

RUTLAND HEALTH AND WELLBEING BOARD

24 January 2023

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:	Councillor 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
2. Notes the latest Rutland Outcomes Report

1 PURPOSE OF THE REPORT

- 1.1 The Joint Health and Wellbeing Strategy (JHWS) is a statutory responsibility of the Health and Wellbeing Board (HWB) and falls under its governance.
- 1.2 The purpose of this report is to update the board on progress of the JHWS Delivery Plan.
- 1.3 The report also highlights elements of the Rutland Outcomes Report for consideration

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The overall aim of the joint strategy 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.
- 2.2 Appendix A provides a **high-level summary of progress across the JHWS’s priorities**. This includes activities to achieve all elements of the strategy, the lead, the timescale, how success will be measured and also importantly also risks, mitigations and issues for escalation and discussion. The leads also use coloured rating to show whether or not progress is on target and where activity is yet to start and where outcomes have been achieved and the action can be closed.
- 2.3 The structure of the **JHWS delivery plan** has been updated to incorporate SMART (Specific, Measurable, Achievable, Relevant, Timebound) objectives. This has assisted the reporting leads to focus on the scope of the deliverables and target the timescales for completion. Highlight reports are being completed on a monthly basis. Reporting Officers report on 6 areas: Key objectives and deliverables, Key achievements and progress, Next steps, Risks, Mitigations and Points for discussion or escalation. There has been good progress in moving towards measurable outcomes which sit beside longer- term aspirational outcomes. There is opportunity to develop the measurement of deliverables further. Work is also now required to identify what can be achieved by end of the first 12 months of the strategy delivery and which will contribute to the first annual report.
- 2.4 The following are highlights from the progress reported:
- The Children’s Centre has been identified as Rutland’s first Family Hub. Communications and promotions plan is underway. This supports health child development from conception to two years old (Priority 1). An Active Referral Programme has been designed which supports people taking an active role in their community (Priority 2). Funding has been secured for a Co-ordinator in the Active Rutland Team whose role enables exercise referrals to promote personalised activity levels. Promotes health ageing and falls prevention (Priority 3). Routine Partnership meetings are now in place with cross border ICB Lincolnshire which promotes shared learning. This supports planning for the future infrastructure; cross border health impacts are understood (Priority 5). Enhanced access to GPs is now in place offering appointments from 6.30 to 8pm Monday to Friday and 9am to 5pm on Saturdays. This supports improving access to primary and community health (Priority 6). The first Staying Healthy Partnership session will take place in January 2023 which supports Reducing Health Inequalities (Priority 7 Cross Cutting Theme).
 - There are also challenges and risks to progress. These include engagement from partners in some areas. The x-ray machine at Rutland Memorial Hospital is not operational impacting on access to this health assessment provision. LPT and the Integration and Transformation Manager are already working together to resolve this. The Rutland Prehab project is currently on hold due to system pressure. All risks to progress are being discussed at the IDG forum to identify resolution.
- 2.5 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.

- The report highlights many areas where Rutland performs well in comparison to other similar areas. Highest ranked areas within Priority 1 include A&E attendances for 0 to 4 years, Year 6 prevalence of overweight, hospital injuries caused by unintentional and deliberate injuries in both age categories of 0 to 4 years and 0 to 14 years. Within Priorities 2 and 3 respectively, Rutland performs well in Cancer screening for bowel cancer and for Emergency hospital admissions due to falls in people over 65 years. Within Cross Cutting Themes, Mental Health, Rutland Performs well for Admissions for alcohol related harm and Emergency admissions for intentional self-harm.
- The report also shows that there are areas which are achieving poor performance rates compared to other similar areas of the country. Within Priority 1, Children in care immunisations and Proportion of children receiving a 12 month review, are areas where Rutland's performance is 16th out of 16. Cancer screening coverage for breast cancer and Population vaccination coverage for shingles – 71 years are both poor performance categories within Priority 2. Within Priority 3, Excess Winter Deaths performs poorly within Rutland and Priority 4 highlights an issue with a reduction in access to an NHS dentist. Within Priority 6, the percentage of deaths that occur at home, Rutland performs 16th out of 16. It is important to note that the large number of amber indicators is the result of Rutland's small population affecting statistical significance, and so should not be considered alongside red indicators as poor performing.

2.6 Next steps: consider how JHWS leads can work with partners to make improvements in areas of poor performance highlighted in the report and maintain areas which are performing well.

3 ALTERNATIVE OPTIONS

3.1 The JHWS is a statutory responsibility and has been consulted on publicly.

4 FINANCIAL IMPLICATIONS

4.1 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.

5 LEGAL AND GOVERNANCE CONSIDERATIONS

5.1 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.

5.2 JHWS actions will be delivered on behalf of the HWB via the CYPP and IDG.

6 DATA PROTECTION IMPLICATIONS

6.1 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.

7 EQUALITY IMPACT ASSESSMENT

- 7.1 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.
- 7.2 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.

8 COMMUNITY SAFETY IMPLICATIONS

- 8.1 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.

9 HEALTH AND WELLBEING IMPLICATIONS

- 9.1 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.

10 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 10.1 The JHWS provides a clear, single vision for health and care with purpose of driving change and improving health and wellbeing outcomes for Rutland residents and patients. The progress against the plan set out in this paper supports the HWB in tracking and steering delivery.

11 BACKGROUND PAPERS

- 11.1 There are no additional background papers.

12 APPENDICES

- 12.1 Appendices are as follows:

A. JHWS Delivery Plan December 2022

B. JHWS Outcomes Summary Report January 2023

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