

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	
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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 feeling 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.