership subgroup.

12 JOINT STRATEGIC NEEDS ASSESSMENT: UPDATES & TIMELINE

A. MENTAL HEALTH AND DEMENTIA - ADULTS

Report No. 60/2024 was received from Hanna Blackledge, Lead Public Health Analyst, Leicestershire County Council and Amy Chamberlain, Senior Public Health Analyst, Leicestershire County Council. During the discussion, the following points were noted:

- A presentation was received from Amy Chamberlain – copy attached.
- Ian Crowe, the Armed Forces Representative requested that the data from the ONS report ([Suicides in UK armed forces veterans, England and Wales: 2021](#)) be included in the finalised JSNA chapter and that the focus be on the veterans population within Rutland.
- The treatment of mental health was not purely a health services issue but rather a whole partnership issue i.e. Public Health, social care, housing etc.
- The Strategic Director of Children and Families noted that there was no specific chapter regarding mental health issues for children and young people or 'at risk' groups i.e. care leavers and unaccompanied asylum seekers.
- The Strategic Director of Adults and Health commented that the Leicester, Leicestershire and Rutland (LLR) dementia strategy had been approved and was no longer 'draft' as stated in the report; that the dementia diagnosis rate was now higher due to significant on-going project work and that references to data should be recorded as being from 'Leicester, Leicestershire and Rutland (LLR)' and not 'Leicestershire and Rutland'.
- The Director of Public Health for Leicestershire & Rutland informed the Board that the data stated within the report was accurate at the time it was collated/published i.e. 2021 so would be different to current data.
- The Chair of Healthwatch Rutland requested that data regarding young onset dementia should also be included in the report.

RESOLVED

That the Board:

- a) **APPROVED** the Mental Health and Dementia JSNA for publication with the following changes:
 - That the report should be amended so that the focus was on 'armed forces veterans' and not on 'armed forces personnel'.
 - That there should be a specific chapter on mental health issues for children and young people, specifically the 'at risk' groups i.e. care leavers and unaccompanied asylum seekers.
 - That references to data should be recorded as being from Leicester, Leicestershire and Rutland (LLR).
 - That the report should clearly state that the figures detailed in the report reflected the data at the time of its collation/publication.
- b) **SUPPORTED** the findings and recommendations of the JSNA.
- c) **NOTED** the contents of the JSNA.

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Sarah Prema left the meeting at 4.03 p.m.

13 JOINT HEALTH AND WELLBEING STRATEGY

Report No. 58/2024 was received from Katherine Willison, Health and Integration Lead at Rutland County Council . During the discussion, the following points were noted:

- The Chair informed attendees that Katherine Willison was now the new Interim Head of Adult Social Care.
- The report gave the Board an update on the progress of the Joint Health and Wellbeing Strategy Delivery Plan and highlighted elements of the Public Health Outcomes Framework.
- Life expectancy figures fell nationally during the COVID pandemic.
- The next report with updated figures was expected in Spring 2025.

RESOLVED

That the Board:

- a) **NOTED** the further development of the JHWS Delivery Plan.
- b) **NOTED** the Public Health Outcomes Framework: Update for Rutland Report.

14 BETTER CARE FUND

Report No. 61/2024 was received from Katherine Willison, Health and Integration Lead at Rutland County Council. During the discussion, the following points were noted:

- The report briefed the Board on the 2023-25 Quarter 3 BCF Report.
- The metric for the 'discharge to usual place of residence' had improved and was now on track to meet its target.
- 'Avoidable admissions' was not on track to meet its target but a new Health and Care Collaboration project was due to start to help improve these figures.

RESOLVED

That the Board:

- a) **NOTED** the content of the report.
- b) **NOTED** that the Rutland 2023-25 Quarter 3 Report of the Better Care Fund gained approval from the Chair of the Health and Wellbeing Board and from the ICB Executive Team and was submitted to the National BCF Team on 31 January 2024.

15 UPDATE FROM THE SUB-GROUPS

A. CHILDREN AND YOUNG PEOPLE PARTNERSHIP

A verbal update was received from Dawn Godfrey, Strategic Director for Children and Families, Rutland County Council. During the discussion, the following points were noted:

- The partnership's priorities for 2023/24 had been reviewed and were now being undertaken as 'business as usual.'

- The current Rutland Children and Young People's Strategy would run until 2025 and planning had already started on identifying the partnership's next 3 year plan and priorities.
- Once finalised, the new Rutland Children and Young People's Strategy for 2025-2028 would be presented to the Health and Wellbeing Board for formal approval.

B. INTEGRATED DELIVERY GROUP

A verbal update was received from Debra Mitchell, Deputy Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board. During the discussion, the following points were noted:

- A dementia sub-group had been established.
- The Lived Experience Partnership Group was reviewing services including forming better links with the voluntary sector.
- Same-Day Access Services were being reviewed to improve the model of care.
- The Group's Terms of Reference had been updated and now included a 'deep dive' into each priority area.

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At 4.30 p.m. the Chair proposed that the meeting be extended for 15 minutes for the agenda to be completed. This was unanimously agreed.

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- An update on dentistry services had been received including details of the national action plan and the Oral Health Needs Assessment, which was due at the end of May 2024.

C. RUTLAND MENTAL HEALTH NEIGHBOURHOOD GROUP

A verbal update was received from Emma Jane Hollands, Head of Community Care Services, Rutland County Council regarding the ongoing work of the group – details attached.

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At 4.43 p.m. the Chair proposed that the meeting be extended for a further period of 15 minutes for the agenda to be completed. This was unanimously agreed.

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D. STAYING HEALTHY PARTNERSHIP

- A verbal update was received from Adrian Allen, Assistant Director – Delivery, Public Health. During the discussion, the following points were noted:
- An Armed Forces Workshop had been held from which an action plan had been identified for 2024-2025.
- The High 5 project was currently being evaluated and the sustainability of the project was being investigated.

16 REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN

The Forward Plan and the Board's work plan for 2024-2025 were reviewed. During the discussion, the following points were noted:

- An update regarding dental services in Rutland would be added to the work plan for the September/October meeting.
- The Rutland Children and Young People's Strategy for 2025-2028 would be added to the work plan for the Board to approve at its October or January meeting.
- Councillor Ellison requested that Board members notify her of any other items for inclusion on to the Board's work plan for 2024-2025 for discussion at the next meeting.

17 ANY URGENT BUSINESS

There was no urgent business.

18 DATE OF NEXT MEETING

The date/time of the next meeting would be confirmed at Annual Council on the 20th May 2024.

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The Chair declared the meeting closed at 4.47 pm.

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Considerations before you call document

As part of the Tactical working group for RCRP/MAA held on 25/09/2023 it was agreed by all partners for agencies to complete proportionate lines of enquiry (based on the circumstances/timeframes involved for the incident) prior to contacting the police when appropriate. There will be incidents when it is appropriate to contact the police whilst you are completing these enquiries because there are other factors at play which indicate a joint approach/role. This is the same consideration for all 5 areas of MAA - Concern for welfare, Walkout from Healthcare facilities, AWOL from Mental Health establishments, Police use of mental health act powers and transportation.

A request was made of the police to provide a general overview on the types of questions likely to be asked by police contact handlers to maximise the information exchange and bring the matter to a safe and timely conclusion. The below is not an exhaustive list, it is examples of enquiries which would likely be discussed when contacting the police to discuss ownership of the incident in order to bring it to a safe resolution. Each incident will be assessed on an individual case-by-case basis. It is not possible to adopt a one size fits all approach to certain incident types as the individual circumstances will always be different.

Please consider, **do you believe there is a role for police, which agency is best equipped to provide the right care in these circumstances and bring this matter to a safe and timely conclusion.**

If your professional judgment on review of the circumstances indicates there is a real and immediate threat to life, and you believe there is a role for the police do not delay contact with the police. Your enquires can be completed in tandem.

The police will always provide relevant support to partner agencies when required. If there is any information to suggest that there is an immediate threat to life, you believe that someone is at risk of being subjected to criminal offences such as Child Sexual/Criminal Exploitation or if they pose a significant risk to themselves or others due to the fact that they are Resistant, Aggressive or Violent.

We will have a professional discussion to determine which agency will take primacy and what joint approach is required.

Enquiries to have considered.

- To have thoroughly searched the location and the surrounding area.

- To have attempted to contact the individual concerned, utilising any contact numbers held for them.
- To have attempted to contact any next of kin known for the individual, including family members, known associates and document any response.
- To attend the home address of the individual to ascertain whether they are there or have been back to their home address (if your service is commissioned to do this).
- To attend the last known address for the individual if it is different from their home address (if your service is commissioned to do this).
- Define a single or multi-agency plan of action once the person is located.
- To define the current risks to the person (including history) and the rationale for contacting the police.

If you have completed proportionate enquiries and you are **still** concerned about the individual, then contact Leicestershire police. When contacting Leicestershire police, you will be asked the following information.

- The full name, date of birth and description of the person, including the clothing they were wearing when last seen.
- Any contact numbers that you have for the individual.
- Any next of kin details and any contact numbers that you have for them.
- The home address of the individual and any other locations that they are known to reside at.
- What enquiries you have completed to locate and check on them.
- Does the person have any dependents?
- What are the specific concerns about the individual (these must be based on clinical risk assessment).
- Where were they last seen, what time were they last seen and by whom and how did they present (were any concerns or risks identified)?
- What other agencies are involved in the person's care?
- Is the person currently receiving any treatment from Community Mental Health services such as a Community Mental Health Team, Child and Adolescent Mental Health Services, Crisis Team, Memory Clinic or Older Person's Mental Health Services?
- Does the person have any conditions which require active monitoring or treatment such as insulin dependent diabetes.
- Is the person detained under the Mental Health Act(MHA) or currently being treated in a mental health in-patient unit or under the Deprivation of Liberty Safeguards.
- Is the person an adult at risk? If yes provide more details in line with LLR Safeguarding Adult's procedures.
- What is your agency plan to assist in locating the person? Calling the police does not always fully transfer ownership / risk. There remains a requirement for ongoing engagement to safely bring the incident to conclusion.

- If we are unable to come to a joint decision about progression of an incident, then there is an escalation process available by involving relevant agency supervisors to successfully resolve the situation.
- Once located what is the single / multi-agency plan?

If your professional judgment on review of the circumstances indicates there is a real and immediate threat to life, and you believe there is a role for the police do not delay contact with the police. Your enquires can be completed in tandem.

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¹³Rutland County Council
Mental Health and Dementia – Adults
Joint Strategic Needs Assessment
March 2024

The JSNA is the means by which local leaders work together to understand and agree the needs of local people. It informs the joint health and wellbeing strategy, setting out priorities for collective action.

Who's at risk?

- **Older adults** - Compared to nationally, Rutland has an older population – with a steeper projected rise in the older age groups in Rutland than nationally likely to exacerbate this difference in the future.
- **Those suffering with Hypertension, Stroke and Coronary Heart Disease** – Rutland has higher than national prevalence of these conditions, which are risk factors for dementia.
- **Traveller communities** - The proportion of Rutland residents identifying as Gypsy or Irish Traveller at the time of the 2021 Census was significantly larger than the proportion across the East Midlands.
- **Rurality** - Rutland is predominantly a rural area with low population density.
- **Prison population** - Stocken prison in Rutland had a population of 1,055 in June 2023, with an inspection of the prison in January 2023 suggesting that around 85 prisoners were referred for mental health assessment each month.
- **Armed forces personnel** – The proportion of Rutland's population aged 16 and over that reported previously serving in the UK armed forces in the 2021 Census was significantly larger than the proportion in England.
- **Women in the perinatal period** - Similarly to the national pattern, the number of women accessing community perinatal mental health services has been increasing in Leicestershire and Rutland.

Mental Health Needs – Common Mental Disorders

15

- Almost four thousand adults with depression recorded on GP registers within Rutland, almost 12% of the total practice list size - significantly lower than the national average (13%).
- There were just over 350 cases of dementia recorded on GP registers in Rutland, 0.8% of the total practice list size which was significantly higher than the national average (0.7%). Almost all dementia in older age groups (65+).
- More than half of those living with dementia could be undiagnosed and not receiving treatment.
- Dementia prevalence is projected to increase.

Indicator	Time period	Rutland		CIPFA value range	England value
		Value	Count		
Depression: QOF Prevalence (18+ years)	2022/23	11.7%	3,944	11.2% - 15.7%	13.2%
Depression: QOF incidence (18+ years) – new diagnosis	2021/22	1.2%	401	0.9% - 2.2%	1.5%
Dementia: QOF Prevalence (all ages)	2022/23	0.8%	352	-	0.7%
Dementia: Recorded prevalence (aged 65 years and over) (%)	2020	3.38%	348	3.38% - 4.33%	3.97%
Estimated dementia diagnosis rate (aged 65 and older) (%)	2023	48.5% ¹	346	48.5% - 67.9%	63.0%

¹ Benchmarking against goal: > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)



Significantly higher than the national average	
Significantly lower than the national average	

Recent trend over most Recent five time periods:
 Increasing
 No significant change

Mental Health Needs – Severe Mental Illness (SMI)

- The number of people on GP practice disease registers across Rutland with a diagnosis of schizophrenia, bipolar disorder and other psychosis was just over 310 (0.74% of the total practice list size). This was significantly lower than the national average of 1.00%.
 - People experiencing SMI are more likely to have adverse health outcomes, with higher rates of premature mortality, including due to cancer.
- As of 30th June 2023, less than half (45%) of people registered with SMI across Leicestershire and Rutland had completed a full NHS physical health check in the previous 12 months.
- In East Leicestershire and Rutland, the breast cancer screening coverage for women with SMI compared to the general population was relatively low (34% compared to 72% in Q3 2023/24).
 - Rates of contact with community mental health services for adults with SMI in 2022/23 in East Leicestershire and Rutland were higher than the national average.

Indicator	Time Period	Rutland		CIPFA range	England value
		Value	Count		
Premature mortality in adults (18-74 years) with severe mental illness (SMI) – directly standardised rate, per 100,000 population	2018-20	55.9	55	55.9-111.0	103.6
Excess under 75 mortality rate in adults with severe mental illness (SMI) – excess risk (%)	2018-20	445.8%	-	269.2-615.1	389.9%
Premature mortality due to cancer in adults with severe mental illness (SMI) – directly standardised rate, per 100,000 population	2018-20	13.9	15	11.1-23.4	20.2
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI) – excess risk (%)	2018-20	157.1%	-	51.0-241.6	125.8%

Not significantly different to the national average	
Significantly better than the national average	

Mental Health Needs – Suicide and Self-harm

- There were 45 emergency hospital admissions due to intentional self-harm in Rutland in 2021/22. This equates to a rate of 106.4 per 100,000 population which was significantly better (lower) than the national average.
- The number of suicides in Rutland was low, there were a total of seven suicides in Rutland between 2020 – 22.
- However, estimates indicate that the number of people having thoughts of self-harming and/or attempting suicide each year in Rutland could be much higher – suggesting a higher level of need.

Indicator	Time Period	Rutland			CIPFA range	England value
		Value	Count	Recent trend		
Emergency hospital admissions for intentional self-harm, directly standardised rate per 100,000 population	2021/22	106.4	45	-	102.9 – 279.3	163.9
Hospital admissions as a result of self-harm (10-24 years), directly standardised rate per 100,000 population	2022/23	241.9	15	➔	216.4 – 662.3	319.0

Not significantly different to the national average

Significantly better than the national average

Recent trend over most recent five time periods:

➔ No significant change

- Could not be calculated

Services

- The report covers mental health services for adults provided through the NHS and other community organisations.
- The services are primarily commissioned and operate across Leicester, Leicestershire and Rutland (LLR) and cover a range of talking therapies, mental health units and teams, inpatient and outpatient services, services for specific mental health conditions, services provided specifically for older people, support provided by police, mental health practitioner and substance misuse practitioner partnerships and voluntary and community-based services.
- Access rates of NHS Talking Therapies in East Leicestershire and Rutland Sub-ICB in 2022/23 were similar to the national average but below the target set for these services.

Identified Needs and/or Gaps

- Population trends and projections point towards increased mental health needs in the future.
- Need for further assessment of the mental health needs of Rutland's armed forces population, particularly with the recent change in this population.
- In adults with SMI, both the breast cancer screening coverage and the proportion receiving a full physical health check were relatively low.
- Gaps between the estimated prevalence and the number of patients in contact with health services may indicate unmet need for dementia, severe mental illness and self-harm/suicide.
- Perceived gaps in the continuity of care between emergency department and general practice for people self-harming, particularly those without a permanent local address.
- Perceived lack of flexible outreach for people sleeping rough.
- Perceived low uptake of treatment for people with personality disorders.

Recommendations

- Seek opportunities for prevention and early detection of mental health conditions, including raising awareness of the risk factors of dementia and prevention measures for these.
- Monitor and improve uptake of physical health checks and cancer screening, particularly among those with severe mental illness.
- As Rutland is predominantly rural, issues of access to services and hidden pockets of deprivation should be recognised and addressed at a local level, through improved joint working.
- Enhance the continuity of care for self-harm, including emergency, primary, social care and other local services.
- Improve access to mental health services, particularly in communities where there may be a stigma attached to living with a mental health condition.

Recommendations continued

- The effectiveness of the Rutland Women’s Hub service currently being mobilised should be assessed and monitored to ensure that this service is meeting the needs of women in Rutland.
- Enhance local data collection on mental health inequalities, prevention and services, including mapping of services and patient pathways, particularly for vulnerable groups such as pregnant women and armed forces populations.
- Further modelling of the impact of current demographic trends on future mental health needs and demand for health care, particularly for dementia.
- The needs of some at risk groups such as prisoners, travellers and armed forces personnel should be assessed in more detail at a local level.

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RUTLAND MENTAL HEALTH NEIGHBOURHOOD GROUP

The Rutland Neighbourhood Mental Health Group led by Mark Young, Senior Mental Health Neighbourhood Lead continues to meet monthly and was requested to provide feedback regarding a draft version of the Rutland Joint Strategic Needs Assessment for Mental Health and Dementia. We have organised meetings to work in a collaborative manner by working with a number of partners to look at support through group work, which includes the Leicestershire Recovery College, P3, Vita and RISE.

We are also working closely with Public Health, as they have formed a voluntary group in 5 local villages – ‘High 5’ to target identified areas of deprivation within 5 neighbouring villages. Public Health will bring together the group to explore how they can support these villages to improve health and wellbeing. We met with the group in March to discuss our current support offer, the Joy platform and carer's service. We will be making further introductions with the wider VCSE network and attend their monthly meetings as well.

Pepper's - A Safe Place have now submitted their proposal with changes to their Mental Health Neighbourhood Cafe, as they are looking at opening a hub at the Town Hall in Uppingham, which will complement their existing offer in Oakham. They are actively recruiting for new listeners and have received a good response to the advert. They are hoping to launch the Uppingham hub in mid-May. There has been a large increase in the numbers of people accessing the café; we have seen a 133% increase since November 2023 to February 2024.

Public Health shared the draft of the Armed Forces Health and Wellbeing Action Plan 2024/25 after the recent workshop in February. One of the actions specific for the RISE team was regarding how we can seek to reduce social isolation and loneliness in Regular Armed Forces families and address how they can access support. I have spoken with Colour Sergeant Ireland, who is based at Kendrew Barracks regarding the RISE team attending a coffee morning for family members of current serving personnel. Colour Sergeant Ireland is happy to accommodate this and agreed to share this on their social media. The team also continues to support the veterans breakfast clubs and is currently finalising a revision to their leaflet they hand out to people,

The Group has supported with the launch of [Joy](#) across LLR and we now have two roller banners displayed at Uppingham Surgery and Oakham Medical Practice. Leaflets and posters have been distributed in the local community, including Citizens Advice, Pepper's, Oakham Library and Rutland County Council offices to help raise awareness.

Initial talks have been held about Mental Health Awareness Week, which takes place between the 13th and 19th of May. Discussions have been held with Active Together, as we are looking at organising a walk during Mental Health Awareness Week in May. We are looking to start this from the Mental Health Neighbourhood Café, as we know that walking can have profound positive effects on improving mental health. Several of their current Walk Together walks are focused on ‘walk and talk,’ providing a safe space to talk to other likeminded individuals and receive support, all whilst getting physically active. Another initiative with Public Health and Active Rutland is to organise a ‘Wear It Green’ day on Wednesday 15th May. We are finalising the details of promotion for that as well.

We have been informed that our GP Mental Health Lead for the PCN, Dr Alison Corah is due to leave in June 2024 and work is ongoing to try and secure extended funding for this position.

Following the meeting with LPT to discuss the funding that was granted to Rutland to support co-production and engagement costs, we are meeting with our HR team to finalise the job contract and will then be able to go live with recruiting Lived Experience Partners with a view to inviting those with lived experience to be part of relevant groups, including the Mental Health Neighbourhood Group. There have been several people already identified who would likely be interested in supporting us in becoming Lived Experience Partners and we are also working with LPT to look at a Lived Experience Peer Worker to support our group mental health sessions.

3 Conversations Community Reablement worker still working at capacity - started a weekly drop-in session based at the 5 Elements Cafe in Uppingham and we continue to see the increased need for support for low-level mental health.

Age UK provide a befriending service through the Getting Help in Neighbourhood funding. This was extended by 12 months last year and there are arrangements ongoing to finalise extending this funding by another 12 months.

We are awaiting information regarding proposed changes to how the annual physical health checks for people with an SMI take place, as they are proposing to request that the GP's perform these, allowing the Mental Health Facilitators to focus more on the support. We have also requested specific data relating to people within Rutland on the SMI register so we can measure our progress.

Lisa Goodman from Age UK has confirmed that she will be covering Dementia Support Services in Rutland from April 2024.

A new project was designed by a member of the RISE team that launched in February called Menopause Matters. The group meet monthly at the Oakham Refill Shoppe on the first Tuesday of each month between 6pm and 8pm. This is designed to bring people together to discuss anything related to the menopause. The first Menopause Matters social awareness group saw one person attend, but they left some very positive feedback on social media, which others replied to. At the second meeting, three people attended who were all at very different stages in their menopause journey. The third meeting was attended by five people, including one person who has attended each session. They were very proactive with researching information to share with the group, which is very encouraging as our aim for this is to become sustainable without the need for anybody within our team facilitating these groups.