

## MEETING OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE

17 February 2022

### HEALTH AND WELLBEING STRATEGY - PLACE LED DELIVERY PLAN

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

Strategic Aim:	Protecting the vulnerable	
Exempt Information	n/a	
Cabinet Member(s) Responsible:	Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	John Morley, Strategic Director for Adult Services and Health	01572 758442 jmorley@rutland.gov.uk
	Mike Sandys, Director Public Health RCC	0116 3054259 <a href="mailto:mike.sandys@leics.gov.uk">mike.sandys@leics.gov.uk</a>
	Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs	07717 346584 fay.bayliss@leicestercityccg.nhs.uk
Ward Councillors	n/a	

#### RECOMMENDATIONS

That the Committee:

1. Reviews and provides its feedback on the draft Rutland Joint Health and Wellbeing Strategy Delivery Plan, attached at Appendix A of this report, which is tabled for the forthcoming Health and Wellbeing Board (22 February 2022).

## 1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to invite feedback from the Adults and Health Scrutiny Committee on the Joint Rutland Health and Wellbeing Strategy Delivery Plan which is being presented to the Health and Wellbeing Board on 22 February 2022 as part of the wider Rutland Joint Health and Wellbeing Strategy 2022-27.

## 2 BACKGROUND

- 2.1 Under the Health and Social Care Act 2012, the Joint Health and Wellbeing Strategy (JHWS) is a statutory responsibility of the Rutland Health and Wellbeing Board (HWB) and falls under its governance.
- 2.2 On 5 October 2021, a draft JHWS was presented to the Rutland HWB, which:
- endorsed the vision, goal, principles, and priorities of the draft HWS for Rutland, which had been informed by wide-ranging analysis of local intelligence, stakeholder joint working, the Future Rutland Conversation and a dedicated public engagement exercise commissioned from Healthwatch Rutland (*What matters to you?*);
  - authorised the Integrated Delivery Group to run a public consultation on the draft strategy; and
  - endorsed the timetable for further development of the JHWS and Delivery Plan, leading to presentation to HWB of a full JHWS and initial Delivery Plan for approval on 22 February 2022.
- 2.3 A public consultation was run on the strategy as presented to HWB from 25 November 2021 to 16 January 2022 to elicit the views of the public and other stakeholders (Appendix B). The strategy was also presented to a range of key committees and forums in Rutland and across LLR to raise awareness and invite feedback. In parallel, further development was undertaken on the delivery plan, including through five stakeholder workshops, each attended by between 20 and 33 participants, together representing nearly 30 different organisations.
- 2.4 The Rutland JHWS and its outline delivery plan were discussed at the 9 December Adults and Health Scrutiny Committee, and the feedback provided has helped to inform subsequent work, including on the more detailed delivery plan.
- 2.5 As the delivery plan at that stage was only available in outline, the purpose of this report is to invite feedback from the Adults and Health Scrutiny Committee on the detailed delivery plan prior to its presentation at the HWB on 22 February 2022. It is acknowledged that the delivery plan will be a live document and regularly reviewed and updated to reflect the latest progress and priority actions.
- 2.6 Owing to the calendar for publication of papers, the feedback from the Scrutiny Committee on 17 February will not be reflected in the papers authorised to be published for HWB on 14 February 2022. However, outstanding feedback from this and other sources will be brought to the HWB verbally as part of the update on the JHWS and its delivery plan.

### **3 THE PUBLIC CONSULTATION**

- 3.1 A seven-week public consultation on the Draft JHWS was undertaken from 25 November 2021 until 16 January 2022 (extended from 7 January 2022), to which Scrutiny members were also invited to respond. The closure of the consultation was extended by a week (from 7 January) to enable more people to provide their views.
- 3.2 The Report of Findings from the consultation is presented at Appendix B. There were 177 responses to the online survey, 7 easy read form completions and 4 sets of more extensive organisational feedback. Overall, there was very strong support

for the strategy's vision, goals and priorities, with between 83% and 94% agreement for all elements.

Subject Area	Percentage agreement
Vision for Rutland	90.3
Overall goal	92.0
Priority 1: Best start to life	84.5
Priority 2: Healthy and independent for as long as possible	94.3
Priority 3: Reducing health inequalities	82.9
Priority 4: Equitable access to health and wellbeing services	91.4
Priority 5: Preparing for growth	94.0
Priority 6: Dying well	92.0

3.3 A range of supportive comments were made, as well as suggestions for improvement, with some key themes illustrated below by subject area.

Subject Area	Emerging Themes/Gaps
<b>Overall strategy</b>	Detail under-developed Lack of specifics – indicators and deadlines Understanding of how ambitions would be achieved Lacking detail on how the strategy relates to ICS role and activities
<b>Vision and goal</b>	Goals not specific to Rutland's unique problems Limited timescale for implementation (3 years)
<b>Priority 1</b>	Failure to include maternity services Failure to address unresolved issues such as the closure of the LGH obstetrics and the St Mary's birthing unit
<b>Priority 2</b>	Gaps e.g. continuity of care, health education and promotion and access to diagnostic and screening services.
<b>Priority 3</b>	Addressing deprivation in Rutland
<b>Priority 4</b>	Access to health services was a problem Transportation issues needed to be addressed Digital services, where there were people in favour and against Promoting health and care services closer to home
<b>Priority 5</b>	Lack of clarity on the detail
<b>Priority 6</b>	Poor integration of end-of-life services Making options available for location of end-of-life care
<b>Cross-cutting comments</b>	Increasing staff capacity and infrastructure (linked to growth) Collaboration between organisations
<b>Indicative delivery plan</b>	High level statements of intent with no performance indicators Does not highlight responsibilities for delivery No strategic objectives Encompasses medium- and long-term plans – longer than plan Without budgetary information

3.4 When asked what other areas should be included, the commonly mentioned themes were the following: mental health, access to health care, promoting good housing, and strengthening the workforce. Some of the suggested areas had

been considered as cross cutting themes.

3.5 Responses were diverse, with a number of less common themes including: the importance of environmental factors such as green space, noise, and air pollution; the value of music and the arts to wellbeing; access to leisure and employment for people living with disabilities; promoting physical activity; preparedness for future pandemics; access to social care services; and support for carers.

3.6 The responses from the consultation have been used to refine the JHWS and its delivery plan.

## 4 STAKEHOLDER INPUTS

4.1 In addition to a range of ongoing and more structured collaboration across professional stakeholders to elaborate the delivery plan, five inclusive two-hour workshops were held in early January to engage a wider range of stakeholders in the design of the delivery plan, as follows:

Workshops by main Theme	Participants	Organisations
The cross-cutting themes including inequity were addressed across the workshops		Some had multiple depts represented, esp. Rutland County Council
Best start for life	20	5
Prevention of ill health	33	17
Living with ill health	24	8
Dying well	30	17
Access to services	26	12

4.2 Participating organisations included: Rutland County Council departments (including adult social care, hospital discharge, public health, therapy, children's services, planning, transport, housing Active Rutland, adult education, libraries, RISE, MiCare, Rutland Information Service, Visions Children's Centre), a range of LLR CCG roles, the Primary Care Network, Leicestershire Partnership Trust, East Midlands Ambulance Service, Healthwatch Rutland, Longhurst Housing Association, Loros, Sue Ryder, Vita Minds, Age UK, the Sexual Health Service, Voluntary Action Rutland, Dying Matters, Active Together/Leicestershire and Rutland Sport, Inspire2Tri, Uppingham First/Uppingham Parish Council, the Lord Lieutenant, a churches representative, armed forces medical centre and welfare officers, a care home, commercial care provider and a funeral director.

4.3 Some stakeholders were unable to attend and either have fed in separately or plan to do this.

4.4 All participants were also invited to feed back a further time on the resulting draft delivery plan.

## 5 THE UPDATED DELIVERY PLAN

5.1 The Delivery Plan presented for feedback from Scrutiny (Appendix A) is the result of collaborative working across Rutland and LLR stakeholders and, as set out above, also reflects feedback from:

- The commissioned Healthwatch Rutland study *What matters to you?*, the Future Rutland Conversation feedback on health and wellbeing and wider relevant consultations undertaken by Health partners.
- Participants of the January stakeholder workshops.
- LLR and Rutland committees and forums to which the strategy was presented.
- The recent public consultation on the strategy and outline plan.
- Adults and Health Scrutiny Committee.

5.2 By the time of the reports being submitted for Scrutiny and HWB, not all feedback will have been incorporated. As such, further refinement work is planned on the Delivery Plan leading, in the first instance, up to the start of the first year of strategy delivery, 2022-23.

5.3 The plan is still a 'technical' document in part. For the avoidance of ambiguity, in some areas specialist terminology is used or programmes are referenced by name. It is proposed that a public-facing summary document be written based on the approved strategy and plan that is more universally accessible.

5.4 The strategy and its associated delivery plan remain structured broadly as presented to the Committee in December. The following developments are highlighted:

- Proposed extension of the strategy from three years to five in response to feedback from Adults and Health Scrutiny, the consultation and the workshops, for decision by HWB. The rationale is that three years is too soon to deliver some of the aims of the plan, and that three years entails an imbalance of effort between planning and delivery.
- Splitting Priority 2 into two priorities, for prevention and complex care, first because the target audience and delivery agencies are sufficiently distinct, and second to provide more visibility for actions targeting those living with ill health.
- Adding Priority 7 to bring together actions under the cross-cutting themes (inequality (and, within this, armed forces), mental health, and Covid recovery) as they were felt to be diluted spread across the programme.
- Inclusion of commitments to further analysis and sharing of data, including renewal of the Joint Strategic Needs Assessment (strengthened by the release of census data from April 2022), defined thematic studies where insufficient is known to target remedial action most effectively (e.g. children's dental health), and the establishment of a monitoring dashboard setting out relevant metrics over time, updated quarterly ongoing where data allows.
- The principles and enablers have been reorganised and extended. The principles are: person-centred and joined up working (including to achieve value for money), while the enablers underpinning delivery are as follows:

- i) That the strategy will be evidence led, with renewal of the Joint Strategic Needs assessment and further thematic analysis proposed in a number of areas to ensure the right issues are addressed and in the most effective way.
- ii) That we will develop an engagement plan to run alongside the strategy enabling service users to be involved in delivery of the strategy through ongoing engagement (sharing of information), consultation (eliciting of views) and co-production (co-creation of solutions). This builds on the *What matters to you?* study, the Future Rutland Conversation, the consultation exercise and Scrutiny feedback. This will also include an equalities dimension to better understand cohorts with less good take-up or outcomes so that the design and promotion of interventions can be tailored to be more inclusive. A public-facing version of the strategy and delivery plan will also be published as part of this, to ensure the JHWS and plan are accessible and meaningful to the public.
- iii) We will use technology to share information efficiently and securely, enabling professionals to access the information they need to collaborate and deliver care.
- iv) We will develop the workforce as our workforce is a key asset to drive change and improve outcomes both now and into the future.
- v) An approach of health and equity in all policies and plans, ensuring that more of the investments made in the county also play their full role in health and wellbeing.

5.5 In summary, the Delivery Plan now includes the following key priorities, each to be delivered through a number of action areas (listed here with roman numerals), each in turn entailing a number of actions set out in the delivery plan (Appendix A).

### **1. Best start for life**

- i) Healthy child development in the first 1001 days
- ii) Confident families and young people
- iii) Access to health services

### **2. Staying healthy and independent: prevention**

- i) Taking an active part in your community
- ii) Looking after yourself and staying well in mind and body
- iii) Encourage and enable take-up of preventative health services

### **3. Healthy ageing and living well with long term conditions**

- i) Healthy ageing, including living well with long term conditions and frailty, and falls prevention
- ii) Integrating services to support people with long term health conditions
- iii) Support, advice and community involvement for carers
- iv) Healthy fulfilled lives for people living with learning or cognitive disabilities and dementia

#### **4. Ensuring equitable access to services for all Rutland residents**

- i) Understanding the access issues
- ii) Increase the availability of diagnostic and elective health services closer to home
- iii) Improving access to primary and community health and care services
- iv) Improving access to services and opportunities for people less able to travel
- v) Enhance cross boundary working across health and care

#### **5. Preparing for our growing and changing population**

- i) Planning and developing fit for the future health and care infrastructure
- ii) Health and care workforce fit for the future
- iii) Health and equity in all policies, including developing a healthy built environment for projected growth

#### **6. Dying well**

- i) Each person is seen as an individual
- ii) Each person has fair access to care
- iii) Maximising comfort and wellbeing
- iv) Care is coordinated
- v) All staff are prepared to care
- vi) Each community is prepared to help

#### **7. Cross cutting themes**

- i) Mental health
- ii) Reducing health inequalities
- iii) Covid recovery

5.6 Answering the need for implementation readiness, each action includes: a short description of the action, the lead agency, funding details, where the action is led from (Place or System), the timescale for delivery, metrics to measure progress and impact, and an indication of the type of HWB oversight required (do, sponsor or watch).

5.7 Under the 'do, sponsor, watch' approach which is to be proposed to the HWB on 22 February, the HWB would have the greatest interest and involvement in those actions tagged as 'Do', with less oversight and intervention in Sponsor and Watch actions.

- 'Do': The JHWS will identify a small number of actions under each priority which will be the main focus of attention, to ensure effective and efficient multiagency delivery and accountability for progress. There will be an expectation of a sponsor on the board and regular quarterly reporting/discussion on these actions. The HWB agenda will ensure adequate, dedicated time is allocated and that HWB partners are clear about their role and accountability in progressing the specific priority.

- ‘Sponsor’: These are additional key actions that contribute to wider health and care integration, reduction of health inequalities and/or prevention. They are likely to be areas where work has already started but may need a renewed focus. The actions would be supported by a sponsor from the HWB who is accountable to ensure they are delivered. However, they would not be routinely discussed by the board unless the sponsor highlights the need for this (i.e. escalation of risk/ delays in delivery, wider impacts on the system). A highlight report will be submitted to the board on an annual basis addressing ‘sponsor’ actions. Potential areas may include specific workstreams from the LLR ICS design groups and HWB subgroups.
- ‘Watch’: These are actions that are still important to prevention and reducing health inequalities but are more aligned to a single organisation, already feature as ‘business and usual’ or already have an established infrastructure to support implementation. The work is acknowledged, but they will not be specifically brought to HWB unless further action is requested at Board level. The ‘watch’ list will be published and reviewed on an annual basis and each action will have a board link to ensure escalation to the board is made as needed.

5.8 As the strategy spans a five-year period and addresses place led health and wellbeing interventions for the whole Rutland population, including in a range of areas where inequalities are experienced, the Delivery Plan is extensive.

5.9 It also includes both dedicated local actions and references to relevant actions under wider parallel strategies.

5.10 In addition to using the ‘do, sponsor, watch approach’, it is proposed that: each priority has a nominated lead officer who will be a member of the Integrated Delivery Board and report regularly on progress; annual workplans focus partners towards current priorities; and, the plan is treated as a dynamic document under the governance of the HWB, which evolves as work progresses, needs are better understood and collaboration or funding sources open up new opportunities.

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

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

## **7 LEGAL AND GOVERNANCE CONSIDERATIONS**

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

7.2 The strategy and plan will need to be endorsed by the HWB. JHWS actions will be delivered on behalf of the HWB via the IDG, which will monitor progress using a



dashboard and report regularly on progress to the HWB.

## **8 DATA PROTECTION IMPLICATIONS**

- 8.1 A Data Protection Impact Assessment (DPIA) has not been completed for the strategy as a whole as the strategy in itself does not change how personal data is processed. DPIAs will be undertaken for individual projects as and when required to ensure that any risks to the rights and freedoms of natural persons through proposed changes to the processing of personal data are appropriately managed and mitigated.

## **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. A high-level Equality Impact Assessment (EIA) has been completed for review within RCC which sets out how the strategy, successfully implemented, could help to reduce a wide range of inequities. 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.

## **10 COMMUNITY SAFETY IMPLICATIONS**

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

## **11 HEALTH AND WELLBEING IMPLICATIONS**

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

## **12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 12.1 The aim of the JHWS and Delivery Plan for Rutland is to provide a clear, single vision for health and care that will drive change and improve health and wellbeing outcomes for Rutland residents. This will meet the statutory duty of the HWB and the need to develop a Place Led Plan as part of the emerging ICS.
- 12.2 The feedback of the Adults and Health Scrutiny Committee is sought to help to inform the delivery plan in particular, to help to ensure that the JHWS can achieve its full potential in Rutland.

## **13 BACKGROUND PAPERS**

- 13.1 Additional background papers:

- i) Healthwatch Rutland (2021) *What matters to you?*  
<https://www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-youreport>

## **14 APPENDICES**

14.1 Appendices are as follows:

- A. Health and Wellbeing Strategy 2022-27: Place Led Delivery Plan
- B. Report of Findings: Rutland Health and Wellbeing Draft Strategy Consultation

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