

SPECIAL MEETING OF THE HEALTH AND WELLBEING BOARD

22 February 2022

JOINT HEALTH AND WELLBEING STRATEGY AND PLACE LED DELIVERY PLAN

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

Strategic Aim:	Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
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Ward Councillors	n/a	

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the context and purpose of the Joint Health and Wellbeing Strategy (JHWS).
2. Notes the report detailing the outcomes of the JHWS consultation exercise.
3. Reviews and endorses the Rutland Joint Health and Wellbeing Strategy and its associated initial Delivery Plan, attached at Appendices A and B of this report, including: an extension to the life of the strategy from three to five years (2022-27); and adjustments to the structure of the Delivery Plan's priorities.
4. Authorises the Directors for Adult Social Care and Public Health, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch, working with local stakeholders.

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

1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to share the outcomes of the Health and Wellbeing Strategy consultation exercise and to present the resulting Joint Health and Wellbeing Strategy: A Plan for Place 2022-27 (the JHWS) for discussion and approval. The strategy and plan are a statutory responsibility of the Health and Wellbeing Board (HWB) and fall under its governance.
- 1.2 To propose that delegated authority be given to the Directors for Adult Social Care and Public Health, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch for April 2022, working with local stakeholders.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 In February 2021, the Department of Health and Social Care (DHSC) published proposals through the White paper *Integration and Innovation: Working together to improve health and social care for all* to replace the former Sustainability and Transformation Partnership (STP) arrangements for health and care system footprints with statutory Integrated Care Systems (ICS). The ICS for Leicester, Leicestershire and Rutland (LLR) was approved in April 2021 in shadow form, coming into full existence in July 2022. As part of this transition, partnership relationships are being reshaped into a multi-scale hierarchy, across system (LLR collectively), place (Leicester, Leicestershire and Rutland separately) and neighbourhood (at locality level). The NHS long term plan highlights the importance of joint working, and the White Paper outlines a duty for the NHS and Local Authorities to collaborate with the introduction of Health and Care Partnerships to support integration and address health, public health and social care need, with a key responsibility being to support 'place-based' joint work, including in the form of a Place Led Plan in each HWB area. N.B. Due to Rutland's population size (~40,000) and being an upper tier local authority, it is both a place and neighbourhood within the LLR ICS.
- 2.2 The Health and Wellbeing Board has an ongoing statutory duty under the Health and Social Care Act 2012 to develop and deliver a Joint Health and Wellbeing Strategy. With the agreement of the HWB, the Joint Health and Wellbeing Strategy (JHWS) and Place Led Plan have been aligned for Rutland into a single strategy and its associated delivery plan, which will reflect local needs, define local health and care priorities and feed up to help inform the wider Leicester, Leicestershire and Rutland ICS vision.
- 2.3 The national ambition for place planning sets the aim of creating a tailored offer for the local population of each place, which ensures that everyone is able to access: clear advice on staying well; a range of preventative services; simple, joined-up care and treatment when they need it; proactive support to keep as well as possible, where they are vulnerable or at high risk; and digital services that put the citizen at

the heart of their own care (with non-digital alternatives as required). It should also ensure that the NHS, alongside other key partners, through its employment, training, procurement and volunteering activities, and as a major estate owner, will play a full part in both social and economic development and the environmental sustainability of places i.e. act an anchor institution.

2.4 On 5 October 2021, the Rutland HWB

- endorsed the vision, goal, principles, and priorities of the draft JHWS for Rutland, which was informed by wide-ranging analysis of local intelligence and a public engagement exercise commissioned from Health Watch Rutland (What matters to you?) and the Future Rutland conversation;
- authorised the Integrated Delivery Group to run a public consultation on the draft strategy; and
- approved the timetable for further development of the JHWS and associated Delivery Plan.

2.5 Following this meeting, the working group have run a public consultation and undertaken a series of stakeholder workshops, each attended by between 20 and 33 participants, together representing nearly 30 different organisations, to inform the production of the resulting JHWS and initial version of the associated Delivery Plan (Appendices A and B). It is acknowledged that an initial version of the Delivery Plan is presented with this paper, and that it will need to be a live document that will evolve and change as the strategy implementation develops. These are presented to the HWB for their approval. An easy read version of the strategy will be developed once the overall content has been approved.

3 THE PUBLIC CONSULTATION

3.1 A seven-week public consultation on the Draft Joint Health and Wellbeing Strategy was undertaken from 25 November 2021 until 16 January 2022, facilitated by a multi-partner working group. The closure of the consultation was extended by a week (from 7 January) to enable more people to respond, in recognition of the impact of the festive season and of the Easy Read version of the strategy and survey, produced by a new third party supplier, only being available late on in the consultation period.

3.2 The Report of Findings from the consultation, written by LLR CCGs, is at Appendix C.

3.3 **Conduct of the consultation:** A survey was designed for completion via a Rutland County Council online survey platform which also gave access to the draft strategy. The survey, which included both structured and free text questions, was publicised widely, including via a press release, regular Facebook posts, inclusion in newsletters, and direct contact with diverse statutory and voluntary, community and faith organisations across Rutland. It was carried out across a period with Covid restrictions in force which limited the scope to reach non-digital audiences, although telephone, postal and Covid-safe face-to-face options were offered for those not digitally enabled. Large print and illustrated 'easy read' versions of the strategy and survey were also produced to increase accessibility for respondents requiring this (the easy read being found to be more inviting to young people more generally).

- 3.4 Alongside members of the public, the survey invited professionals to respond, and gave the opportunity for responses on behalf of organisations. Where wished, respondents could send in lengthier narrative responses rather than completing the online form. In parallel, five workshops were held with stakeholders to further develop the delivery plan, where strategy-related feedback was captured and conveyed to the consultation working group.
- 3.5 **Consultation response:** There were 177 responses to the online survey, 7 easy read form completions and 4 sets of more extensive organisational feedback. In terms of most effective publicity channels, 50.3% had heard of the survey via email and 22.6% via Facebook.
- 3.6 **Consultation results:** 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

- 3.7 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
Overall strategy	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
Vision and goal	Goals not specific to Rutland's unique problems Limited timescale for implementation (3 years)
Priority 1	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
Priority 2	Gaps e.g. continuity of care, health education and promotion and access to diagnostic and screening services.
Priority 3	Addressing deprivation in Rutland
Priority 4	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
Priority 5	Lack of clarity on the detail
Priority 6	Poor integration of end-of-life services Making options available for location of end-of-life care

Cross-cutting comments	Increasing staff capacity and infrastructure (linked to growth) Collaboration between organisations
Indicative delivery plan	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

3.8 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.

3.9 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.

4 STAKEHOLDER INPUTS

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

Workshops by main Theme The cross-cutting themes including inequity were addressed across the workshops	Participants	Organisations 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, Military medical centre and welfare officers, a care home, commercial care provider and funeral director.

4.3 Some stakeholders were unable to attend and either have fed in separately or plan to do this. All participants were also invited to feed back a further time on the

resulting initial delivery plan.

5 THE REVISED STRATEGY AND DEILVERY PLAN

5.1 The working group has worked with stakeholders to build key points from the consultation into the updated strategy and delivery plan presented here, and a cross-check has also been undertaken of issues raised in *What Matters to You?* To ensure all feedback and future developments are reflected, it is acknowledged that further refinement work is expected on the Delivery Plan throughout the life of the strategy. The HWB is asked to endorse delegation of this activity under the direction of the Directors for Adult Services and Health and of Public Health, with regular updates presented to the HWB. Further collaborative planning has also been scheduled for parts of the programme which will help to further define actions and to consolidate collaborative relationships, for example in Priority 6 Dying Well.

5.2 The strategy and its associated delivery plan remain structured around a life course approach. After triangulating the feedback from the public consultation, partners and stakeholder workshops the following changes have been made to the Strategy document, for the consideration of the HWB:

- Extension of the strategy from three years to five in response to consistent feedback from the consultation, workshops and Adults and Health Scrutiny, on the basis that three years is too soon to deliver some of the aims of the plan, and that there is 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 (reducing health inequalities including for the armed forces community, supporting good mental health and COVID-19 recovery) as they were felt to be diluted when spread across the programme.
- To support delivery of the strategy, the principles and enablers have been reorganised and extended. The principles are:
 - i) **Person-centred.** People told us they want a plan that is built around them as individuals, whatever their circumstances, that supports them to live independently with good health and wellbeing.
 - ii) **Joined up services.** We will build on Rutland's strong track record of integration and partnership, working to shape and deliver effective joined-up services that meet needs, promote equity and offer value for money. This includes building on our strong community led, strength-based approach to improving outcomes for and with our local resident and working closely with our voluntary sector partners and specific communities to understand and effectively respond to their strengths and needs.
- Alongside this, a number of enablers have been highlighted to underpin delivery. These comprise:

- 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, evidence-based 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, RCC Scrutiny feedback, and the consultation exercise reported here. 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. Following approval, a public-facing version of the strategy will also be published as part of this, to ensure it is accessible and meaningful to the public.
- iii) **Information sharing, supported by technology**, enabling professionals to access the information they need efficiently and securely to collaborate and deliver care.
- iv) **Workforce development** as our workforce is a key asset to drive change and improve outcomes.
- v) An approach of **health and equity in all policies and plans**, ensuring that more of the policies and investments made in the county also play their full role in health and wellbeing.

5.3 The Delivery Plan now includes the following key priorities, each to be delivered through a number of action areas (listed here with roman numerals), as set out in the Delivery Plan (Appendix B), each in turn entailing a number of actions.

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) Supporting good Mental health
- ii) Reducing health inequalities
- iii) COVID-19 recovery

5.4 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, see section 7.1).

6 DELIVERING AND MONITORING THE PROGRESS OF THE STRATEGY

6.1 To enable the HWB to track progress in delivering the JHWS Delivery Plan, an annual plan of this year's commitments will be drawn up from the overall plan, highlighting the immediate priorities. A data dashboard created by Public Health

(see Appendix D), will track the metrics in the plan, providing a means to capture progress (acknowledging that it will take several years for some outcomes to be achieved e.g. childhood obesity, healthy life expectancy, reducing health inequalities), and an up-to-date reference point for delivery teams. Each priority will have a senior responsible officer to drive it forward, and update reports will be brought to the HWB each quarter, unless otherwise indicated by the HWB.

7 HEALTH AND WELLBEING BOARD DEVELOPMENT

7.1 To allow the HWB to effectively oversee, support and develop the implementation of the JHWS, a 'do, sponsor, watch' approach to prioritising the work of the board is proposed. Here 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. These are defined below.

- 'Do': The HWS 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.

7.2 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. It also includes dedicated local actions and references relevant actions under wider parallel strategies.

7.3 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 be 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.

- 7.4 A proposal for governance structures to support the delivery of the strategy will be brought to the next HWB meeting. The Children's Trust Board (CTB) and the Integrated Delivery Group (IDG) already report to the HWB. Priority 1 Best Start for Life maps directly to the remit of the CPB, while the other priorities map more so to the IDG, while also including some elements of relevance to children and young people.
- 7.5 To facilitate integrated working supporting the delivery of Priorities 2-7, it is proposed that further working groups be established, or existing thematic working groups linked into the governance. To avoid silo working and duplication developing across inevitably overlapping sub-domains, there is a strong argument for working group leads being members of the monthly IDG, and using IDG proactively to operationally steer plan delivery, coordinate and troubleshoot.
- 7.6 Linked to this, a review of the membership of the HWB, CTB and IDG will also be undertaken to recommend adjustments conducive to successful delivery of the strategy.
- 7.7 The development of the JHWS and initial Delivery Plan were the start of the evolving conversation with our local population. It is therefore proposed that an engagement plan is developed to consider how the HWB ensures it is effectively reflecting the local views of the population and evolving the JHWS and Delivery Plan, including a participation group. This engagement plan will be presented at the next HWB.

8 ALTERNATIVE OPTIONS

- 8.1 A consultation was undertaken on the draft strategy, and workshops held to further develop the strategy and plan, both of these exercises feeding into the proposals at Appendix B. A number of proposed structural changes have been built into the strategy and plan presented here in response to consultation and workshop feedback, where the endorsement of the HWB is sought (see 5.2 and 5.3).

9 FINANCIAL IMPLICATIONS

- 9.1 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.
- 9.2 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.
- 9.3 The HWS is not associated at this stage with new recurrent funding.

10 LEGAL AND GOVERNANCE CONSIDERATIONS

- 10.1 This plan answers the statutory duty of the HWB to produce a JHWS and Place Led Plan for the local population.
- 10.2 The strategy and plan will need to be endorsed by the HWB. JHWS actions will be delivered on behalf of the HWB via the CTB and IDG, which will monitor progress

using a dashboard and report regularly on progress to the HWB.

11 DATA PROTECTION IMPLICATIONS

11.1 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. An example is the Share Care Record project, which is already underway, and where development has been underpinned by a DPIA and appropriate sharing agreements and other protocols.

12 EQUALITY IMPACT ASSESSMENT

12.1 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 (EqIA) has been completed for review within RCC (Appendix E). An important pillar of the strategy is to better understand inequities in health and care across Rutland populations, and to reduce this inequity, 'levelling up' outcomes. Targeted populations include:

- those with protected characteristics (e.g. people of all ages living with disabilities, including those with learning disabilities who, nationally, have been found to live shorter lives on average than the wider population; females, whose healthy life expectancy is declining more rapidly in Rutland than the national average, and people of different ages who may be disadvantaged, here, children and young people facing challenges which may impact on their future development, and older people with complex care needs who may struggle to access services),
- those who are protected otherwise by law (e.g. the Armed Forces community under the new provisions of the Armed Forces Covenant), and
- other populations facing disadvantage, including those because of wider determinants of health (e.g. those living on low incomes or in professions which impact on their wellbeing e.g. the farming community).

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

13 COMMUNITY SAFETY IMPLICATIONS

13.1 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.

14 HEALTH AND WELLBEING IMPLICATIONS

- 14.1 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.

15 ORGANISATIONAL IMPLICATIONS

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

- 15.2 **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.

- 15.3 **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.

16 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 16.1 The proposed JHWS and Delivery Plan for Rutland as a place will provide a clear, single vision for health and care that will drive change and improve health and wellbeing outcomes for Rutland residents. This will meet the statutory duty of the HWB and the need to develop a Place Led Plan as part of the emerging ICS.
- 16.2 The draft strategy presents seven key priorities with associated actions and principles for implementation from April 2022.

17 BACKGROUND PAPERS

- 17.1 Additional background papers:
- i) Department of Health and Social Care (February 2021) White paper: Integration and Innovation: Working together to improve health and social care for all, <https://www.gov.uk/government/publications/working-together-toimprove-health-and-social-care-for-all>
 - ii) Healthwatch Rutland (2021) What matters to you? <https://www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-youreport>

18 APPENDICES

- 18.1 Appendices are as follows:

- A. Health and Wellbeing Strategy 2022-27
- B. Place Led Delivery Plan
- C. Report of Findings: Rutland Health and Wellbeing Draft Strategy Consultation
- D. Monitoring Report/Data dashboard
- E. Equality Impact Assessment

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