#### **Rutland JHWB Highlight Report Completion Guidance**

Monthly reporting on the key deliverables within the Rutland Joint Health & Wellbeing Strategy is required to enable us to monitor progress and provide support to ensure successful delivery of the Strategy. The updates you provide will help us formulate reports to the Rutland Joint Health and Wellbeing Board, The Integrated Delivery Group and The Rutland Strategic Health Developments Project Board.

Reporting Period: Already populated. In this first instance this is a quarterly update but monthly updating of the project dashboard is required moving forward. A structured reporting process is just being formulated.

Strategic Priority: Complete for the Strategic Priority or enabler that you have the delivery lead for.

Reporting Lead: Name of the person with responsibility of reporting on the progress of the Strategic Priority or enabler.

Supporting Governance: Name of the Project Group responsible for the delivery of the strategic priority and frequency of meetings.

Overall Strategic Priority Delivery RAG Status: RED – Project team have concerns regarding overall delivery. Escalation is required. AMBER – There are a number of risks identified but still manageable with mitigations, GREEN – Project Team are confident on delivery of the strategic priority and will be delivered within expected timescales and scope.

Overall Strategic Priority Risk RAG Status: RED – There are a significant number of risks associated with delivery of the Strategic Priority and no mitigations in place to address. Escalation is required.

AMBER – There are risks associated with delivery of the Strategic Priority and mitigations in place to resolve. No need for escalation at this point but monthly updates required. GREEN – No identified risks identified that will impact on the delivery of the Strategic Priority or any than have been identified have been successfully mitigated.

Overall Anticipated Improvement on Outcome Trajectory RAG Status: RED – Risk of significant under-achievement. Escalation is required. AMBER – Some areas flagged as possible cause for concern and are being addressed. GREEN – Positive movement in all/majority of outcome metrics expected.

Key Objectives & Deliverables: What are the key objectives and deliverables of the Strategic Priority in 2022/2023.

Key Achievements in This Reporting Period: What key actions have taken place in the last quarter the support the delivery of the Strategic Priority. i.e. meetings, stakeholder engagement, project plan, key milestones met, risk mitigations.

Challenges: What challenges may have occurred such as stakeholder engagement, timescales, delays.

**Next Steps:** Planned activity for the next quarter associated with the delivery of the Strategic Priority.

Key Risks and Mitigations: These should be the high level risks that have been identified by the project team and detail of the mitigations that have been put in place and should include timescales.

Points for Discussion or Escalation: Any areas of concern, strategic steer required on nest steps and escalation of any risks that have been unable to be mitigated by the project team.

## **Rutland JHWB Highlight Report Programme Overview**

Reporting Period: Jul-Sept 2022 Overall Strategic Priority Delivery RAG Status:

Programme Overview Overall Anticipated Improvement on Outcome Trajectory at Current Stage

SRO Lead: Debra Mitchell/John Morley Reporting Lead: Katherine Willison/Charlotte Summers

**Supporting Governance :** Rutland Joint Health and Wellbeing Board

#### **Status Summary**

#### **Key Objectives & Deliverables:**

- Clear delivery plans for each of the strategic priorities and enablers
- Supporting governance for continued reporting and monitoring
- Identified senior responsible officers and project leads

#### **Key Achievements in This Reporting Period:**

- Supporting governance agreed across all priorities
- Reporting mechanisms drafted and timetable for monitoring in draft.
- Establishment of priority groups
- Commencement of communications and engagement mapping.
- Place clinical lead appointed Dr James Burden
- Submission of levelling up bid

#### **Next Steps:**

- Finalise reporting mechanism and monitoring timetable
- Conclude communications and engagement exercise
- Agree BCF funding bid process and mobilise

#### **Key Challenges and Risks:**

- A change in personnel central to the delivery of the overarching governance has created a temporary gap but plans are in place to mitigate.
- Funding of projects that require investment prioritisation of key deliverable and prioritise through funding/grant schemes that become available in year.

#### Mitigations:

- Recruitment to vacant posts has been undertaken and ICB have supported in the interim.
- A review of all project lines will be undertaken to establish which are reliant on any in year funding and will be prioritised.

#### **Key Points for Discussion or Escalation:**

• Comments are welcome on the current reporting format so that this can be fed in to the finalisation of governance arrangements in October.

Rutla	and JHV	VB H	ighlight	Report				
Reporting Period: Jul-Sept 2022			t 2022		Overall Strategic Priority Delivery RAG Status:			
Strategi	c Priority:		Best Start for Life Item 1.1.1 (Family Hub)		Overall Anticipated Improvement on Outcome Trajectory at Current Stage			
SRO:	Bernadette	Caffrey		Reporting Lead:				
Support	ting Governa	nce:	Family Hub	Steering Group (reports to Chile	dren and Young People's Partnership every six weeks)			
Status	Summary							
<ul> <li>Key Objectives &amp; Deliverables:</li> <li>Clear Start for Life offer for families – to include development of a family hub offer</li> </ul>					<ul> <li>Key Challenges &amp; Risks:</li> <li>Rutland is not eligible for Transformation funding to support the development of a family hub</li> <li>Lack of funding may impede achievement of any capital work or service development needed</li> <li>Capacity of steering group members to deliver against complex implementation plan given timeframe</li> </ul>			
<ul> <li>Key Achievements in This Reporting Period:</li> <li>Completion of baseline assessment of Early Intervention services via Early Help System Guide</li> <li>Completion of High Level Implementation plan and formation of multi-agency steering group; first meeting held and terms of reference agreed</li> <li>Commissioning of visuals and graphic design components to aid brand launch and raise awareness of hub offer for families and professionals</li> </ul>					<ul> <li>Mitigations:</li> <li>Some repurposing of existing funding is under consideration</li> <li>Task and finish approach to include steering group members plus colleagues occasionally co-opted from relevant agencies to manage requirements.</li> </ul>			
<ul> <li>Next Steps:</li> <li>Launch rebranded children's centre as first family hub site with full 1001 days offer available (January 2023)</li> <li>Launch Family Hub Website with Comms prior to site rebrand as above (December 2022)</li> </ul>					Points for Discussion or Escalation:			

Rutland JHWB Highlight Report							
Reporting Period: Jul-Sept 2022			t 2022		Overall Strategic Priority Delivery RAG Status:		
Strategic	c Priority:		Best Start fo	or Life 1.1.5 (dental services)	Overall Anticipated Improvement on Outcome Trajectory at Current Stage		
SRO:	Bernadette (	Caffrey		Reporting Lead:			
Supporti	ing Governan	nce:					
Status S	Summary						
	tives & Deliverable investigations into		ed		<ul> <li>Key Challenges and Risks:</li> <li>Commissioning currently sits with NHSE and will be transferring to the ICB at the end of March 2023.</li> <li>Insufficient Dentists in the locality.</li> </ul>		
NHSE has within Ru	Rutland', with supp	eport for RCO	CC Scrutiny Commitocal Public Health	ittee on 'Access to Dental Services colleagues. The report was due for the iny meeting due on 13 <sup>th</sup> October.	<ul> <li>Mitigations:</li> <li>Dental paper on service provision written and going to October Scrutiny Committee.</li> </ul>		
<ul> <li>Next Steps:</li> <li>Quantitative analysis is near complete, with plans for engagement and qualitative analysis in Winter 22 prior to the Board</li> <li>Additionally, Public Health are developing an Oral Health Needs Assessment for Health &amp; Wellbeing Board in January 23.</li> </ul>					Points for Discussion or Escalation: Paper with regards to dental Service Provision is going to the October Scrutiny Committee.		

Rutl	and JHV	VB I	Highlight Repo	ort		
Reporti	ng Period:	Jul-Se	ept 2022		Overall Strategic Priority Delivery RAG Status:	
Strategi	ic Priority:		Staying Healthy & Indep	endent: Prevention	Overall Anticipated Improvement on Outcome Trajectory at Current Stage	
SRO:	Vivienne Rok	bins,	Adrian Allen	Reporting Lead:		
Support	ting Governa	nce:	IDG (monthly), PH te	am (monthly)		
Status S	Summary					
<ul> <li>Key Objectives &amp; Deliverables</li> <li>Options appraisal for developing a prevention front door for Rutland.</li> <li>Implementation low level of prevention offer in all front line staff through LLR Healthy Conversations training (Making Every Contact Count Plus (MECC+))</li> <li>Review the oral health needs of Rutland</li> </ul>					<ul> <li>Key Challenges &amp; Risks</li> <li>Capacity, infrastructure and resource to scope and implement a coordinated prevention front door for Rutland.</li> <li>Ensuring all frontline staff see prevention as a core part of their role in Rutland and attend MECC+ training.</li> <li>Prevention is not prioritised over operational immediate pressures.</li> </ul>	
<ul> <li>Key Achievements in This Reporting Period</li> <li>Agreed at IDG to establish a Staying Healthy Group as a sub group of IDG</li> <li>IDG approval to develop an options appraisal for a prevention front door.</li> <li>Social prescribing platform implemented for the RISE team.</li> <li>MCC+ plus training delivered to RISE team.</li> <li>Oral health needs assessment started.</li> </ul>					<ul> <li>Mitigations:</li> <li>Mitigation to ensure all staff see the value of prevention and part of their role.</li> </ul>	
<ul> <li>Next Steps:</li> <li>Develop options appraisal for prevention front door</li> <li>Further embed MECC+ across Rutland</li> <li>Complete oral health needs assessment for HWB Jan 2023.</li> </ul>					<ul> <li>Points for Discussion or Escalation:</li> <li>Oral health needs assessment (JSNA chapter) for Jan 2023 agenda.</li> </ul>	

# Reporting Period: Jul-Sept 2022 Overall Strategic Priority Delivery RAG Status: Strategic Priority: Priority 3 – Living with ill health Overall Anticipated Improvement on Outcome Trajectory at Current Stage Reporting Lead:

Supporting Governance:

IDG (monthly), Integrated neighbourhood meeting (monthly)

#### **Status Summary**

#### **Key Objectives & Deliverables**

- Timely and well-coordinated support enabling people living with ill health to live well, without ill health dominating, postponing deterioration, ageing well.
- Tailored support to help individuals live well with changing health circumstances through MDT working
- Collaborative coordinated care recruitment to neighbourhood facilitator underway
- Integrated and multidisciplinary working through the monthly Rise team MDT meetings is supporting people with complex health needs.
- cross-boundary inequality of access to support for people diagnosed with dementia
- Active work on falls prevention in care homes, using a personalised approach for greater impact. To develop a falls prevention strategy specific to each Care Home environment, creating a culture of individualised care for best practice.

#### **Next Steps:**

- Looking at further development of the successful Rise adults MDT meeting model to children's and safeguarding focused meetings.
- Evaluation of Whzan pilot
- Neighborhood facilitator to identify individuals to benefit from proactive care management through a population health management approach.
- Onboarding all partners and content of the Ris to the Rutland social prescribing platform
- Training and support for partners to use the social prescribing platform
- Comms for the public to be aware of the social prescribing platform
- Further engagement with staff across neighbourhood to join the 3 conversations innovator site
- Admiral nurses support through virtual clinics, with the hope this can also become face to face
- Carers strategy going to cabinet Oct 18th 2022 for approval. This is an all age LLR strategy with a Rutland specific delivery plan.
- Dementia. LLR strategy currently being reviewed following covid. Diagnosis rate is due to severe backlog at memory services, due to staffing issues and the service being closed during Covid. Referrals into memory service remain high. Memory services are wanting a room available in Oakham to have a memory clinic local to the area
- LD- Following Covid, Face to face annual health checks is priority due to communication and support required.
- Falls A third Care Home identified for the programme. Initial meetings to take place October 2022.RCC OT to continue to promote and encourage other providers to join the programme. RCC OT to look to collate data relating to this service.

#### **Key Achievements in This Reporting Period**

- Integrated and multidisciplinary working through the monthly Rise team MDT meetings are supporting people with complex health needs.
- Whzan pilot commencing with 9 Rutland care homes
- Recruitment of neighbourhood facilitator interviews taking place this month
- Rutland social prescribing platform live from 1<sup>st</sup> Sept 2022.
- 3 conversations innovator site identified some staff to codesign cohort of people to work with
- RCC falls prevention Occupational Therapist [OT] is currently working with two Care Homes to create a bespoke falls prevention strategy for each home.
- Each Care Home now have a dedicated Falls Prevention Champion. All Rutland providers are engaging with the capacity tracker.

#### **Key Challenged & Risks Mitigations:**

- All partners engaging on the new Rutland social prescribing platform in order that the full benefit across the place is achieved
- 3 conversations innovator site not fully supported and the benefits of change not achieved
- Housing. High increase in homelessness due to family breakdown, cost of living, DV. Also have pressure of H4U sponsorship scheme. Rutland is a non-holding stock authority. Also, very high rents which also contribute to homelessness, as people cannot afford to go the private landlord route
- hospital discharge team unable to recruit a Social Worker to cover weekends (it's just not an attractive post, particularly when the funding is only fixed term)

#### Mitigations

Capacity to implement all neighbourhood initiatives at pace

Release of funding to start some projects identified – compassionate communities, digital PCN programme

#### Points for Discussion or Escalation:

Identification of funding and release for neighbourhood programmes.

Rutland JHWB Highlight Report							
Reporting	g Period:	Jul-Sep	t 2022		Overall Strategic Priority Delivery RAG Status:		
Strategic	Priority:		Priority 4	- Equitable Access	Overall Anticipated Improvement on O	Overall Anticipated Improvement on Outcome Trajectory at Current Stage	
SRO	Sarah Pren	ma		Reporting Lead: Jo Clinton			
Supportin	ng Governar	nce :	Rutland S	trategic Health Partnership Board			
Status Su	ummary						
<ul> <li>Key Objectives &amp; Deliverables</li> <li>Understanding the access issues</li> <li>Increase the availability of diagnostic and elective health services closer to home</li> <li>Improving access to primary and community health and care services</li> <li>Improving access to services and opportunities for people less able to travel, including through technology</li> <li>Enhance cross boundary working across health and care with key neighbouring areas</li> <li>Key Achievements in This Reporting Period</li> <li>Rutland PCN will start to deliver an enhanced access service Monday to Friday 6.30 - 8.00pm and Saturday 9.00</li> <li>Consideration giving to local sessions on how to use the NHS app and patient online services. Linkages to the pil</li> <li>Successful recruitment of 7 clinical pharmacists and formulation of a training academy in conjunction with Notti</li> <li>Currently a pilot being offered by ICRS to specific county resident post codes. Referrals continue to increase for</li> <li>RCC CC Property Services have identified a potentially suitable site at OEP for mobile MRI</li> <li>Currently working with the PCN to ascertain Doppler activity numbers and working with PCL to ascertain Dopple</li> <li>A business case is being formulated to look at some Dermatology activity to be considered for delivery in a com</li> <li>LPT / ICB Reviewing demand and capacity for a plain film and ultrasound provision moving forward</li> <li>PIFU Specialty models of care in development</li> </ul>					ot model in the city ogham University. County patient r scan equipment costs and site requirements.	<ul> <li>Key Challenges &amp; Risks:</li> <li>Estates capacity</li> <li>Recruitment</li> </ul> Mitigations: <ul> <li>Rutland have been prioritised for the completion of a clinical estates strategy.</li> <li>Links with local planners established to try to maximise allocations of S106 and CIL funding moving forward.</li> </ul>	
<ul> <li>Next Steps:         <ul> <li>Enhanced Service will commence from 1st October 2022</li> </ul> </li> <li>Start to review data on Aristotle for high ED utilisation</li> <li>Mobile MRI – Secure charitable funding and move to detailed feasibility and costings</li> <li>Follow up with LLR Alliance around plans for Optometry</li> <li>LLR ICB Community Diagnostics Hub paper finalised</li> <li>Explore the possibility of commissioning local and expand the number of diagnostic tests available locally for Care</li> </ul>					diac and Respiratory investigations	Points for Discussion or Escalation:	

Rutland JHWB Highlight Report							
Reporting P	eriod:	Jul-Sept	: 2022		Overall Strategic Priority Delivery RAG Status:		
Strategic Pric	ority:		Priority 5 – Growth and Change		Overall Anticipated Improvement on Outcome Trajectory at Current Stage		
SRO Lead:	Sarah Pre	ema		Reporting Lead: Jo Cli	inton		
Supporting (	Governand	e:					
<b>Status Sum</b>	mary						
<ul><li>Planning and d</li><li>Health and care</li></ul>	Health and care workforce fit for the future						
Key Achievements in This Reporting Period  Successful PCN Recruitment of 7 WTE clinical pharmacists to improve access for CVS risk management  Rutland Health PCN are being engaged as part of phase 1 of LLR programme to develop Clinical/Estates Strategy. Oakham practice Business case is still being finalised  Feasibility work for RMH has been commissioned by the ICB and is in development  Stage 1 Outline Proposal submitted to National LUF Team , Further deliverables subject to stage 1 outcomes  LPT and Rutland pilot teams ready go live with Shared Care Record inc progress on extended UHL data  Routine partnership meetings with neighbouring authorities in place with sharing of information and data  Develop presentation of CCG Stamford North Population Projections and health impact in Rutland from OOA growth specifically  ICB have agreed an approach in principle with RCC for modelling non local plan  North Place Alliance LLR representation confirmed on ongoing basis and for event to be held in July  Areas of particular focus for cross border working has been considered and this has been shared with Stamford for discussion at next North Place Partnership  Key Risks and Mitigations:  EDL Care Planning identification of cohort at risk  cohort at risk  Digital Inclusion resource funding  PCN Premises plans  PCN Premises plans  PCN Premises plans  PCN Premises plans							
Next Steps:  Points for Discussion or Escalation:							tion:

- Premises Business Case approvals
- NHSE National programme to release further details about Lloyd George Record Digitisation over the summer
- ICB is in the process of providing comments on the Local Plan Issues and Options
- ICB Estates team and RCC have agreed information needs, process, and frequency with RCC who are looking to produce/share initial information
- Refine PRISM product specification and confirm finances
- Await feedback on North Place Partnership event on feedback in LLR / Rutland context
- Confirm whether CYP phlebotomy is in scope of Stamford provision
- Explore key opportunities to cross border provision with Stamford Hospital / Stamford hospital service partners
- Await Stage outcome for LUF bid anticipated in Oct which ill inform next steps.
- Review feasibility findings for RMH

#### Points for Discussion or Escalation:

## Rutland JHWB Highlight Report

**Reporting Period:** Jul-Sept 2022

**Overall Strategic Priority Delivery RAG Status:** 

**Strategic Priority:** 

Priority 6 – Dying Well

Overall Anticipated Improvement on Outcome Trajectory at Current Stage

SRO

James Burden

**Reporting Lead**: Charlotte Summers

**Supporting Governance:** 

EoL and Palliative Care Task and Finish Group/Rutland Integrated Neighbourhood Network

#### **Status Summary**

#### **Key Objectives & Deliverables**

- Each person is seen as an individual and have fair access to care
- Maximising comfort and wellbeing
- All staff are prepared to care and care is co-ordinated.
- Communities are prepared to help

#### **Key Achievements in This Reporting Period**

- Started to work through the ambitions framework to identify key priority areas for EoL and Palliative Care at a system level to enable us to look at where our gaps are in terms of delivering support to patients across LLR and what this means to Rutland patients.
- Home First communications campaign to take place, which will include end of life services/pathways and help raise awareness
- First draft of the Rutland EoL and Palliative Care completed.
- A review of Rutland against the RCPG Daffodil standards for EoL and Palliative Care.
- Presentation on Rutland's ambition to become on of the country's first compassionate county's.

#### **Next Steps:**

- Align LLR JSNAs to determine priorities for the proposed EOL Strategy which should be completed by the end of 2022 and identification of support for this work in those areas of need.
- Completion of the ambitions framework
- Review of current commissioned EoL/Palliative care services local to Rutland and on the borders.

#### **Key Challenges and Risks:**

- Funding availability for individual projects such as the 24/7 advice and guidance for EoL patients, carers and clinicians and compassionate communities.
- RESPECT template roll out delayed due to technical difficulties with acute systems. Revised timescales and assurance requested.

#### **Key Risks and Mitigations:**

- Funding prioritisation process being established
- Delays in template roll out are being picked up at a system level.

#### Points for Discussion or Escalation:

 Invite suggestions for any perceived key service gaps for Rutland patients and their carers relating to EoL and Palliative care.

Rutland	d JHWB H	lighlight Repo	rt	
Reporting P	eriod: Jul-Se	ot 2022		Overall Strategic Priority Delivery RAG Status:
Strategic Pri	ority:	Health Inequalities		Overall Anticipated Improvement on Outcome Trajectory at Current Stage
SRO Lead:	Adrian Allen		Reporting Lead:	
Supporting (	Governance :	IDG (monthly), PH team (Monthly), LLR Pre		vention and HI meeting (bi-monthly)
Status Sum	mary			
Embed a pro	ealth Inequalities Nee oportionate universal	ds Assessment on Rutland sm approach to service delivery dership and accountability across	s Rutland	<ul> <li>Key Challenges and Risks:</li> <li>Ensuring Rutland health inequalities are understood across the wider system. across the place and system.</li> </ul>
<ul><li>Completion</li><li>Presentation</li></ul>				<ul> <li>Mitigations:</li> <li>Mitigation is presenting the results of the health inequalities needs assessment to a wide audience</li> </ul>
change in th	e future.	om the needs assessment and ho	ow these can shape	Points for Discussion or Escalation:  Health inequalities needs assessments recommends a wider development session to review the recommendations and next steps.

# Rutland JHWB Highlight Report

**Reporting Period:** Jul-Sept 2022

**Overall Strategic Priority Delivery RAG Status:** 

**Strategic Priority:** 

7.1 Mental Health

Overall Anticipated Improvement on Outcome Trajectory at Current Stage

**SRO Lead:** 

**Justin Hammond** 

Reporting Lead: Mark Young

**Supporting Governance:** 

Integrated Development Group and Integrated Neighbourhood Network

#### **Status Summary**

#### **Key Objectives & Deliverables**

- Increase access to perinatal Mental health support services, wherever Rutland women have chosen to give birth.
- Understand the gaps in service reported by service users where children and young people need help with low level mental health needs.
- Increasing local resource to respond to children and young people's mental health needs
- Supporting service locally such as crisis cafes and mental health services and support for farmers and veterans.
- Increased response to low level mental health issues
- Move towards an integrated neighbourhood based approach to meeting mental health needs in Rutland
- Annually assessing the physical health needs of people with Serious Mental Illness (SMI) in Rutland
- Aiding people with serious mental illness into employment
- Delivering psychological therapies (IAPT VitaMinds) for individuals as locally as possible to Rutland

#### **Key Achievements in This Reporting Period**

- Recruitment of senior mental health facilitator
- Facilitated an initial neighbourhood workshop to look at mental health provision in Rutland, potential gaps and inequalities
- The inequalities need assessment has been carried out which included mental health.

#### **Next Steps:**

- Follow up workshop on mental health provision in Rutland.
- Development session to look at the Inequalities needs assessment and gaps for mental health identified.
- Prioritisation if areas for focus in 2022/2023

#### **Key Challenges and Risks:**

Funding availability

#### Mitigations:

Funding prioritisation process being established

#### Points for Discussion or Escalation:

# Rutland JHWB Highlight Report Reporting Period: Jul-Sept 2022

**Overall Strategic Priority Delivery RAG Status:** 

**Strategic Priority:** 

Covid Recovery and Readiness

Overall Anticipated Improvement on Outcome Trajectory at Current Stage

**SRO Lead:** Debra Mitchell

**Reporting Lead:** Charlotte Summers

**Supporting Governance:** 

Integrated Development Group

#### **Status Summary**

#### **Key Objectives & Deliverables**

- Review the impact of the Covid-19 pandemic period on emerging demand for prevention services
- Restoration and recovery
- Consider the service offer for patients with long Covid, including accessibility.
- Pandemic readiness Maintaining a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.
- Booster campaigns

#### **Key Challenges and Risks**

Clinical and estates capacity

#### **Key Achievements in This Reporting Period**

- Recovery to pre-pandemic levels for primary care appointments
- Reduction in waiting lists and covid backlog particularly for patients with LTC's.
- Commencement of autumn covid booster campaign including identification of cross border vaccination sites. All 4 GP practices have signed up to deliver the programme with daytime, evening and weekend clinics available.
- Flu vaccinations are available in the same slot for those that opt in (different vaccination)
- Work ongoing to reduce 104 and 52 week waits for elective care

#### Mitigations:

Rutland have been prioritised for the completion of a clinical estates strategy.

#### **Next Steps:**

• Continue to recover and prepare for the impact of winter.

**Points for Discussion or Escalation:** 

Rutland JH	WB H	ighlight Re	port		
Reporting Period:	Jul-Sep	t 2022		Overall Strategic Priority Delivery RAG Status:	
Strategic Priority:		Communications and Engagement		Overall Strategic Priority Risk RAG Status:	
SRO Lead: Debra	Mitchell	Reporting Lead: Charlott		te Summers	
<b>Supporting Govern</b>	ance:	Integrated Development Group			
Status Summary					
<ul> <li>maintaining their own support them in living to the support to the suppo</li></ul>	ave the informealth and we well; and, to to understanding the cond	llbeing; to access health a ake part in helping to sha g and awareness of the r tions for local health and	ole of the Rutland Health and I wellbeing. in informing the design and	<ul> <li>Key Challenges and Risks:</li> <li>Multiple pieces of work being undertaken that overlap, need to ensure a consister approach</li> </ul>	nt
<ul> <li>Key Achievements in This</li> <li>Agreement of a common</li> <li>Establishment of a common</li> </ul>	nunications a			<ul> <li>Mitigations:</li> <li>Exercise to map all communications and engagement work that links from the strate priorities and enablers.</li> </ul>	egic
<ul><li>enablers.</li><li>Ensure a joined up ar</li></ul>	d inclusive ap		om the strategic priorities and gagement group.	Points for Discussion or Escalation:	