

## Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

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Ladies and Gentlemen,

A meeting of the **RUTLAND HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham LE15 6HP on **Tuesday, 12th July, 2022** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews  
**Chief Executive**

### **6) PETITIONS, DEPUTATIONS AND QUESTIONS**

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of [Procedure Rule 73](#).

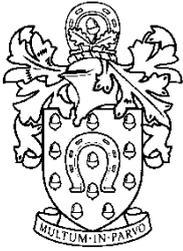
The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

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## PETITIONS, DEPUTATIONS AND QUESTIONS FROM MEMBERS OF THE PUBLIC

**MEETING: Rutland Health and Wellbeing Board**

**MEETING DATE: 12 July 2022**

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Deputation	Jennifer Fenelon Chair of the Rutland Health & Social Care Policy Consortium	Rutland Health & Social Care Policy Consortium, 7 Stockerston Road, Uppingham, Rutland LE159UD

### **DETAILS**

#### **Rutland Memorial Hospital: Health Plan update**

The Consortium recognises the huge amount of work that has been done so far and we offer our views, as health policy commentators, to build on what has been done.

#### **Rutland has a strategy approved but we are concerned about both the implementation plan and the public engagement plan**

The Rutland Health & Wellbeing Strategy was approved by the Rutland Health & Wellbeing Board in February. Our consortium supports its seven objectives which are updated in the latest version.

The next steps are both to ensure these objectives are delivered through a comprehensive implementation plan and to take the public with both its development and implementation.

The challenges must be identified, and solutions developed. This requires an assessment of where we are now; where we want to get to; and how we get there. Rutland citizens should be consulted on options and kept informed.

The Implementation Plan is effectively a list of 104 actions. Action lists are necessary but don't in themselves make change happen or achieve objectives. The Rutland Health Plan needs to integrate with other operational plans e.g. for public transport; the UHL reconfiguration and the Local and Corporate Plans for the County currently in preparation by Rutland County Council (RCC).

This is a complex challenge which should be realised by using SMART planning tools and a comprehensive project management approach.

#### **Communicating a complex programme needs a simpler presentation**

The material presented to this meeting of the Health & Wellbeing Board could be presented more succinctly. The papers have been written by different bodies and, although there is much common ground, the result is repetition and a lack of clear integration between the parties involved in delivering the health implementation plan. (Those of us who spent 2-3 days studying these papers found it hard work and we are sure Councillors will have too.)

Additionally, a communication and engagement plan is on the agenda. It will be hard to get meaningful engagement and understanding with the public unless there is more simplicity and clarity about its aims.

## **Our recommendations**

It is fully appreciated that health and social care managers have been under immense pressure, resulting from Covid and reorganisations both of UHL and LLR (as well as surrounding health systems), and they have a complex task in hand. We do not wish to divert focus or create delay. We offer our suggestions in this spirit.

### **1. An executive summary**

The current plan is very long and is very dense with a great deal of jargon. A summary comprehensible to the public would be very useful.

### **2. Plans that clearly support the objectives**

Many of our Consortium colleagues have extensive experience of preparing and implementing complex plans both in the public and private sector. Plans are likely to fail as long as they are 'shopping lists' of activities. Evidence shows there must be agreed and ring-fenced resources and budgets for their delivery, and that requires a thought-out and clear process with milestones and objectives which are **SMART (Specific, Measurable, Achievable, Realistic and Timebound)**. These are promised in Strategy 1 ("Best start in life") but not for any other strategic objectives.

### **3. There needs to be clear responsibility for delivery of the overall health plan**

Many parties are contributing to plans with concurrent timescales but these are not obviously integrated. Their implementation (also with Local and neighbourhood plans) needs to be coordinated to reduce risk and duplication.

### **4. Inter-dependencies should be identified and an assessment of risks included**

A health plan which runs alongside plans for dealing with the Covid-induced backlog for NHS treatment; UHL reconfiguration; major financial challenges and other high risk activities must recognise inter-dependencies and plan to address them in a proactive way.

### **5. The relationships between the various plans should be clearly explained**

We know that medical care alone impacts about 20% of someone's lifetime health and wellbeing. There are many other determinants of health including education, housing, employment and the environment as well as personal characteristics such as age or race. The health plan should recognise the wider context.

### **6. Sufficient resources**

Funds that are required (both capital and revenue) must be clearly identified and confirmed with the providers of these funds. Similarly, the provision of resources (physical and skills) must be included in sufficient detail.

### **7. Rutland's specific needs**

These are particularly characterised by Rutland's small size and rural nature, more so than in other counties. Most Rutland residents access secondary health care facilities outside the county. The plan must recognise that 'medical pathways' are not just westwards to Leicester but also east (to Peterborough and Stamford); south (to Corby and Kettering); even north (to Grantham and Nottingham). The latest census shows Rutland's population is increasing and ageing and this change in demography is expected to continue. The Rutland Health Needs Assessment needs be completed as a matter of urgency and SMART plans adapted to local priorities.

### **8. Rutland Memorial Hospital**

Determining the future of this local hospital is important to fulfil the objective of bringing care closer to home. Its content needs to be defined rapidly with Rutland people. Stamford Hospital is a useful model to follow. Linking this to improvements in primary and community care provision would be seen as a very positive outcome for Rutland. The Consortium recognise that determining the future of RMH and improvements at PCN/Oakham Medical Practice (OMP) are complicated, not least because of committing the necessary funding and resources. We recommend Rutland HWB takes a strong lead on this because of the importance to delivering healthcare locally.

#### **9. Public engagement Plan**

RCC should develop with Rutland Health Watch a robust process for regular two way communication with the public.

#### **The Consortium is willing (and able) to help**

Rutland County Council has a good reputation for its achievements in social care particularly. We urgently want a sustainable, funded, evidence-based health and social care plan which the public understand and support and which is integrated with other related plans. We offer our help.

#### **• Consortium Members**

- Christine Stanesby - Uppingham
- Judith Worthington - Knossington
- Miles Williamson Noble - Pickwell
- Peter Lawson- Oakham
- Ramsay Ross - Uppingham
- Andrew Nebel - Ryhall
- Andrew Robinson - Uppingham
- Cliff Bacon - Clipsham
- Malcolm Touchin - Uppingham

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