

Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

Telephone 01572 722577 Email: governance@rutland.gov.uk

Ladies and Gentlemen,

A meeting of the **ADULTS AND HEALTH SCRUTINY COMMITTEE** will be held Via Zoom - <https://us06web.zoom.us/j/96544968356> on **Thursday, 9th September, 2021** commencing at 7.00 pm when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews
Chief Executive

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/my-council/have-your-say/

A G E N D A

1) WELCOME AND APOLOGIES RECEIVED

2) RECORD OF MEETING

To confirm the record of the meeting of the Adults and Health Scrutiny Committee held on the 17th June 2021
(Pages 5 - 12)

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) 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 216.

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.

5) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 218 and No 218A.

6) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 219.

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

To consider any matter referred to the Committee for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

SCRUTINY

8) PLACE LED PLAN

To receive a presentation from Emma Jane Perkins (Rutland County Council), Charlie Summers (LLR Clinical Commissioning Groups), Viv Robbins / Kajal Lad (Public Health), Tracey Allan-Jones (Rutland Healthwatch), Sandra Taylor (Rutland County Council) and Adhvait Sheth (LLR Clinical Commissioning Groups)
(Pages 13 - 30)

9) PERFORMANCE MANAGEMENT: UPDATE

To receive a verbal update from John Morley, Strategic Director of Adults and Health

10) REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN

To consider the current Forward Plan and identify any relevant items for inclusion in the Adults and Health Scrutiny Committee Annual Work Plan, or to

request further information.

The Forward Plan is available on the website at:

<https://rutlandcounty.moderngov.co.uk/mgListPlans.aspx?RPId=133&RD=0>

(Pages 31 - 32)

11) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

12) DATE AND PREVIEW OF NEXT MEETING

Thursday, 25 November 2021 at 7 pm

Proposed 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

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TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE

Name	
1.	Councillor S Harvey (Chair)
2.	Councillor G Waller (Vice Chair)
3.	Councillor P Ainsley
4.	Councillor W Cross
5.	Councillor J Dale
6.	Councillor J Fox
7.	Councillor R Powell

PORTFOLIO HOLDER:

Name	Title
8. Councillor A Walters	Portfolio Holder for Health, Wellbeing and Adult Care

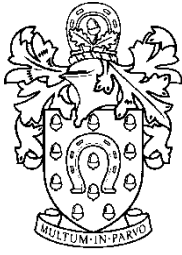
OFFICERS:

Name	Title
9. Mark Andrews	Chief Executive, Rutland County Council
10. Karen Kibblewhite	Head of Commissioning

11.	John Morley	Strategic Director of Adults and Health
12.	Fiona Myers	Director of Community Health Services, Leicestershire Partnership NHS Trust
13.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
14.	Janet Underwood	Chair, Healthwatch Rutland

OTHER MEMBERS FOR INFORMATION

Name		Title
15.	Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust



Rutland County Council

Catmose Oakham Rutland LE15 6HP
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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE**
held via Zoom on Thursday, 17th June, 2021 at 7.00 pm

PRESENT: Mrs S Harvey (Chair)
 Mr P Ainsley
 Mr W Cross
 Mr J Dale
 Mrs J Fox
 Miss G Waller

ABSENT: Mrs R Powell

OFFICERS	Mr S Della Rocca	Strategic Director of Resources
PRESENT:	Mr A Merry	Finance Manager
	Mr J Morley	Strategic Director of Adults and Health
	Ms K Sorsky	Head of Adult Social Care
	Ms E J Perkins	Head of Community Care Services
	Mr M Wise	Hospital and Clinical Integration Lead
	Miss J Narey	Interim Executive Officer
	Miss E Dearsley	Interim Governance Officer

IN	Mr A Walters	Portfolio Holder for Health, Wellbeing and Adult Care
ATTENDANCE:	Dr Janet Underwood	Chair, Healthwatch Rutland
	Rachna Vyas	Executive Director of Integration & Transformation, Leicester, Leicestershire & Rutland Clinical Commissioning Group (LLR CCG)
	Andy Williams	Chief Executive, LLR CCG
	Laura Norton	Head of Transformation and Integration, LLR CCG
	Dr Hilary Fox	Clinical Director, Rutland Health Primary Care Network
	Fay Bayliss	Deputy Director of Integration and Transformation, LLR CCG

1 **APOLOGIES**

Apologies were received from Mrs R Powell

2 **RECORD OF MEETING**

The minutes of the meetings held on 1 April and 28 April 2021 were confirmed as accurate records.

3 DECLARATIONS OF INTEREST

No declarations of interest were received.

4 PETITIONS, DEPUTATIONS AND QUESTIONS

Miss Narey confirmed that a question, in two parts, had been received from Mr Ramsay Ross. He was unable to attend the meeting, but his question had been added to the website and circulated to committee members in advance of the meeting. A written response would be sent to Mr Ramsey and this would be included with the minutes of the meeting.

Question for Adults and Health Scrutiny Committee Meeting: 17 June 2021

Received from Mr Ramsay Ross

Context:

The January Minutes of the Health & Wellbeing Board state that the CCGs have an absolute ambition to deliver a Rutland Plan and that they are committed to having consensus about what is important in the shaping of such a Plan.

Question, in two parts

How will the Rutland Adult & Health Scrutiny Committee execute its primary aim of strengthening the voice of local people, such that we can be assured that:

- (i) our needs and experiences are considered as an integral part of the commissioning and delivery of health services; and
- (ii) that a mechanism will exist to permit public recommendations for the improvement of existing services to be submitted for consideration

Response:

It was **RESOLVED** that a draft Place Led Plan be **PRESENTED** to the Adult and Health Scrutiny Committee on the 9th September 2021 before it was presented to the Rutland Health and Wellbeing Board on the 5th October 2021.

Deputation for Adults and Health Scrutiny Committee Meeting: 17 June 2021

A deputation was received from the Rutland Health and Social Care Policy Consortium and this was delivered by Mrs Reynolds.

Cllr Harvey thanked Mrs Reynolds for her deputation and asked Members if they had any questions regarding the deputation. Cllr Cross confirmed his agreement with the deputation from Mrs Reynolds and the Rutland Health and Social Care Policy Consortium. Cllr Waller enquired what the Consortium expected the Adults and Health Scrutiny Committee to do when the matter was being undertaken by the Leicester, Leicestershire and Rutland Clinical Commissioning Groups. Mrs Reynolds confirmed that the Scrutiny Committee needed to be aware of issues raised by the Rutland community to ensure that the care services provided met the requirements of the local population.

The Chair stated that the Committee would examine the work plan to ensure that Rutland specific issues were addressed and that it would continue to monitor and scrutinise different aspects of the CCG's work, as evidenced by items 9 and 10 on the agenda, as well as work in close collaboration with other stakeholders such as the

Health and Wellbeing Board and Rutland Healthwatch to ensure that the voice of residents was heard in such matters as community healthcare and integrated services.

Cllr Waller informed attendees that the Leicester, Leicestershire and Rutland Joint Health Committee of which she and the Chair were both members, had been and would continue to look at the various issues around reconfiguration.

Cllr Cross proposed a discussion regarding the deputation subject matter and was reminded that questions could be asked but a discussion was prohibited (Part 4 of the Constitution, Procedure Rule 28)

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 had been received

8 APPOINTMENT OF VICE-CHAIR OF THE COMMITTEE

The Chair requested nominations for the post of Vice-Chair of the Committee. Cllr Cross nominated Cllr Waller, Cllr Harvey seconded the nomination and Cllr Waller accepted the nomination. There were no other nominations received.

RESOLVED

a) That Miss G Waller be **APPOINTED** as the Vice-Chairman of the Adults and Health Scrutiny Committee.

9 ACCESS TO PRIMARY CARE SERVICES

The Chair confirmed that Mr Andy Rix from the Lincolnshire CCG had been unable to attend the meeting to answer concerns about Lakeside Healthcare in Stamford, which was one of the main practices for many of the residents living in the east of the county. However, he had offered to attend a meeting on another date.

Cllr Harvey welcomed Rachna Vyas, Executive Director of Integration and Transformation for the LLR CCGs to the meeting. The Committee received a presentation from Rachna Vyas on actions taken to improve access to Primary Care Services in Rutland and at Oakham Medical Practice.

The Chair thanked Rachna Vyas, Laura Norton and Dr Hilary Fox for the presentation and opened the meeting for discussion and questions. During the discussion, the following points were noted:

- Local health and care services were available but had to be better advertised to Rutland residents.
- Cllr Cross stated that complaints had been received from the public regarding GP services within Rutland and enquired about the training of GP receptionists. Rachna Vyas confirmed that all GP receptionists were trained to identify treatments that required urgent and/or immediate treatment as well as those minor health ailments that could be signposted to other services. Training was also given on safeguarding and care navigation. Dr Fox confirmed that GP receptionists did not clinically triage patients but did allocate patients to the most suitable clinician which was not always the GP. Members were also informed that GP receptionists had received verbal, racist and physical abuse from patients. The Chair requested that Cllr Cross send details of the complaints from Rutland residents to Dr Hilary Fox for investigation.
- Cllr Walters confirmed that Oakham Medical Practice was aware of the problems within the practice and that the Practice did have an improvement plan. He confirmed that a recent presentation from the Practice had gone into greater detail and addressed the issues discussed.
- Cllr Ainsley asked if the situation would improve and if so, in what time scale. Rachna Vyas confirmed she expected incremental improvements and would discuss with Dr Pearson and Dr Fox the matter of patient satisfaction surveys at regular monthly intervals.
- Dr Underwood reported that improvements had been made to Oakham Medical Practice but that patients were unaware of the improvements made so better communication was required.
- Cllr Waller requested that information provided in the future be separated so that Rutland data could be analysed independently from that of Leicester and Leicestershire's information.
- Cllr Waller questioned how the integration of services would be funded, who identified what services would be sited locally and how the integration of services would be communicated to Rutland residents. Rachna Vyas confirmed that there was a joint budget between RCC and the CCG called the Better Care Fund which funded the integrated care service. Both organisations, along with the Primary Care Network, were united in their vision of care services to be provided within the county and work continued in integrating further services such as pharmacies, optometrists etc. She confirmed that all communication would be written in plain English and with no NHS jargon or abbreviations.
- Cllr Walters confirmed that a member of the North West Anglia Trust would be a member of the Rutland Health and Wellbeing Board to ensure that the eastern part of the county would not be overlooked in the upcoming changes.
- Dr Underwood stated that Healthwatch Rutland had been engaged by RCC to do a public engagement exercise on place-based care. A large amount of data had been collected including comments about the GP practices and the report would be produced presently.
- Laura Norton reported that improvements were being made by Oakham Medical Practice as quickly as possible especially to the website.

RESOLVED:

- a) That Rachna Vyas **DISTRIBUTED** a copy of the presentation and improvement plan from Oakham Medical Practice to the Committee members.
- b) That the improvement plan for Lakeside Medical Centre by Lincolnshire CCG be **DISTRIBUTED** to the Committee members.

- c) That Healthwatch Rutland **SHARED** with the Committee the data/report from the public engagement exercise on place-based care.
- d) That Mr Andy Rix from the Lincolnshire CCG be **INVITED TO ATTEND** a future meeting of the Adults and Health Scrutiny Committee to answer concerns about Lakeside Healthcare in Stamford.

10 HEALTH PERFORMANCE

The Committee received Report No. 80/2021 from the CCG's Performance Service. Councillors received information from Rachna Vyas who highlighted the most relevant and important points to discuss. During the discussion, the following points were noted:

- Dr Underwood enquired what was being done regarding non-attendance by patients to appointments. Rachna Vyas confirmed that LLR used the messaging service to remind patients of their appointment and that LLR had one of the lowest non-attendance rates in the country but that each person who did not attend their appointment was contacted the same day and their appointment re-booked.
- Rachna Vyas confirmed that the data referred to any person registered within Leicester, Leicestershire and Rutland who attended health services located inside and outside of the county. Comparative data for external health services e.g. Peterborough City Hospital was not given as it was not LLR data but it could be requested.

RESOLVED:

- a) That the Committee **NOTED** the Rutland Health performance based on the available data.
- b) That updated health performance reports be **PRESENTED** quarterly at future meetings of the Adults and Health Scrutiny Committee to ensure ongoing improvements.
- c) That Rachna Vyas **REQUESTED** the comparative data for external health services e.g. Peterborough City Hospital and sent it to Cllr Harvey
- d) That Rachel Vyas **CHECKED** the definition of the term 'hospital' within the data and if it involved 'urgent care services' and sent it to Cllr Harvey
- e) That Rachel Vyas **SENT** Cllr Harvey updated health performance data as and when received plus data on the numbers of Rutland residents who accessed out of area health services.

11 ADULT SERVICES PERFORMANCE FIGURES

The Committee received Report No. 75/2021 from the Strategic Director of Adults and Health. Councillors received information from Mr John Morley who highlighted the most relevant and important points to discuss. During the discussion, the following points were noted:

- Mr Morley reported that the figures stated on the report were pre-Covid and that Adult Services had changed considerably during the past 18 months with increased numbers and increased pressures.
- During Covid, the service had seen a 13% increase in the number of complex cases; a 39% increase in the number of homeless applications; a 150% increase in referrals to the Admiral Nurse service and a 135% increase in referrals to Occupational Therapists, who for the first time in 3 years, had a waiting list. 40

cases a month were referred to the Mi-care Team whilst the rate of keeping patients out of hospital was maintained at 91% or more.

- Rachna Vyas thanked John Morley, Emma Jane Perkins, Kim Sorsky and Mat Wise for their assistance and support during the pandemic and confirmed that all services had worked extremely well together during the most difficult year ever.
- Mr Morley introduced Kim Sorsky, Head of Adult Social Services who reported a significant rise in the number of complex cases that had required assessment. An increased demand had resulted in an increased number of carers but these had been recruited at an overall reduced cost. An online housing application system had also been trialled and tested and was now live on the Council's website.
- Mr Morley introduced Mat Wise, Hospital and Clinical Integration Lead who reported that the system for discharging patients from hospital had changed during the pandemic. Previously the patient would be visited on the ward and a discharge assessment completed. However, during the pandemic the patient would be discharged home (where possible) with the support and assistance of services for 2-3 days so that a detailed assessment could then be completed to determine the most appropriate pathway and this new system had worked very well with the co-operation of Emma Jane's team. Moving forward, the Occupational Therapy team would be working with Loughborough University to undertake analysis of the number of falls recorded within Rutland so to better target preventative resources. It was also planned to increase the therapy service to cover weekends as it moved to a 7-day/week service.

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The Chair requested an extension of the meeting

The Committee voted to extend the meeting by 15 minutes

Andy Williams, Rachna Vyas, Laura Norton, Dr Hilary Fox and Fay Bayliss left the meeting at 20:26

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- Mr Morley introduced Emma Jane Perkins, Head of Community Care Services who reported that the day opportunities service that supported adults with learning disabilities, had not been able to deliver all services during lockdown but staff had been re-deployed to support RISE and Mi-care services. The service, in conjunction with the voluntary sector, had also contacted all patients leaving hospital care to ensure that they were well and safe. The Care Homes Clinical Co-ordinator post, which had been created during the pandemic, organised multi-disciplinary team meets with all partners to ensure that all care home residents were safe and well. Staff had been checking and training care home staff to ensure the correct and appropriate use of personal protective equipment (PPE) as well as ensuring sufficient resources were available. The service also maintained the long-term care and enablement services where enablement effectiveness remained over 80% with over 90% of people still at home 91 days after being discharged from hospital, which was well above national figures.
- Both Cllr Cross and Cllr Waller expressed their thanks and gratitude to the staff of Rutland County Council for all their hard work and support during the pandemic.

RESOLVED:

- a) That the Committee **NOTED** the performance information as at the end of quarter four (April 2020 – March 2021)
- b) That John Morley **REVIEWED** the data/key performance indicators (KPI's) presented to the Committee in the future.

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Emma Jane Perkins, Kim Sorsky and Mat Wise left the meeting at 21:34

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12 ANNUAL WORK PLAN 2021-22

The Committee received the annual work plan for discussion. During the discussion, the following points were noted:

- John Morley reported that the Rutland Health and Wellbeing Board was the main governance for the development of the Place Led Plan and its integration into the Health and Wellbeing Board's strategy so that there would be one overarching plan.
- A draft Place Led Plan (as it would be a very big piece of work) would be presented at the October meeting of the Rutland Health and Wellbeing Board.
- The Integrated Delivery Group (IDG) had been established to feed into the Rutland Health and Wellbeing Board and its members included various partners from RCC, the PCN, the CCG, NHS Trusts and Healthwatch.
- Three working groups (prevention, complexity and data) would report to the IDG and these consisted of the staff running the actual services involved.
- The aim of the IDG would be to create a draft plan of what the integrated services would look like.
- Integrated services must go live in April 2022 and that was the deadline.

RESOLVED:

- a) That an overview of the Place Led Plan be **PRESENTED** to the Adult and Health Scrutiny Committee on the 9th September 2021 before the draft plan is presented to the Rutland Health and Wellbeing Board on the 5th October 2021.

13 ANY OTHER URGENT BUSINESS

- Cllr Harvey reported that the Care Quality Commission (CQC) were undertaking a questionnaire of patients' experiences at Lakeside Healthcare Centre at Stamford and suggested that they present their findings at the next Scrutiny Committee Meeting.
- Cllr Harvey informed attendees of the Members' Briefing regarding the consultation on 'Step Up to Great Mental Health' which would be held on the 12th July at 6 p.m. Closing date for the consultation was the 15th August 2021
<https://www.greatmentalhealthllr.nhs.uk/>
- Dr Janet Underwood informed attendees of the monthly events run in conjunction with Healthwatch Leicester and Leicestershire. This month's event was 'Access to GP Care'. <https://www.healthwatchrutland.co.uk>
- Cllr Harvey expressed thanks to the staff and volunteers at the Vaccination Centre in Oakham, which had one of the highest vaccination rates in the country.

14 DATE OF NEXT MEETING

Thursday, 9 September 2021 at 7.00 p.m. via Zoom

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The Chairman declared the meeting closed at 9.58 pm.

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Rutland Health and Wellbeing Strategy (Place Led Plan) 2022-25

13

Update Paper

Rutland Adults' and Health Scrutiny Committee

9th September 2021

Authors:

Emma Jane Perkins (Rutland County Council)

Charlie Summers (LLR Clinical Commissioning Groups)

Viv Robbins / Kajal Lad (Public Health)

Tracey Allan-Jones (Rutland Healthwatch)

Sandra Taylor (Rutland County Council)

Adhvait Sheth (LLR Clinical Commissioning Groups)

Context for Place Led Plans

- Linked to wider system plans
 - Planning and delivery of services at the tier best suited for success
 - Integrated Care System** - Leics, Leicester and Rutland together
 - Place** - Leics, Leicester or Rutland LAs individually
 - Neighbourhood** - Primary Care Network level
- Place Led Plans
 - A **collaborative approach** across health and care to improve the population health and wellbeing, rather than a focus on organisational delivery
 - Under the governance of the Rutland Health and Wellbeing Board
 - Further strengthening **prevention** to reduce the overall need for care and support.
 - Bringing together local and national priorities to address **health inequalities**.

“Place”: an important building block for health and care integration

The stated ambition is to create an **offer to the local population of each place**, to ensure that in that place everyone is able to:

- access clear advice on **staying well**;
- access a range of **preventative services**;
- access **simple, joined-up care and treatment** when they need it;
- access **digital services** (with non-digital alternatives) that put the **citizen at the heart of their own care**;
- access proactive support to keep as well as possible, where they are **vulnerable or at high risk**; and to
- expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in **social and economic development** and **environmental sustainability**.

(Integrating care: Next steps to building strong and effective integrated care systems across England report Nov. 2020) <https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/>

Purpose of paper

- To share a collective partnership overview of work to date
- To share the outline collaborative planning approach alongside latest outputs of the work to date
- To share an outline of emerging **potential** priorities from work to date
- To enable a sense check and opportunity for scrutiny of the emerging potential priorities
- To advise key areas where it is felt there could be significant gaps and where further focus could specifically be applied as part of next steps

Approach

- Collaborative partnership working groups – Prevention, Complex Care and Intelligence
- Built on good local strategic visioning work to date
- Intelligence not just data
 - Review of Joint strategic needs assessment (JSNA) / Public health outcomes framework (PHOF) indicators, population health management data
 - Wide sources of information – some produced for the first time for Rutland
 - Stakeholder and resident engagement (HealthWatch Rutland, Future Rutland conversation)
- Outcomes
 - Overarching vision and strategic actions
 - Collaborative delivery actions that will have the greatest impact
 - Outcomes and monitoring of delivery of the plan will feature continuous engagement and ‘checking back’ with residents

Rutland Health and Wellbeing Board Strategy

Vision: Safe, healthy, happy & caring communities in which people start and thrive together throughout all their lives

Goal: Active Communities Living Well

Priorities

- ✓ Reducing health inequalities across Rutland
 - ✓ Best start in life
- ✓ Staying healthy and independent for as long as possible
- ✓ Ensuring equitable access to services for all Rutland residents
 - ✓ Preparing for population growth

Potential Priority One: Reducing health inequalities across Rutland

Why?

Specifically aiming to improve healthy life expectancy in females which is currently decreasing at a rate faster than the national average and to look at other specific groups

Core Principle

A proportionate universalism approach will be needed to 'level up' the gradient of health outcomes seen in the three most deprived wards in Rutland but also specific groups. This means having a level of universal services for all that are then adapted depending on need.

Focus Areas for Action

Variation in female health outcomes within Rutland, areas of greatest deprivation, SEND children, Armed Forces, prison population, carers in Rutland and MH in farming communities. This will also support stronger community cohesion and resilience.

Relevant Rutland Healthwatch Engagement Findings

- Living on the boundaries of other care systems can present extra complexity and unequal access for some people

Potential Priority Two:

Best start in life

Why?

Significant evidence suggests the importance of the first 1001 critical days of life in providing a strong foundation for long term health outcomes

Core principle

Act during the unique window of opportunity starting with the needs of the baby from (pre) conception through to early years childhood (2 years old) including key action areas designed to make things easier for parents and carers

Focus areas for action

Health outcomes for Children under 2, and under 5, SEND, childhood vaccination, tooth decay and obesity

What do Rutland residents say?

- Children and young people need more services close to their homes to minimise travelling, education disruptions and family stress that travelling creates
- Information and education are key in empowering people and their households to become more self-reliant in maintaining lifelong good health and wellbeing

Potential Priority Three:

Staying healthy and independent for as long as possible

Why?

Building prevention, self-care and maintaining independence is critical to improving healthy life expectancy whilst managing increasing demand within a defined health and care budget

Core principle

Shifting the approach to health and care so that prevention and self-care will be a key priority

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Focus Areas for Action

Nurturing self-sustaining empowered local communities, people at risk or that are frail, people at risk or with 5 or more comorbidities, obesity, dementia, some vaccinations, reducing social isolation and stronger focus on mental health

What do Rutland residents say?

- there are facilities and social activities in Rutland but that they are not well advertised
- there are many areas for improvements to sporting and social activity provision - particularly with accessibility for disabled young people and working age adults with learning disabilities
- Suggestions that 'mobile groups and activities' could be taken out to the communities rather than people struggling to reach central venues

Potential Priority Four: Equitable access to services for all Rutland residents

Why?

Rutland is a rural county that borders a number of other local authorities and healthcare systems. This creates challenges for many in accessing services which can often be distant, requiring long travel times.

Core principle

Make improvements to enable people to receive the care they need when they need it

Focus areas for action

Consideration of what services can be delivered within Rutland (i.e. considering the UHL reconfiguration, use of Rutland Memorial Hospital and development of LLR Community Diagnostic Hubs), potentially some services delivered in a different way (e.g. using digital technology and/or mobile provision)

What do Rutland residents say?

- By increasing and improving local health services at place, travel could be reduced
- that they want many of the more straightforward and routine diagnostics and treatments to be available to them in Rutland
- Not everyone has access to technology or the necessary skills. Increasing use of technology with careful consideration of how and when to use it effectively

Potential Priority Five: Preparing for population growth

Why?

The **overall population** of Rutland is projected to grow:

by 5% to 42,277 by 2025 (an increase of 1,890 residents) and by 14% to 45,886 by 2040, (an increase of 5,499 residents).

The **local housing** of Rutland is projected to grow:

- by **789 new houses** planned to be built **by 2026**
- by **1333 new houses** planned to be built **by 2031**

Year	Total increase	Working age (20 – 64) growth	65+ growth
2025	5%	1.2%	11%
2040	14%	1.6%	45%

Core principle

Prepare now for the future impact across the integrated model of health and care for Rutland

Focus Areas for Action

impact on local service capacity into the future, future integrated service model, health and care infrastructure, health and care workforce , neighbouring population demands on local service models and embedding of healthy place design into local planning

What do Rutland residents say?

- people value partnership between the individual (or family) and the health and care services and want to be involved in the continuing development of these services

Current Services Outline

- **Rutland Health Primary Care Network, made up of 4 GP practices** serving circa overall 40,294 registered patients (Some living outside of Rutland in neighbouring LA's)
- **Elective Spells Summary (Mar 2020 –Feb 2021) – 3,750 Elective spells** - Gastro, Oncology, Haematology, Urology and General Surgery are the top 5 specialties for the Rutland PCNs patients (Daycase is the main point of delivery for elective spells).
- **Non - Elective Spells Summary (Mar 2020 –Feb 2021) – 2629 Non Elective spells** - General Medicine, General Surgery, Elderly Medicine Cardiology and Respiratory Medicine are the top 5 specialties for the Rutland PCNs patients
- **Rutland Memorial Hospital (RMH)** – Wide range of services, Outpatients delivered by UHL Alliance Pillar, LPT Community Services, LPT inpatient rehab ward, some UHL Core services, MH, Children's, Family Planning, Minor Injuries Unit and Out of Hours Urgent Care
- **Rutland Better Care Fund Programme (c£2.5m per annum)**
 - Unified prevention Inc. community wellbeing, community vitality, social prescribing and rapid response social care.
 - Targeted preventative interventions supporting living well e.g. admiral dementia nurses, carers support, falls prevention, assistive technology, support for care homes and domiciliary care.
 - Integrated care for people living with ill health. Step up and step down services including hospital avoidance and flows

Rutland Memorial Hospital (RMH) Available Services

- Podiatry
- MSK
- Adult Audiology
- Heart Failure
- Dieticians
- Falls Prevention
- Occupational health
- Community Mental Health Services
- Adult Mental Health Services – Memory Clinic
- Adult Improving Access to Psychological Therapy
- Cognitive Behavioural Services
- Adult Speech and Language Therapy
- Children’s Speech and Language Therapy
- Children’s Audiology
- Contenance Clinic
- Diabetic Clinic
- Health Visitors Service
- Midwife Services Ultra Sound Services
- Infant Feeding Services
- X-ray department
- Minor Injuries Unit
- Urgent Care and Extended Access
- Echocardiogram
- Leg Ulcer Clinic
- Cardiology
- Dermatology
- Integrated Medicine
- Diabetology
- ENT
- General Surgery
- Geriatric Medicine
- Gynaecology
- Ophthalmology
- Orthoptist
- Plastic Surgery
- Rheumatology
- Thoracic Medicine
- Urology
- Podiatric Surgery
- Phlebotomy
- Sexual Health / Family Planning

Office Base for the following teams that work out in the community

District Nursing / Estates & Facilities/ RCC Hospital Discharge service / Health Visiting service/School Nursing services/
Adult Mental Health Services

Rutland Memorial Hospital (RMH)

84% of all discharges to usual place of residence

Figure 1: All RMH Activity

	Occupancy Bed Days		
	2019-20	2020-21	2021-22
RUTLAND MEMORIAL HOSPITAL	5,019	4,326	1,191

Average bed occupancy rate for RMH circa 80% 19-21

Figure 2: Where do Rutland PCN registered patient access Community Hospital Provision

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	OBDS		
	2019-20	2020-21	2021-22
CITY BEDS	39	159	21
COALVILLE COMMUNITY HOSPITAL	14	72	10
HINCKLEY & BOSWORTH COMM. HOSP		54	10
LOUGHBOROUGH HOSPITAL		41	
MELTON MOWBRAY HOSPITAL	170	191	95
RUTLAND MEMORIAL HOSPITAL	1,238	573	181
ST LUKE'S HOSPITAL	530	357	266
STAMFORD & RUTLAND HOSPITAL	200	80	71
Grand Total	2,191	1,527	654

RMH - Inpatient Community Hospital Stepdown Ward: There is a rehabilitation ward inclusive of 16 beds and a palliative suite.

- Only Circa 25% occupancy by Rutland registered patients (19/20)
- 16 – 17 days - Average Length of Stay
- Top Diagnosis: Tendency to fall

- Circa 41% of all Rutland PCN registered patients occupancy is at Melton, St Luke's or Stamford and Rutland Hospital (19/20)
- Average Length of stay over last 3 years across a variety of admissions methods is between 16-26 days
- Top diagnosis: Hypertension

Rutland Memorial Hospital (RMH)

Oakham Urgent Care Centre (UCC)

On average 70% of activity over last 2 years is for **Rutland PCN registered patients**:

- **19/20 – Planned Capacity = 6447 / actual attendances = 4595 (71% utilisation) / 84%**
See Treat and Discharge Outcome / 20% of attendances by 65 plus / 17% of attendances by 0-14 year olds
- **20/21 – Planned Capacity = 7710 / actual attendances = 1065 (14% utilisation) / 94%**
See Treat and Discharge Outcome / 25% of attendances by 65 plus / 21% attendances by 0-14 year old
- **21/22 thus far on average 69% utilisation**

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Oakham Minor Injuries Unit (MIU)

- **Rutland PCN registered patients represent 67% of the overall activity.** This fluctuates between 53% and 85% and only maintained 85% during 'lockdown' December to March.
- recent **21/22 information** recording suggests an average of **24% of attendances are Children**

Rutland Memorial Hospital (RMH)

Total Older people Attendances 20/21:

- 3094 OP total attendances - Ophthalmology, Dermatology and Rheumatology top specialities
- 2013 (65%) of this was for Rutland residents, 1081 (35%) was for residents of areas outside of Rutland
- 1189 (35%) of all Rutland resident LLR Community Hospital attendances were at Melton Mowbray

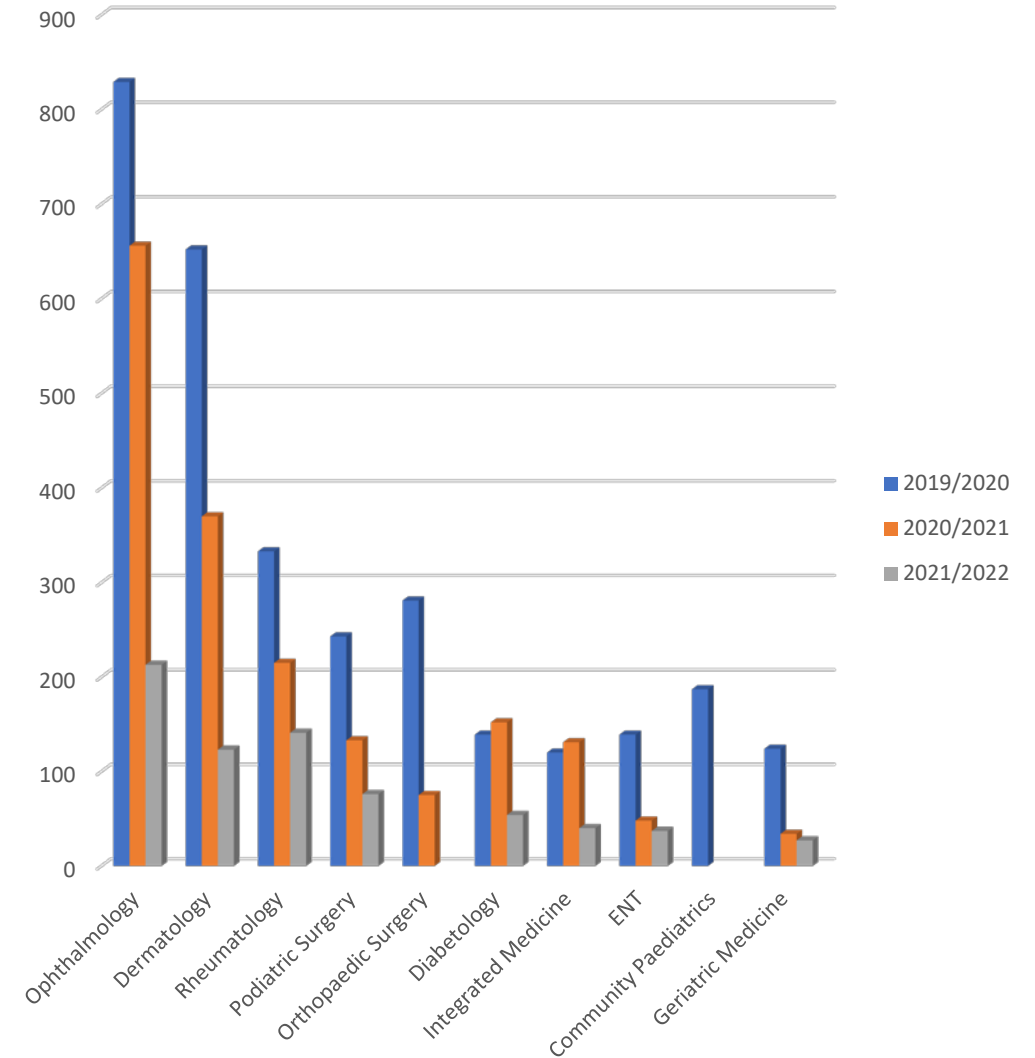
New Attendances 20/21:

- Total 414 RMH attendances of which 270 (65%) was by Rutland residents. Ophthalmology, Orthopaedic Surgery, Dermatology and Podiatric Surgery top specialities
- 51% of RMH New OP attendances delivered face to face
- 174 (37%) of all Rutland resident attendances took place in Melton Mowbray.

Follow Ups 20/21:

- Total 2680 RMH attendances of which 1743 (65%) was by Rutland residents. Ophthalmology, Dermatology and Rheumatology top specialities
- 67% of RMH follow ups delivered non face to face
- 1015 (35%) of all Rutland resident attendances took place in Melton Mowbray.

Top 10 Specialities RMH (Rutland Res)



Next Steps and High Level Timetable

- Translate work to date into a draft outline strategy and indicative action plan for it to be shared with H&W Board – 5th Oct 2021
- Further work on data, including deep dive into some emerging priorities – Aug 2021
- Further enriching the working group dialogue across partners – Sept 2021 – Nov 2021
- Further meetings with stakeholders to explore specific areas of interest or specific challenges in more detail (To include Stakeholder Consultation) Nov 2021 – Dec 2021
- Using the above to define emerging delivery the plan (actions, lead partners, rationale, timescale and measures of success) - Oct 2021 – Dec 2021
- Final Strategy with Draft Delivery Plan – Jan 2022

Thank You

Discussion / Questions



Adult and Health Scrutiny Work Plan 21/22				
Meeting Date	Publication Date	Proposed Item	Why	Format
17 Jun 21	10 Jun	Item 1: Access to Primary Care	Public Concern	
		Item 2: Public Health and CCG Performance Data		
		Item 3: RCC KPI's and Service Update		
09 Sep 21	01 Sep	Place Led Plan MAIN AGENDA ITEM		
		Performance Management: update from Strategic Director		
25 Nov 21	17 Nov	Support given by Adult Social Care, home carers and care homes (Post Covid) (AHSC 05)		
		Domestic Violence Strategy		
		Public Health and CCG Performance Data		
26 Jan 22	18 Jan	Scrutiny of the Budget	Statutory	
17 Feb 22	09 Feb			
14 Apr 22	06 Apr	Public Health and CCG Performance Data		

LLR Joint Scrutiny				

Possible Items:

- CCG Organisational change/ ICS Formation. (AHSC 01/03/04/06/14)
- Rutland 'Place' Based Health Services (AHSC 01/04)
- Lessons learnt from Covid. Either through this Committee or RCC wide. (Passed to Scrutiny Commission)
- Carers Strategy (AHSC 09)
- Update on Contract and Policy/Strategy Renewals during the coming year (AHSC 16)

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