



Rutland County Council

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Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD**
held via Zoom on Tuesday, 12th January, 2021 at 2.00 pm

PRESENT:

Cllr Alan Walters (Chair)	Portfolio Holder for Health and Social Care
Cllr Sam Harvey	RCC Councillor
Dr Hilary Fox	Clinical Director, Rutland Health Primary Care Network
Dr Janet Underwood	Chair of Healthwatch Rutland
Ms Fay Bayliss	Deputy Director of Integration and Transformation LLR CCGs
Ms Mel Thwaites	Head of Commissioning Women and Children
Ms Rachel Dewar	Head of Community Health Services
Insp. Audrey Danvers	NPA Commander Melton & Rutland
Mr P Hindson	Chief Executive, Office for the Police & Crime Commissioner

OFFICERS PRESENT:

John Morley	Director of Adult Services and Health (interim)
Karen Kibblewhite	Head of Commissioning
Joanna Morley	Governance Officer

1 APOLOGIES

Apologies were received from Dawn Richards and Mike Sandys.

2 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on 6 October 2020 were confirmed as a correct record.

3 DECLARATIONS OF INTEREST

No declarations of interest were received.

4 PETITIONS, DEPUTATIONS AND QUESTIONS

There had been a number of deputations and questions received for this meeting, all of which had been published on the website and circulated to Board members prior to the meeting. Mrs Jennifer Fenellon and Mr Miles Williamson- Noble attended the meeting to read out their questions, and the Chair stated that the debate in the meeting was likely to answer much that had been asked and that any items that remained outstanding without clarification by the end of the meeting would receive a written response. Responses to all the questions have been appended to the minutes.

5 MATTERS ARISING

John Morley, Director for Adult Social Services and Health reported that due to the Covid situation, the refreshed draft of the Joint Health and Wellbeing Strategy (JHWS) which had been due to be presented and discussed at this meeting had been delayed. The refreshed draft strategy would come to the next meeting.

6 THE FUTURE OF COMMUNITY HEALTHCARE IN RUTLAND

The Chair of the Board introduced the discussion on the future of community health care in Rutland and gave a presentation (appended to the minutes) which outlined the current situation, how that position was arrived at, and next steps to be taken. The Chair stated that the slides were his personal views having being a Councillor for 10 years and having chaired the Board for 2 years.

During the discussion the following points were noted:

- John Morley, Director for Adult Social Services and Health asserted that there had been some tremendous work going on and that there was much to build on going forward. The Council staff and health colleagues were passionate about improving health care in Rutland and work had been focused on prevention, integration and people living at home independently.
- Leicestershire Partnership Trust (LPT) and RCC had jointly funded a manager to oversee an integrated team of RCC social workers and LPT practitioners, who were based at the Rutland Memorial Hospital in Oakham and who worked together to get people out of hospital and safely back at home. This team moved Rutland from 134th to 1st in the country in this field, and this had been maintained during the crisis. The number of people going into care homes during the Covid crisis had fallen by 80% so the team worked with ever increasing numbers of patients to help them stay safely in their homes.
- The Rutland Primary Care Network (PCN) was formed in 2019 and worked together so that all patients regardless of which surgery they attended, got a similar experience. A unique experience in Rutland was the work of the RISE team which acted as a bridge between primary care and social care and was an excellent example of good integration. The RISE Team had worked to identify and follow-up with patients who may not have been on a national shielding list but who the GPs had concerns about. The team had also worked with the GP practices to co-ordinate vaccinations and Dr. Fox was able to report that by tomorrow (13th January) all care home residents would have been vaccinated.
- The PCN's vision was to bring in more patients, volunteers and voluntary organisations to further co-ordinate and integrate services. Patient groups already existed and together with the input from the Rutland Health and Social Care Policy Consortium there was already a very clear and consistent steer that the PCN hoped to build on.
- Concerns were expressed that those with the greatest need were often those whose voice did not get heard. John Morley pointed out the importance of capturing social care as well as health needs and felt that it was important that one voice did not eclipse the other. Dr Underwood from Healthwatch Rutland said they were happy to help out with reaching this group and build on their existing links as they had done a lot of recent engagement with those groups that were hard to reach; people with cognitive impairment, disabilities and the aged. They would also be particularly mindful of reaching residents that were digitally excluded.

- When looking at the future of community healthcare in Rutland, Dr Fox felt that what was needed was a clear vision of what health and social care outcomes were wanted for Rutland as well as what people said they wanted. In addition a prevention focus, for both mental and physical issues, needed to run through everything that was put in place; asking what people could do for themselves and how they could be helped to achieve this. There needed to be a clear vision of the outcomes rather than, for example, just the mechanics of where a clinic was located. Councillor Walters agreed that the infrastructure would be a consequence of the objectives identified.
- Many Rutlanders not involved in health or social care, for example men who were reluctant to ever visit a doctor, may not have thought that a consultation on health applied to them but it was important that their views were also captured. Although this approach might have sat more within the vision of the Future Rutland Conversation that recently went before Council, Councillor Harvey felt that time for an open, organic conversation should be allowed before solutions were looked for.
- Councillor Walters suggested that the Future Rutland Conversation project would be more strategic and that the Board would want to go into more detail.
- Healthwatch had undertaken some recent work that showed that the three most consistent concerns expressed by residents were; issues accessing GP surgeries either by telephone or getting an appointment, transport difficulties in accessing healthcare, and wanting care that was closer to home.
- As an example of where efforts should be focussed, Dr Fox took the issue of not being able to get through on the phone to the GP practices. Many different approaches had been tried; more phone lines, more people answering them, different formats etc but none had solved the problem. Therefore, instead of simply putting in yet another layer of service there needed to be a better understanding of why people were calling in, and a move towards greater prevention to make sure that the only people calling in were those who had a medical need that needed a GP response.
- Ms Dewar felt that more creative ways should be considered when engaging with people so that a much more meaningful response could be given. This could include asking them to consider different scenarios and what they would want to do if they ever found themselves in a particular situation.
- In terms of allocating responsibility for roles John Morley spoke about the Integrated Development Group (IDG) which had recently been set up and which sat underneath, and answered to, the Health and Wellbeing Board. The group looked at the delivery of services and achieving better integration. Around the IDG there was the CCG, Social Care, the PCN, and LPT all of whom were in a position to make decisions to improve integration based on what the IDG proposed.
- In response to a question on whether ultimately it was the CCG who were responsible for the health care of residents who were registered with a Rutland GP practice, Fay Bayliss, Deputy Director of Integration for the CCGs stated that it was the CCG's absolute ambition to deliver a Rutland Plan collectively and that they were committed to having consensus about what was important and how to shape the Plan. In addition the Plan should go beyond even health and social care to look at wider determinants such as housing and education. Ms Bayliss wished to move away from talking about who had the final say and to stress that it was all about collaboration.
- Due to Covid pressures no timetable had been put in place yet but Ms Bayliss stressed that once the priorities were identified, important milestones would be put in place and progress monitored against them. It was a shared intention to continue to have conversations and keep the momentum going so that information on where the group had got to would be shared.

- Dr Underwood suggested that someone, of the group's choosing, sat on the IDG to make sure that the patient's voice was represented. Dr Fox felt that Healthwatch was ideally placed to do this as their remit was to find and amplify the patient's voice. Ms Bayliss supported this and also suggested that, as was the practice in other integration groups, the option to have a lay member as Chair of the group was also considered.
- Councillor Walters asked how the residents who lived in Rutland, but were registered at a practice in Lincolnshire, fitted into this plan and whether neighbouring CCGs that crossed borders worked together.
- Although the PCN's borders were different from RCC, the CCGs, and other organisations, Dr Fox reassured board members that the Rutland PCN worked with other PCNs across borders and in particular worked very closely with the Stamford Primary Care Network. Ms Bayliss also commented that the LLR CCGs had recognised the challenges of out of area patients for example, issues regarding mental health services and looked after children, and so were absolutely sighted on working across county borders and had developed a specific role to work on this.
- Mr Hindson felt that Rutland was a model example of integrated services that was highly collaborative, and referenced the Strategic Partnership Board work being done on trauma and its long term impact.
- Inspector Danvers commented that any new health plans affected the Police operationally as often if patients could not get through to the medical services they rang the Police. There was a particular challenge around the out of hours service and directing people to access the relevant medical and mental health services.

AGREED ACTIONS:

1. Dr Fox from the PCN, John Morley from RCC, Dr Underwood from Healthwatch and the Chair, Councillor Walters, would work together on a communication and engagement strategy that would capture the widest possible range of views from residents across the County, including those registered at a practice out of county, and report back to the Board.
2. A representative from Healthwatch would be appointed to the Integrated Development Group (IDG) to represent the public voice.
3. The IDG would drive work forward and would update the Board on a broad timeline once priorities had been identified.

7 ANY URGENT BUSINESS

The Chair had not been informed of any urgent business.

8 DATE OF NEXT MEETING

Tuesday 30 March at 2pm

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The Chairman declared the meeting closed at 15.26.

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RUTLAND HEALTH AND WELLBEING BOARD

12 JANUARY 2021

QUESTIONS AND ANSWERS

Questions are answered below following the discussion at the Health and Wellbeing Board. The deputations received will be fed into the stakeholder group which is being formed to progress discussion and then progressed into the Rutland conversation.

1. Question from Mr Sinclair Rogers

“To what extent can NHS planners and clinical commissioning groups take account of patients' desire to use primary health care that is close to their home or can be accessed by a journey that is easy and cheap?”

The CCG is committed to supporting patients closer to home in line with the NHS Long Term Plan. Through the development of our Primary Care Networks we aspire to create high-functioning Integrated Neighbourhood Teams working across health and social care in Rutland.

2. Questions from Jennifer Fenelon on behalf of the Rutland Health and Social Care Policy Consortium

Our questions to the Rutland Health and Wellbeing Board are as follows: -

Q1 How will the 5 year health and wellbeing strategy be integrated with the Rutland Health Plan and with other relevant plans?

Rutland Joint 5 year Health and Wellbeing Strategy: Covid prevented the rewrite of the 5 year plan when it lapsed in 2020. The strategy which should guide the formulation of health policy has not been as prominent with the public or County Council in the past as it could be.

- A Rutland Health Plan. The recent consultation on UHL reconfiguration has highlighted the need to adapt acute and non-acute services to changing demography and technology. The Rutland public welcomed the opportunity for a fresh look at all services being provided for Rutland both from within LLR (including post closure of LGH) and from adjoining providers.

The CCG are excited to be working with colleagues from RCC on developing an overarching Rutland plan. The intention is to create a plan that describes how Rutland, as a place, will meet the health and care outcomes for its population as well as focusing on the wider determinants of health such as education, employment and lifestyle choices.

Q2 What will be the terms of reference for this Rutland Health Plan project? Who will be involved and how? How will its outcomes be linked to both patient input and the 5 year health & wellbeing strategy?

- Integrated health and social care. To confine the plan to health alone would appear to be a missed opportunity

As above.

Q3 Will the Rutland Health Plan be instead of a Health and Social Care Plan?

Answered in Q1

- It provides the opportunity to put Rutland residents at the centre and view in the round all services provided to them in whatever County

Q4 Will the Plan cover all acute and non-acute services wherever provided to Rutland people? Yes

- We note that the CCG has offered the services of the Integrated Delivery Group. This could be extremely helpful for implementation after the future shape of services is agreed in the Health Plan. We have not yet seen details of the proposed Rutland Strategy Group

Answered in Q5 below – the Health and Wellbeing Board

Q5 Could the respective roles and memberships of the Integrated Delivery Group and Rutland Strategy Group be explained?

In summary, we greatly welcome your approach. It offers a very timely opportunity to create a joined-up direction that properly incorporates public views.

Relayed at the recent Health and Wellbeing Board (HWB) meeting – the stratagem group is the HWB.

3. Question from Miles Williamson-Noble

“The current consultation on the reconfiguration of Leicester’s hospitals concentrates on acute and some outpatient services in Leicester and Leicestershire, but pays little regard to services provided in Rutland and ignores those members of Rutland who go outside the LLR footprint for primary and secondary healthcare. The CEO of the LLR Clinical Commissioning Group has stated publicly that healthcare in Rutland is for the Health and Wellbeing Board, the Rutland Delivery Group and the Rutland Strategy Group to decide. What representation will the public have on these groups, and how will the interests of all Rutland residents, including those not directly served by the LLR CCG, be safeguarded?”

Rutland Health and Wellbeing Board is in process of forming a stakeholder group to capture as many voices as possible to feed into the Health and Social care plan. This will inform the recently started “Rutland Conversation” to take the ideas to the population.

4. Questions from Judy Greer

The subject of Health in Rutland is extremely important and should be high on the priority list of the Rutland County Council to ensure that timely and suitable provision is achieved. I would like to say that I feel it is very important that the residents of Rutland are involved in the Rutland Conversation that is being proposed around the Rutland Health Plan. They will be particularly adversely affected by the proposals to move acute care to the LRI in Leicester, especially in terms of accessibility.

Question 1. What is the time frame envisaged for this Conversation to take place and who will be involved?

It is also crucial that the proposals to transfer community care to the local areas, as mentioned in the Rutland Health Plan Conference on 9th December, be openly discussed and provide a suitable range of care through the Rutland Memorial Hospital and other means to the local community in good time to compensate for the centralisation of acute care to the LRI.

Health care will be included in the Rutland Conversation and will be informed by a stakeholder group. It is envisaged the stake holder group will be a collaboration chaired by Healthwatch Rutland.

– the time frame is being developed.

Question 2. Who will be responsible for the operation of a community based healthcare system? There seem to be so many Groups, Boards and Consortia involved at present. A hydra does not produce an efficient operation.

Rutland's Primary Care Network will be at the heart of operationalising Rutland's healthcare system. Comprehensive population health management information exists at PCN level which helps us to determine the effectiveness of health services. This information, combined with local Public Health information, as published in the Joint Strategic Needs Assessment, provides us with rich information about the impact of local health and care services on the population of Rutland. Our responsibility, as a CCG, is to commission services that improve outcomes for local populations. We recognise that improved outcomes can only be achieved when integrated community health and care services are tailored to meet the needs of a local population.

The amalgamation of both health and social care in Rutland under one umbrella would seem to be a sensible and economical result. [This is our aim ultimately.](#)

5. Question from Mr Richard Camp

“In discussing agenda item 6 (Future of Community Healthcare in Rutland), it would be of value for the public (a) to hear details of the public consultation there will be in relation to this, and (b) to hear whether and to what extent this matter will be included in the Future Rutland Conversation project to be discussed by full Council on 11th January”

The Council is currently developing a Stakeholder group to capture as many voices as possible chaired by Health Watch with the CCG and Social Care at the table. The stake holder group will feed into the Health and Wellbeing Board chaired by Cllr Alan Walters.

The Rutland Conversation will be used as a vehicle to take the ideas from the stakeholder group to the people alongside other related considerations to the county.

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6

THE JOURNEY TO THIS POINT

RUTLAND HWB 12.01.2021

Minute Item 6



WHAT IS GOING WELL ?

- Excellent working relations between our health and social care partners.

- Well established Better Care Fund practices

- Ahead of the game in combining health and social care

- Low levels of delayed transfer of care from acute hospitals

- Rutland residents can expect (on average) to live a longer, healthier, happier, better-educated life, and to be safer than in most other authorities.

- We are open to ideas and we know we can always do more.

PLANS AND OUTCOMES -THE PUBLIC PERCEPTION

Failed plans to reconfigure UHL infrastructure
(probably good that it failed PFI initiative)

Original STP
Proposed closure of c. 400 hospital beds

Revised STP

Locality Plan. Offers alternative solutions to community inpatient beds (see second "Hub" slide)

Revised plans to reconfigure UHL infrastructure.

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2016-2017

2018

2020-2021



IT ISN'T THAT SIMPLE

STP_N starts as sustainability and transformation plan

- STP becomes sustainability and transformation partnership

- STP starts being referred to as Better Care Together

- Work starts on “System, Place and Neighbourhood”

THE RUTLAND HUB – AN OVERVIEW

- What is it?.....Infrastructure-based **viability analysis** looking at the potential of One Public Estate programme to deliver a combined Health and Social Care Hub – potentially with other partners sharing the site.
- Who engaged? LPT (for RMH), RCC, Leicestershire Police, EMAS, OMP, LRF asset holders plus CCG
- What was the outcome?.....Not financially feasible to relocate all the partners to one site, without substantial additional capital input over and above likely value of existing assets - even allowing for revenue savings from new building, and allowing for avoiding maintenance costs at old sites.
- Project paused at April 2018. No action points at this time.
- Project could be restarted with limited asset holders - potentially LPT (for RMH) plus OMP (and maybe RCC)
- Important to emphasise this was strictly viability assessment only.

WHAT DID THE 2018 LOCALITY PLAN SAY ABOUT COMMUNITY BEDS?

Working with Oakham Medical Practice (OMP) and Leicestershire Partnership Trust (LPT), ELR have engaged Mace to undertake a full review and appraisal of options relating to health estate in Oakham. This will include linking with the Rutland County Council One Public Estate work on the proposed Rutland Hub.

Identified high level options for inpatient beds in Oakham are:

1. Do nothing.
2. Retain the RMH building but update the inpatient accommodation.
3. Relocate all services into the proposed Rutland Hub development in Oakham.
4. Source the beds required for Rutland through an alternative arrangement.

The above is not considered to be an exhaustive list and other options may come to light during the option appraisal work.

III. Community Based Planned Care



SO THE PUBLIC IS LEFT THINKING

- All plans for community care look from public documents to be stalled.
- They don't really know what we have been doing for healthcare locally.
- They don't really know that actually we are in a good place, and how health and care is integrating.
- They may worry that there are plans they don't know about.
- They probably might not understand the ICS principle
- They worry about future infrastructure in Rutland itself especially for community beds.
- They worry about who is responsible for their care if registered with a GP out of County



NEXT STEPS TODAY

1. I would invite John and Hilary to talk about the state of health and wellbeing locally and the successes we have achieved that might not be well-known in the community.
2. I would invite all present to discuss where we go from here in developing Future Rutland plans - with Rutland as both a Place and a Neighbourhood.....how do we engage with the public to ensure we reach **all** demographics not just the usual respondents.....how do we account for our size and reliance on community services provided in other local areas (e.g. Melton and Stamford)how do we ensure this becomes an action plan not a report.....how do service needs tie in with infrastructure and which decision comes first.....to what extent can we enable diagnostics and long-term repeat attendances (e.g. dialysis and chemotherapy) to be brought closer to home?
3. Assigning tasks to make things happen.