



# Rutland County Council

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE**  
held via Zoom on Thursday, 9th September, 2021 at 7.00 pm

**PRESENT:**

Councillor S Harvey (Chair)  
Councillor G Waller (Vice Chair)  
Councillor P Ainsley  
Councillor W Cross  
Councillor J Fox  
Councillor R Powell

**APOLOGIES:**

Councillor J Dale  
Sarah Prema

Executive Director of Strategy and Planning,  
Leicester, Leicestershire and Rutland City  
Clinical Commissioning Group (LLR CCG)

**ABSENT**

Fiona Myers  
Mark Powell

Director of Community Health Services,  
Leicestershire Partnership NHS Trust  
Deputy Chief Executive, Leicestershire  
Partnership NHS Trust

**PORTFOLIO  
HOLDER  
PRESENT:**

Councillor A Walters

Portfolio Holder for Health, Wellbeing  
and Adult Care

**OFFICERS  
PRESENT:**

John Morley  
Emma Jane Perkins  
Vivienne Robbins  
Janet Underwood

Strategic Director of Adults and Health,  
RCC  
Head of Community Care Services,  
RCC  
Consultant in Public Health,  
Leicestershire and Rutland County  
Council  
Chair, Healthwatch Rutland

**IN  
ATTENDANCE:**

Fay Bayliss  
Rachna Vyas  
Tracey Allan-Jones  
Charlotte Summers  
Joanna Clinton  
Adhvait Sheth

Deputy Director of Integration and  
Transformation  
Leicester, Leicestershire and Rutland  
CCGs (LLR CCG)  
Executive Director of Integration &  
Transformation, LLR CCGs  
Manager, Healthwatch Rutland  
LLR CCGs  
Head of Strategy and Planning, LLR  
CCGs  
Strategic Planning Manager, LLR  
CCGs

## **1 WELCOME AND APOLOGIES RECEIVED**

Apologies were received from Councillor Jeff Dale and Sarah Prema, Executive Director of Strategy and Planning, LLR CCG

## **2 RECORD OF MEETING**

Councillor Harvey stated there were outstanding actions from the previous meeting held on the 17<sup>th</sup> June 2021. It was agreed that Jane Narey would chase the outstanding actions.

The minutes of the meeting held on the 17<sup>th</sup> June 2021 were unanimously confirmed as an accurate record.

## **3 DECLARATIONS OF INTEREST**

There were no interests declared

## **4 PETITIONS, DEPUTATIONS AND QUESTIONS**

Jane Narey informed the Committee that several questions had been received and that the questions had been added to the website and circulated to committee members in advance of the meeting. She also stated that due to time constraints and the long and complex nature of the questions, it had been agreed to provide a written response to the questions after the meeting.

She reminded Committee Members that no discussion was permitted, or a resolution moved with reference to any question as per Procedure Rule 216.

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**Mr Andrew Nebel, MBE joined the meeting at 19:09**

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Mr Andrew Nebel, MBE - Co-chair of Empingham Medical Practice PPG and Chairman of Better Healthcare for Stamford joined the meeting and addressed the Committee with his question regarding the Place Led Plan.

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**Mr Andrew Nebel, MBE left the meeting and Mrs Kathy Reynolds joined the meeting at 19:15**

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Mrs Kathy Reynolds from the Rutland Health & Social Care Policy Consortium joined the meeting and addressed the Committee with her question regarding the Place Led Plan.

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**Mrs Kathy Reynolds left the meeting and Mrs Jennifer Fenelon joined the meeting at 19:18**

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Mrs Jennifer Fenelon – Chair, Rutland Health & Social Care Policy Consortium joined the meeting and addressed the Committee with her question regarding the Place Led Plan.

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**Mrs Jennifer Fenelon left the meeting at 19:20**

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The Chair thanked everyone for their questions and thanked Mr Nebel, Mrs Reynolds and Mrs Fenelon for attending the meeting. She confirmed that a full written response to the questions would be distributed and published on the Council's website in due course.

Councillor Harvey also confirmed that the Council continued to work in close collaboration with stakeholders such as the Health and Wellbeing Board and Rutland Healthwatch to ensure that the voice of Rutland residents was heard in such matters as community healthcare and integrated services.

## **5 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice had been received from Members.

## **6 NOTICES OF MOTION FROM MEMBERS**

No notices of motions from Members had been received

## **7 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION**

No call ins were received

## **8 PLACE LED PLAN**

A presentation was received from Emma Jane Perkins (Rutland County Council), Charlie Summers (LLR CCG), Viv Robbins / Kajal Lad (Public Health), Tracey Allan-Jones (Rutland Healthwatch), Sandra Taylor (Rutland County Council) and Adhvait Sheth (LLR CCG).

The Chair welcomed John Morley and Councillor Alan Walters to the meeting. During the discussion, the following points were noted:

- Mr Morley thanked all the colleagues for their hard work in collating the information and producing the presentation, especially as these colleagues had been and continued to be the front-line staff in dealing with the pandemic.
- The presentation gave a broad outline of the plan and would require input from Scrutiny Committee as regards the content and the focus of the plan.
- The actual draft 'Place Led Plan' would be presented to the Rutland Health and Wellbeing Board on the 5<sup>th</sup> October 2021.
- The Integrated Delivery Group would be drafting the Place Led Plan and this group was supported by three sub-groups. This ensured that input was received from all partners including the Leicester, Leicestershire and Rutland Clinical Commissioning Group (LLR CCG), Citizens Advice Rutland, Rutland Health

Primary Care Network, Leicestershire NHS Partnership, Rutland County Council, Healthwatch Rutland, Public Health and Rutland residents.

- John Morley confirmed that, due to the pandemic, the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA) were now out-of-date. It had become apparent that the needs of the population upon health services had changed and that resources needed to be amended to meet this change.
- Councillor Walters asked Members if they wanted to be more involved with the Place Led Plan and if so, how. He stated that the Committee needed to ensure that the voice of Rutland residents was heard and included in the plan.
- Emma Jane Perkins confirmed that the timetable for the Place Led Plan was that the final strategy, with a draft delivery plan, would be available from January 2022.
- Councillor Ainsley asked how information between the different health bodies would be shared as the current IT systems did not allow this. Rachna Vyas confirmed that this issue had been identified and that a Digital Development Group for the whole of the East and West Midlands had been established so that a solution could be included in the plan. Work was also ongoing nationally to resolve this issue and LLR had been identified as an exemplar site for the programme. She also confirmed that although the services had plenty of data, this data did not always result in intelligence and wisdom, so consultation was ongoing with all providers and service users to identify the correct plan for the future.
- Rachna Vyas confirmed that a Place Led Workstream, which covered central England, had been established to learn and share from other areas regarding the integration of health care. A Provider Network for out of county providers and colleagues had also been established to learn and share information.
- Councillor Powell enquired about Potential Priority One as the format was different to that of the other potential priorities. She queried the goal of the plan and what was meant by the term 'communities.' She also stated that the 'Why?' detailed in Potential Priority One should be a focus area and queried why only the three most deprived wards in Rutland were assessed. Vivienne Robbins thanked Councillor Powell for her comments and confirmed that Potential Priority One would be reviewed and amended accordingly. She also stated that there were other smaller areas of deprivation within Rutland and that these would be identified moving forward but that the three most deprived areas in Rutland had particular poorer outcomes than other areas so a deep-dive exercise would be needed for these three areas.
- Councillor Cross asked why Rutland needed a Place Led Plan when we were national leaders in the field. John Morley confirmed that Rutland had an excellent integrated service and provided good services but that the aim was to have continued improvement. He stated that the government required all Councils to put together an integrated health care plan. The aim was to stop services being reliant on buildings and put care in the community so making services more accessible whilst promoting people's health and wellbeing and building efficiencies within the services.
- Councillor Gale Waller stated that she personally felt that the plan was not person centred enough nor did it empower residents and patients to take the initiative with health and wellbeing. In addition, that a clear focus was required within the plan on ageing well.
- Councillor Waller requested that the final strategy be written in plain English for patients and residents to understand and that it should be shown how the plan would fit in with the reconfiguration of UHL.
- Councillor Cross asked if staff i.e. nurses and carers had been consulted regarding the plan. John Morley confirmed that yes, staff were consulted but wider consultation would be done.

- Dr Janet Underwood reported that engagement with the public had been problematic due to the pandemic lockdown but that Healthwatch Rutland's final report detailed all the comments received: <https://www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-you-report>
- Rachna Vyas reported that the Integrated Care System controlled the health budget for LLR but had not yet confirmed the funding available for the latter half of 2021/2022 or for 2022/2023. However, all services had been costed, areas of deprivation investigated and efficiencies identified.
- Councillor Walters thanked everyone for their comments and questions and confirmed that he would ensure that the voices of Rutland residents were heard and incorporated into the final plan.
- Joanne Clinton confirmed that the population figures were taken from Rutland's Local Plan.
- The finished Place Led Plan would be presented to the Rutland Health and Wellbeing Board for final approval in January 2022.

#### **RESOLVED:**

- a) That Rachna Vyas would clarify the services provided by RMH e.g. physiotherapy, paediatrics etc. and notify Councillor Harvey.
- b) That Councillor Walters and John Morley would check for any change in the projected population figures used in the plan.
- c) That the Scrutiny Committee would receive regular updates as the development of the Place Led Plan progressed.

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**At the request of the Chair, the Vice Chair,  
Councillor Waller, chaired the meeting from 21:13 onwards**

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## **9 PERFORMANCE MANAGEMENT: UPDATE**

A verbal update was received from John Morley, Strategic Director for Adults and Health regarding the performance management data for Adult Services.

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**Rachna Vyas, Vivienne Robbins, Joanne Clinton, Adhvait Seth, Charlotte Summers and Fay Bayliss left the meeting at 21:16**

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During the discussion, the following points were noted:

- Upon review, it was revealed that the KPI's were out of date.
- As a result, Councillors Harvey and Waller met with John Morley, his Heads of Service and the Business Intelligence team to discuss the service area's KPI's and Risk Matrix.
- It was stated that a proforma detailing all the new KPI's would be presented to the Committee so that Members could analyse and identify relevant KPI's and risks for future discussion.
- It was also reported that, where possible, budgetary information would be supplied to Members relating to their chosen KPI's.

## **10 REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN**

The Forward Plan and Annual Work Plan were reviewed. During the discussion, the following points were noted:

- Councillor Ainsley requested a breakdown of access to Primary Care by Rutland residents and the relevant improvement plans for Oakham and Stamford GP surgeries.
- Dr Underwood reported that the LLR CCG had undertaken a survey across Leicester, Leicestershire and Rutland regarding GP access. The survey contained a lot of data but was awaiting approval from the CCG Governing Body before being published. Healthwatch Rutland had also undertaken a survey regarding Rutland residents views on the quality of GP services and this report was waiting for final approval from Healthwatch before being published.
- Dr Underwood reported that better communication was required with residents regarding the role of health centre staff/receptionists as healthcare navigators.

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**At 21:27, it was unanimously agreed to extend the meeting  
by 15 minutes**

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**RESOLVED:**

- a) That access to primary care for Rutland residents be discussed at the next meeting. The discussion would also include how surgeries were operating in the current climate and the improvement plans for Oakham Medical Practice, Lakeland Health Centre, Stamford and Latham House Medical Practice, Melton Mowbray.
- b) That the final Rutland Health and Wellbeing Strategy (Place Led Plan) including draft delivery plan would be presented to the Scrutiny Committee meeting on the 17 February 2022.

**11 ANY OTHER URGENT BUSINESS**

None

**12 DATE AND PREVIEW OF NEXT MEETING**

Thursday, 25 November 2021 at 7 pm via Zoom

Agreed Agenda Items:

- Support given by Adult Social Care, home carers and care homes (post Covid)
- Domestic Violence Strategy
- Public Health and CCG Performance Data: quarterly update
- Access to Primary Care for Rutland Residents

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**The Chairman declared the meeting closed at 9.45 pm.**

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### Questions & Responses from Adults and Health Scrutiny Committee: 9 September 2021

#### PLACE LED PLANS

**Mr Andrew Nebel, MBE - Co-chair of Empingham Medical Practice PPG and Chairman of Better Healthcare for Stamford**

##### Question 1

The Rutland Health and Well-being Place Led Plan due for discussion at the coming Wednesday's Adults & Health Scrutiny Committee meeting accepts that for people living on the boundaries of other care systems there may be extra complexity and unequal access. A major strategic requirement of all NHSE/I planning is the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. The population of Ryhall and neighbouring east Rutland villages are particularly concerned that our needs are disadvantaged and marginalised by our location at the boundary of different systems and expect to see this risk mitigated by greater attention to our circumstances in the Place Led Plan.

- Some 50% of the secondary medical care provided for Rutland residents is outside the Leicester, Leicestershire and Rutland (LLR) boundary, and it is mentioned by Healthwatch under Priority 1, but action seems to be relegated to Priority 4. Why?

##### ANSWER

To clarify, the presentation being presented at scrutiny is a very broad overview for members to input regarding content in the future place led plan. The plan itself is yet to be developed. The Clinical Commissioning Group (CCG) are leading on the plan with the governance structure for the Place Based Plan overseen by the Rutland Health and Wellbeing Board (HWB). The numbering of the priorities in this presentation are not relative to their position of action or importance/priority – each have separate and equal consideration at this point of the discussion. However, if there is a strong feeling from partners at the HWB there may be an order put in place in the draft plan.

- The University Hospitals Leicester (UHL) business case talks of more Rutland residents having to go outside LLR once Leicester General is closed. What liaison has there been with neighbouring Integrated Care Systems to ensure that there is adequate capacity, and how have the cross-border cost implications been allowed for in the UHL costings?

##### ANSWER

The changes set out in the UHL Business Case are about relocating services to either the Leicester Royal Infirmary or Glenfield Hospital rather than not offering them in LLR. As part of the development of the UHL Business Case, discussions did take place with neighbouring Trusts to understand the flows across borders and the impact on out-of-county providers if more patients chose to go out of county as a result of the service relocations and there were no issues raised in relation to capacity. This dialogue will be ongoing as we go through the implementation stages of the programme. In addition, the place based plan for Rutland will explore what additional services could be provided locally to reduce the number of journeys patients need to make.

- Greater and easier access to services such as diagnostics is identified as a key area. Have Rutland residents who access primary care out of LLR been considered?

**ANSWER**

**Please refer to my answer to question above. Diagnostics closer to home (Rutland) is being considered**

- Over the years there have been problems in referrals by consultants in North West Anglia (Peterborough, Stamford and Hinchbrook) to Leicester Royal and Glenfield, and vice versa. It seems that the IT systems cannot speak to each other and that it is necessary to get paper records transferred. What IT improvements are being considered for UHL and do they take into account cross-border referrals with all neighbouring Integrated Care Systems?

**ANSWER**

**Within the NHS Long term plan, the national aspiration is for The Local Health and Care Record (LHCR) programme to create integrated care records across GPs, hospitals, community services and social care. LLR will be a part of these processes. This is expected to be achieved by 2024 and will help to address this issue of sharing across providers, which is a challenge across the county. It is important to note, whilst this will significantly address the issues with record transfer, this will only share if the record exists digitally. Where there is a need to share historical records that only exist in paper form, a manual transfer process will still need to apply.**

- Where is an up-to-date Joint Strategic Needs Analysis [JSNA] upon which the Place Led Plan must be based?

**ANSWER**

**An extensive assessment of needs has been developed as part of the development of the Place Led Plan (PLP). Further work will be completed from October onwards when the JSNA is reviewed and aligned with the priorities of the PLP and ongoing performance monitoring through the Health and Wellbeing Board.**

- What implications might arise from the Boundary Commission's proposal to realign constituency boundaries, and have these been taken into account?

**ANSWER**

**This is a consideration and will be explored**

**Question 2**

The UHL DMBC is predicated upon additional community facilities being provided and in place before reconfiguration. When will RCC publish the time-based plan for such enhanced community provision and can the Council confirm that it will be fully aligned with the UHL key construction milestones?

**ANSWER**

**The place-based plan will set this out**



## **Mrs Kathy Reynolds - Rutland Health & Social Care Policy Consortium**

Tonight's paper on a Place Led Plan for Rutland is to be welcomed as is guidance on how the new ICS organisations will operate. The Guidance on Working with People and Communities is very clear that working with people and communities is one of the essential enablers of success and challenges will only be tackled successfully by drawing on the diverse thinking of those who know the issues best such as local people, those who use services and unpaid carers.

I am concerned that as Integrated Care Systems are supposed to be operational by April 2022 time is very short and there are several steps to get through to get a solid Place Led Plan for Rutland that has been widely engaged upon and developed in close association with those who have experience of services as advised in the guidance.

### Question 1

What are the proposals and timeline for the following in the development of the Place Led Plan for Rutland:

- Plans for further engagement including with local expert groups such as those with Long Term Conditions (e.g. Diabetes, COPD), adult and children's mental health groups, travellers etc etc to identify local needs and mismatch in provision to strengthen development of a Draft Place Led Plan?

### ANSWER

**The CCG are leading on the plan with the governance structure for the Place Based Plan overseen by the Rutland Health and Wellbeing Board (HWB). This is attended by all partners and Healthwatch Rutland who ensure the peoples voice is included. Healthwatch has completed a consultation and published its report on their website feeding this into the developing draft plan. The Rutland Conversation has informed the plan as has recent CCG consultation and RCC events before the pandemic.**

**The future consultation on the more detailed action plan will be determined through the HWB where the detailed draft plan will first be presented. Please be assured however the wider public voice, including local expert groups is paramount to all partners and active ways of seeking that wider voice will be explored. The exact plan on this is to be developed.**

- Date for a Draft Place Led Plan presentation to Scrutiny and H&WB?

### ANSWER

**H&WB on 5<sup>th</sup> October 2021 at 2 p.m.**

- Date for Public Consultation on Draft Place Led Plan?

### ANSWER

**I refer to my answer of Q1**

- Date for Report of Findings on Draft Place Led Plan Consultation

### ANSWER

**I refer to my answer of Q1**

- Date for Final Draft Place Led Plan presentation to Scrutiny?

**ANSWER**

**I refer to my answer of Q1**

- Date for Final Draft Place Led Plan presentation to H&WB for Approval?

**ANSWER**

**The aim is the plan will be approved by April 2022 when the ICS becomes a statutory body.**

**Mrs Jennifer Fenelon – Chair, Rutland Health & Social Care Policy Consortium**

A Place Led Plan needs to respond to the differing health needs of each community and the Joint Strategic Needs Assessment (JSNA) is a key building block which sets out those needs. But Rutland's JSNA has expired and a new JSNA is needed urgently to help shape the Rutland Health Plan.

Question 1

When will a new JSNA be published for Rutland?

**ANSWER**

**This is under development. An extensive assessment of needs has been developed as part of the development of the PLP. Further work will be completed from October onwards when the JSNA is reviewed and aligned with the priorities of the PLP and ongoing performance monitoring through the Health and Wellbeing Board.**

Question 2

Can we have an assurance that the new Place Led Plan will include proposals to address our community's needs by drawing on the new JSNA?

**ANSWER**

**I refer to my answer of Q1. To clarify, the presentation being presented at Scrutiny Committee is a very broad overview for members to input regarding content in the future place led plan. The plan itself is yet to be developed. The CCG are leading on the plan with the governance structure for the Place Based Plan overseen by the Rutland Health and Wellbeing Board (HWB). The needs of the Rutland population and how these will be met is at the core of the Place Led Plan**

## **Mr Ramsay Ross CA - Uppingham**

It is a matter of record that:

- The UHL Bed Bridge confirms that there will be no, or only a minimal increase in, acute beds in Leicester as a result of the approved capital expenditure scheme.
- The bridge is effectively a project plan, based as it is upon defined deliverables of facilities to UHL, at specified dates.
- UHL have stated that they have assumed enhanced community provision, in the form of step-down beds, as being key to the successful operation of the new facilities and the associated operational cost savings.
- Local authorities in adjoining areas must therefore have plans to deliver this enhanced community provision, within the timescale defined by the UHL reconfiguration.

### Question 1

When will RCC publish the time-based plan for such enhanced community provision and can councillors confirm that it will be fully aligned with the UHL key construction completion milestones?

### ANSWER

**The CCG are leading on the plan with the governance structure for the Place Based Plan overseen by the Rutland Health and Wellbeing Board (HWB). The place-based plan will set this out. The aim is for the plan to be approved by April 2022 when the ICS becomes a statutory body.**

**Mr Miles Williamson-Noble – Chair, Rutland First Community Interest Company (CIC)**

The paper includes the Armed Forces as one of the focus areas in Priority 1. However, the way in which the paper is written shows this as a subset of improving healthy life expectancy for women.

Question 1

May we assume that this focus applies to service personnel of both sexes?

**ANSWER**

To clarify, what is going to scrutiny is a very broad overview for member input of content in the future place led plan. The plan itself is yet to be developed. The CCG are leading on the plan with the governance structure for the Place Based Plan overseen by the Rutland Health and Wellbeing Board (HWB). The focus areas in this presentation have separate and equal consideration. The armed forces and female health outcomes are 2 separate focus areas

Question 2

Does the focus apply to veterans as well as those currently serving?

**ANSWER**

I refer to my answer to question 1. The focus will be for all Rutland residents

Question 3

Rutland is one of the smallest “Places” and has one of the highest percentages of service personnel. Has account been taken of this when applying for funds, especially in relation to mental health and welfare?

**ANSWER**

Until the ICS comes into being it is difficult to define but additional resources will come collectively across the ‘Place’ and wider system. However, services in Rutland have become integrated with health partners with current utilisation of the Better Care Fund (BCF), which we believe puts us in good stead for any future changes. The needs of the Rutland population and how these will be met is at the core of the Place Led Plan.

**Mr Clifford Bacon - Clerk to Clipsham Parish Council**

Question 1

Will there be opportunity for more extensive engagement with the public as the draft plan is developed as users of services are best placed to identify gaps in service and how they can best be filled?

**ANSWER**

The CCG are leading on the plan with the governance structure for the Place Based Plan overseen by the Rutland Health and Wellbeing Board (HWB). This is attended by all partners and Healthwatch Rutland who ensure the peoples voice is included. Healthwatch has completed a consultation and published its report on their website, feeding this into the developing draft plan. The Rutland Conversation has informed the plan as has recent CCG consultation and RCC events before the pandemic.

The future consultation on the more detailed action plan will be determined through the HWB where the detailed draft plan will first be presented. Please be assured however the wider public voice is paramount to all partners and active ways of seeking that wider voice will be explored. The exact plan on this is to be developed.

Question 2

When can we expect to see a draft plan defining resource and financial commitment?

**ANSWER**

Until the ICS comes into being it is difficult to define but additional resources will come collectively across the 'Place' and wider system. However, services in Rutland have become integrated with health partners with current utilisation of the Better Care Fund (BCF), which we believe puts us in good stead for any future changes.

Question 3

When can we expect consultation on the Draft Plan?

**ANSWER**

I refer to my answer of Q1

Question 4

When will the Plan be approved?

**ANSWER**

The aim is the plan will be approved by April 2022 when the ICS becomes a statutory body.

Responses were supplied by Officers at Rutland County Council and Leicester, Leicestershire and Rutland Clinical Commissioning Groups.