

Rutland County Council

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Minutes of the **MEETING** of the **RUTLAND HEALTH AND WELLBEING BOARD**
held Via Zoom - <https://us06web.zoom.us/j/86409035180> on Tuesday, 5th October, 2021 at 2.00 pm

PRESENT

1.	Councillor A Walters (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Fay Bayliss	Deputy Director of Integration and Transformation LLR CCG
3.	Hilary Fox (Dr)	Clinical Director, Rutland Health Primary Care Network
4.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
5.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
6.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
7.	Janet Underwood (Dr)	Chair of Healthwatch Rutland

APOLOGIES:

8.	Insp. Audrey Danvers (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
9.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
10.	Dawn Godfrey	Strategic Director of Children and Families (DCS)

ABSENT:

11.	Rachel Dewar	Head of Community Health Services, Leicestershire NHS Partnership
12.	Simon Down	Acting Chief Executive/Monitoring Officer, Office of Police and Crime Commissioner
13.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland
14.	Fiona Myers	Director of Community Health Services, Leicestershire Partnership NHS Trust

PORTFOLIO HOLDER PRESENT:

15.	Councillor D Wilby	Portfolio Holder for Education and Children's Services
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OFFICERS PRESENT:

16.	John Morley	Strategic Director for Adults and Health (DASS)
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17.	Emma-Jane Perkins	Head of Community Care Services
18.	Kim Sorsky	Head of Adult Social Care
19.	Sandra Taylor	Service Manager, Community Care Services
20.	Susan-Louise Hope	Strategic Commissioner, Public Health

IN ATTENDANCE:

21.	David Williams	Director of Strategy and Business Development, Leicestershire Partnership NHS Trust
22.	Rachna Vyas	Executive Director of Integration & Transformation, Leicester, Leicestershire and Rutland Clinical Commissioning Group
23.	Mike Pierce	Head of Health Population, LLR CCGs
24.	Steve McCue	Senior Strategic Development Manager, LLR CCGs

1 WELCOME AND APOLOGIES RECEIVED

Councillor Walters welcomed everyone to the meeting. Apologies were received from Dawn Godfrey, Strategic Director of Children and Families, Simon Down, Acting Chief Executive/Monitoring Officer, Office of Police and Crime Commissioner, Inspector Audrey Danvers, NPA Commander Melton & Rutland, Leicestershire Police and Mark Powell Deputy Chief Executive, Leicestershire Partnership NHS Trust

2 RECORD OF MEETING

The minutes of the meeting held on the 22 June 2021 were approved as a true and accurate record.

3 DECLARATIONS OF INTEREST

No interests were declared

4 PETITIONS, DEPUTATIONS AND QUESTIONS

Jane Narey informed attendees that one deputation, nine questions with notice and one question with short notice had been received. The questions with notice had been added to the website and circulated to committee members in advance of the meeting.

She also stated that the Board had a total of 30 minutes allotted for petitions, deputations and questions as per Procedure Rule 93 so any questions not disposed of at the end of the 30 minutes would be answered in writing and reported for information to the next meeting.

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Mrs Jennifer Fenelon, MBE joined the meeting at 14:05

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Mrs Jennifer Fenelon – Chair, Rutland Health & Social Care Policy Consortium addressed the Board with her deputation regarding the Place Led Plan.

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Mrs Jennifer Fenelon, MBE left and Mr Ron Simpson BEM joined the meeting at 14:14

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Mr Ron Simpson BEM – Chair, CPRE Rutland addressed the Board with his question regarding the Place Led Plan.

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Mr Ron Simpson BEM left and Mr Andrew Nebel MBE joined the meeting at 14:16

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Mr Andrew Nebel, MBE – Ryhall Parish Councillor, Co-Chair- Empingham Medical Practice PPG and Chair - Better Health Care for Stamford addressed the Board with his question regarding the Place Led Plan.

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Mr Andrew Nebel MBE left and Mrs Elaine Woodhead joined the meeting at 14:20

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Mrs Elaine Woodhead – Vice-Chair of local alms-house charity St John and St Anne addressed the Board with her question regarding the Place Led Plan.

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Mrs Elaine Woodhead left and Mrs Mary Gallacher joined the meeting at 14:22

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Mrs Mary Gallacher addressed the Board with her question regarding the Place Led Plan

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Mrs Mary Gallacher left and Mrs Claire Henry MBE joined the meeting at 14:24

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Mrs Claire Henry MBE - Director of Dying Matters in Rutland addressed the Board with her question regarding the Place Led Plan

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Mrs Claire Henry MBE left and Mr Clifford Bacon joined the meeting at 14:27

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Mr Clifford Bacon - Clerk to Clipsham Parish addressed the Board with his question regarding the Place Led Plan

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Mr Clifford Bacon left the meeting at 14:30

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At the end of the 30 minutes, Councillor Walters thanked everyone for their questions and confirmed that a full written response would be sent and would be published with the minutes of the meeting on the Council's website.

He also stated that the Board continued to work in close collaboration with stakeholders such as Rutland Healthwatch as part of the Integrated Delivery Board and the Rutland Health and Wellbeing Board to ensure that the voice of Rutland residents was heard in such matters as community healthcare and integrated services.

5 LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR): LEARNING DISABILITY AND AUTISM (LDA) 3 YEAR PLAN

Report No. 132/2021 and a presentation were received from David Williams, Director of Strategy and Business Development, Leicestershire Partnership NHS Trust. During the discussion, the following points were note:

- National strategy for supporting people with a learning disability and/or autism.

- Aim was to make LLR FIT (Focussed on the needs of our people; Integrated team delivery; Targeted on where the greatest difference could be made).
- Councillor Wilby thanked David for his excellent presentation which set out very clearly the aims of the strategy and the actions to be taken. He continued that this was an exemplar of how a plan should be and he was convinced that the services were on the right road.
- Janet Underwood thanked David for an excellent presentation. Rutland residents have requested social activities that are accessible but these do not appear to be included in the plan.
- Dr Hilary Fox stated that some Rutland patients including those with LDA, lived outside of the county's borders and was engagement with other local authorities being held to ensure that a uniformed offer was open to all, across all counties. David Williams confirmed that all work must be county wide to encompass all members of the public regardless of where they live and where they access services.
- Kim Sorsky informed attendees that Rutland's Adult and Children's Services had worked together to put in place early intervention and prevention work to keep people out of hospital. Commissioned services also gave a person choice on how and when to access the services e.g. job seeking, living independent lives
- Councillor Walters queried the increased number of LDA people who had not received treatment due to a DNR (do not resuscitate) on their medical records. David Williams confirmed that actions (proactive and reactive) had been taken to ensure that inappropriate DNR's were not on medical records and stated that having a learning disability was not a fatal condition so a LDA person should not have a DNR on their records.

RESOLVED

That the Rutland Health and Wellbeing Board:

- a) Understood and **SUPPORTED** the 3-year programme
- b) **RECOGNISED** that change would be delivered through individuals including members of the Health and Wellbeing Board
- c) **CHAMPIONED** joined up working between system partners to deliver improvements
- d) **RECOGNISED** their role and opportunities to improve and enhance pathways to provide great care, support and lives
- e) **CONTRIBUTED** to the system goal of making LLR FIT (focused, integrated and targeted on need).

6 INTEGRATED CARE SYSTEM (ICS): PURPOSE, PRINCIPLES AND PRIORITIES

Report No. 129/2021 and a presentation was received from Sarah Prema, Executive Director of Strategy and Planning and was presented by Rachna Vyas Executive Director of Integration & Transformation, Leicester, Leicestershire and Rutland Clinical Commissioning Group as Sarah was on annual leave. During the discussion, the following points were noted:

- The main purpose of the ICS was for everyone in Leicester, Leicestershire and Rutland to have a healthy and fulfilling life.
- The principles were to:
 - Ensure that everyone had equal access to health and care services
 - Make decisions that enabled great care for all residents

- Deliver services that were convenient for people to access
 - Develop integrated services in partnership with residents
 - Make LLR health and care a great place to work
 - Use combined resources to deliver the best value for money and support the local economy and environment.
- The operational priorities to be delivered in partnership were to:
 - Deliver the COVID vaccination programme and winter flu programme
 - Recover services that have been affected during the pandemic
 - Deliver changes to UHL hospitals including mental health services
 - Work as a partnership to transform access to the health and care services including primary care, urgent care, chronic conditions and mental health services.
- Councillor Walters asked how often the operational priorities would need to be refreshed and Rachna Vyas confirmed that it would be on an 'as and when' basis so that as one priority was achieved, there would be another one to take its place.

RESOLVED

That the Rutland Health and Wellbeing Board:

- a) **ENDORSED** the Leicester, Leicestershire and Rutland Integrated Care System Purpose, Principles and Priorities

7 HEALTH INEQUALITIES FRAMEWORK

Report No. 128/2021 was received from Sarah Prema, Executive Director of Strategy and Planning and was presented by Rachna Vyas Executive Director of Integration & Transformation along with Mike Pierce, Head of Health Population and Steve McCue, Senior Strategic Development Manager at Leicester, Leicestershire & Rutland CCGs. During the discussion, the following points were noted:

- Some groups had poorer health or were more likely to have poor health outcomes in the long-term including children living in poverty, routine and manual workers, people with disabilities and military families.
- The framework identified a series of system wide principles and actions to help prevent health inequality but it would be up to the Rutland Health and Wellbeing Board to work with partners to develop a plan that would work in Rutland.
- Reducing or removing health inequality was a core purpose of the ICS, with the core principle being prevention.
- The main aim was to move away from the current 'national sick service' and move to a 'national health service'.
- The UK offered a universal health care service which was free at the point of access.
- Moving forward, this universal provision of services would be varied in response to the differences in need within and between groups of people. Services would be proportionate to the needs of the people using that service within that geographical area.
- Mike Pierce confirmed that LLR was the first NHS partnership to start to use new data to distribute primary care funding proportionally and so reduce inequality.
- Steve McCue stated that the framework was a strategic document and rural inequalities, an important point for Rutland, had been recognised within the

framework i.e. the number of retired/active armed forces personnel within the County.

- Dr Hilary Fox queried how we would ensure we have enough personalised information within the data. Mike Pierce stated that collaboration between partners such as local authority and voluntary sector colleagues was vital to ensure the personalisation of the data.

RESOLVED

That the Rutland Health and Wellbeing Board:

- a) **NOTED** the LLR Health Inequalities Framework and the intended implementation of the Framework across partner organisations

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David Williams, Mike Pierce and Steve McCue left the meeting at 15:30

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8 PLACE LED PLAN: DRAFT

Report No. 130/2021 and a presentation was received 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). During the discussion, the following points were noted:

- John Morley thanked all the staff for their hard work on the production of the place led plan. All done while fighting on the front line during the pandemic under very difficult and stressful conditions. Everyone worked in partnership and collaboration and these were the key words stated by everyone who worked on the plan.
- Commented that it was good to hear of the plethora of good quality and quantitative data that was also Rutland specific.
- It was agreed that the Place Led Plan needed to be a living document that breathed and changed according to the changes in the data.
- It was confirmed that the public were at the centre of the plan and that's why it needed to be a working document.
- Dr Janet Underwood stated that this was an overall strategy and not a specific step-by-step plan. The details of how and when would come in due course but this needed to be better communicated to the public.
- The plan detailed a lot of work that needed to be done in the next 3 months and that it was important that the public made the whole journey with us and not just be consulted as a small part of it.
- It was agreed that the term 'finishing dates' within the plan should be amended to 'transition dates' so making it clear to everybody that the plan was a fluid and living, changing plan.
- Councillor Walters proposed and it was agreed that the Integrated Delivery Group, in consultation with the Chair of the Rutland Health and Wellbeing Board, run the public consultation on the draft strategy.
- Rachna Vyas confirmed that the carers' voice had been heard and would be included in the life course events but that each community needed different levels of service and we needed to identify what was needed and then decide how best to deliver it.

- The Board recommended that 'end of life' should have its own special section. It would focus people on the last few days of life and it would act as a catalyst to get people talking about death and dying.

RESOLVED

That the Rutland Health and Wellbeing Board:

- NOTED** the context for and progress towards the development of the Rutland Health and Wellbeing Strategy: A Plan for Place 2022-25 (the HWS).
- Discussed, agreed and **ENDORSED** the overall vision, principles, priorities and action areas set out in the draft strategy and plan.
- CONFIRMED** proposals for a public consultation and **AUTHORISED** the Integrated Delivery Group in consultation with the Chair of the Rutland Health and Wellbeing Board to run a public consultation on the draft strategy.
- AGREED** that the frequency of reporting of the performance of the action plan to the Health and Wellbeing Board should be quarterly i.e. at every Board meeting.
- APPROVED** the timetable for finalisation of the strategy but was mindful of the ongoing restrictions regarding the pandemic.

9 REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN

The work plan and the Forward Plan were discussed. During the discussion, the following points were noted:

- John Morley requested that a report from Viv Robbins regarding the new Public Health Offer at RCC be added to the Forward Plan.
- Janet Underwood requested a report on what the changes to transport for accessing health care would be including the new Bus Service Improvement Plan. Jane to add to the Forward Plan and Councillor Walters to confirm with colleagues.
- Dr Hilary Fox requested a briefing from Rachna Vyas regarding the transport changes for accessing community-based services.

10 ANY URGENT BUSINESS

None

11 DATE OF NEXT MEETING

Tuesday, 11 January 2022 at 2.00 p.m.

Agenda Items

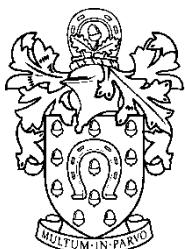
- Final Rutland Health and Wellbeing Strategy (Place Led Plan) inc. draft delivery
- Briefing on the changes to transport to access community-based services
- Social Care White Paper: Update
- Better Care Fund: Update
- Armed Forces Covenant Legislation and the Impact of Health Provision
- Enhanced Public Health Offer at RCC
- Pharmaceutical Needs Assessment: TBC

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Chairman closed the meeting at 4.08 pm.

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PETITIONS, DEPUTATIONS AND QUESTIONS FROM MEMBERS OF THE PUBLIC

MEETING: Rutland Health and Wellbeing Board

MEETING DATE: 5 October 2021

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Deputation	Mrs Jennifer Fenelon	Chair, Rutland Health and Social Policy Consortium 7 Stockerston Road Uppingham LE15 9UD

DEPUTATION FROM THE RUTLAND HEALTH AND SOCIAL CARE POLICY CONSORTIUM

PURPOSE This deputation about the “Draft Rutland Health and Wellbeing Strategy: The Rutland Place based Plan 2022 – 2025” We have concerns about the present draft’s adequacy to address a subject as large as the health of the whole population of Rutland. We would also expect key issues to be addressed with the full involvement of the public.

CONTEXT -The Rutland Health and Social Care Policy Consortium looks at implementation of policy within Rutland. Publication of a new draft health & wellbeing strategy for the county coupled with a PLACE led plan is therefore a watershed moment. We welcome the fact that the Health and Wellbeing Board decided to amalgamate its statutory requirements for a Joint Strategic Needs Assessment and the Health & Wellbeing Strategy together with a Place based operational plan. That makes sense.

Although today’s paper offers a strong vision for future healthcare in Rutland set out in 5 objectives, we believe it fails to deliver adequate Needs Assessment, Strategy or Plan.

BACKGROUND – The health needs of the County were assessed in 2018 when the last Joint Strategic Needs Assessment (JSNA) was published. Its findings drove the Health and Wellbeing Strategy 2016-20 which set targets for improving the health of the community.

But the world has moved on dramatically since 2016 so revisions are overdue. New drivers of change include

NATIONAL CHANGES

- The long-term plan for the NHS 2019 (which advocates care closer to home) & plans to reorganise Social Care published in September 2021 together with the All-Party Report in October 21

LOCAL CHANGES

- Impact of Covid upon access to services as well as impacting on the state of health of the community
- Impact of other lifestyle factors e.g. Obesity
- Impact of UHL Reconfiguration on equity of access for Rutland people by moving acute services to the west
- Housing Plans via the Rutland Local Plan
- Impact upon health & social care demand from an ageing population
- Equality - While Rutland people live longer, the fact that much of that time is in poor health or suffering the effects of rural deprivation remains hidden from official indicators.
- Access inequality - Decline of rural public transport & deterioration of access to primary, secondary and tertiary care.
- Shifts in demand for healthcare across borders – especially on the Eastern borders.

THE CONTENT & DEVELOPMENT OF A DETAILED LOCAL PLAN

The following assurances were given in response to public questions to the Adult and Scrutiny Committee on 9th September 2021.

- a. *Update of Joint Strategic Needs Assessment* – The reply states that extensive assessment of needs has been developed and that .”*Further work will be completed from October onwards when the JSNA is reviewed and aligned with the priorities of the PLP*” and “*The needs of the Rutland population and how these will be met is at the core of the Place led Plan*” As the JSNA is statutory and is a treasure trove of information it needs to be the basic building block not added later.
The Draft Strategy/Plan before you today does *not* show the needs of the Rutland population or how they will be met.
- b. *Impact of UHL reconfiguration* – The UHL Decision making business case is predicated upon additional community facilities being in place and fully aligned with UHL key construction milestones to mitigate the impact of closing Leicester General Hospital. The reply reassured that “the place-based plan will set this out “but it does not.
- c. *Public Involvement in developing plans* -Guidance for new ICS (*Guidance for Working with People and Communities*) stresses *the importance of developing services with local people and those who use the services*. “*The future consultation on the more detailed action plan will be determined through the HWB where the detailed draft plan will first be presented*.” We have no such proposals in the work plan before us.
- d. *Cross Boundary Issues* –Assurance was given that discussions were taking place across boundaries to ensure capacity but also “*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 ". These reassurances are encouraging but no detail is given on services proposed to reduce travel.

- e. *Need for joined up patient records* – *The reply said* that it is expected to have integrated care records by 2024 but that this would not enable the transfer of notes in paper form. The Plan is silent on IT provision.

CONCLUSIONS

1. We have concerns that the process being used to prepare a local health plan is inadequate to the task of preparing a health plan for the County. Assurances given in answer to public questions at Scrutiny that the Plan would cover a range of issues have not been fulfilled.
2. We urge that the local plan focus immediately upon two areas that cannot wait: -
 - a. Ensuring that services in mitigation for the move of LGH services are planned to both shift as much as possible closer to home in Rutland and, where residents will have to attend hospital in the east that they are properly planned with effective pathways and resources. For both shifts we wish to see adequate capital and revenue funding identified.
 - b. The myth that there is no inequality or inequity in Rutland needs to be dispelled especially around transportation inequity and the impact on the elderly.
3. Research was planned, with publication of the JSNA in 2018, into Rutland's hidden rural social deprivation. We urge that research be completed and incorporated into the local plan.
4. We believe the current proposals to incorporate public input into proposal development are inadequate and should be revised. The public is keen to contribute.
5. We ask the H&WB to defer endorsing the overall vision, principles, priorities and action areas set out in the draft strategy and plan as presented today until the JSNA which underpins the plan is complete and there is a clear description of how the goals set out in the Vision would be implemented via the Strategy and Place Plan

SIGNATORIES / PRESENTERS ON BEHALF OF THE RUTLAND HEALTH AND SOCIAL CARE POLICY COMMITTEE

Mrs Jennifer Fenelon
Chair on behalf of the Rutland Health and Social care Policy Consortium
7 Stockerston Road, Uppingham, LE 15 9UD

Air Commodore M Williamson Noble
Manor Farm, Pickworth, Stamford PE9 4DJ

Mr Ramsay Ross
Deva Hous, 28-30 High Street West
Uppingham
LE15 9QD

Mrs Kathy Reynolds

42 Lyndon Road, Manton, Rutland

Full list of Consortium Members on Request

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Question	Mr Ron Simpson BEM	Chair - CPRE Rutland 7 Hawthorn Drive Uppingham Rutland LE15 9TA

DETAILS

Draft Health Plan for Rutland – A Question from CPRE Rutland

Can the Rutland Health and Wellbeing Board advise on what steps are being taken to integrate the county's public transport and environmental strategies with its Health Plan for Rutland? More specifically, what new public and community transport initiatives will underpin the identified need for regular public travel to the plan's medical centres, both in and out of county?

RESPONSE

Thank you, Mr Simpson, for reminding us of this issue which we are of course fully aware of. I shall continue work with my colleagues on Cabinet and within the wider Council membership and officers to seek solutions to the transport and environmental issues and opportunities. As you already know I am an open book and I look forward to hearing any and all constructive suggestions on these issues from anyone who wishes to contribute. I am aware of the community work that you have accomplished particularly in Uppingham and I would be delighted to arrange a meeting with you to hear your suggestions acting either individually or as a representative of CPRE. You have my number.

Councillor Alan Walters

Rutland County Council approved its fourth Local Transport Plan in 2019, which has a strong focus on meeting the needs of our most vulnerable residents and supporting a high level of health and wellbeing. Appended to it was our Passenger Transport Strategy, which set out our aspiration to have a county-wide Demand Responsive Transport (DRT) service to ensure our population could access the services and facilities that they need to.

However, as a result of Covid alongside a major change in national government policy, the Passenger Transport Strategy is no longer fit for purpose. As such, we are in the final stages of drafting our Bus Service Improvement Plan to drive forwards our continued ambition for a county wide DRT service alongside other improvements to our bus services including enhanced frequency, extended operating hours and simplified services. Alongside this the council will continue to (as far as possible within its resources) support existing and new community transport services.

The Place Based Plan has included the question of access in Priority 4: "Ensuring equitable access to services for all Rutland residents" following public consultation. The delivery plan will set out how greater access can be achieved while considering wider

services such as diagnostic services being available in the closer community as opposed to hospital settings.

Penny Sharp, Strategic Director of Places

John Morley, Strategic Director of Adult Services and Health

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
2	Question	Mr Andrew Nebel, MBE	Ryhall Parish Councillor Co-Chair- Empingham Medical Practice PPG Chair - Better Health Care for Stamford

DETAILS

Place Led Plan - Q1.

Priority 4 is a very important element of the plan given so many Rutland residents access healthcare in other Council areas and health systems. It's good to see that engagement with neighbouring health and care systems whose services are actively used by Rutland residents is recognised as necessary.

Can the HWBB indicate what form of permanent and resilient joint working arrangement is being considered with neighbouring health and care systems to create and agree how cross border referrals and access to care are to be agreed and managed?

And as a supplementary ...

Will the HWBB be ensuring it is well sighted on the place-based plans of neighbouring health and care systems and is taking steps to enter into dialogue with these bodies to ensure congruency of planning?"

Place Led Plan - Q2.

It is now proposed that there will be 2 bodies within an overall Integrated Care System ... i.e. an Integrated Care Board and an Integrated Care Partnership.

Can the HWBB explain where it and its place plan sit within this structure?

RESPONSE

Q1. These arrangements are under development and will be reported back to this board in due course.

Supplementary question: Yes

Q2. Officers will provide a written response on detail. However from the chair I can indicate the current direction of travel which is that this council is expected at this time to be represented on the INTEGRATED CARE BOARD by a senior officer, and that the INTEGRATED CARE PARTNERSHIP is expected at this time to likely have equal representation from each of the Health and Wellbeing Boards in LLR. It should be emphasised Rutland will have the same level of representation as Leicester and as Leicestershire on both of these boards despite us only being approximately 3% of the total population. One note of caution is that the terms of reference continue to be developed - but that is the direction of travel.

Councillor Alan Walters

Other initiatives specifically to transport to health establishments will form part of the overall system plans of the Integrated Care Board and Integrated Care Partnership from April 2022 to ensure system cohesiveness and efficiency within any proposed provisions.

**John Morley, Strategic Director of Adult Services and Health
 Emma Jane Perkins, Head of Community Care Services
 Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs
 Vivienne Robbins, Consultant in Public Health**

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
3	Question	Mrs Elaine Woodhead Vice-Chair of local alms-house charity	St John and St Anne William Dalby House South Street Oakham LE15 6HY

DETAILS

Place Led Plan

As Vice Chair of SJ&SA, a large Rutland based alms-house charity, I would like to know how you intend to meet the health needs of our residents, and other elderly people who cannot afford cars, without subjecting them to long journeys to hospital appointments they find it extremely difficult to navigate and which cause them significant distress?

RESPONSE

One of the core ambitions of the changes to health and wellbeing is the principal of bringing care closer to home. We will continue to look for ways to reduce the need for residents to travel long distances for diagnostics or for care where appropriate. However we must acknowledge that we live in a rural location. That does not mean we should willingly accept unnecessary disadvantage to our residents – and as I say we will continue to look for appropriate opportunities for care closer to home - but it does mean we need to be mindful that travel to services some distance away will be inevitable in some cases.

Councillor Alan Walters

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
4	Question	Mrs Mary Gallacher	Clare Cottage Pickworth STAMFORD PE9 4DJ

DETAILS

Place Led Plan

Active and retired service personnel are a large and important part of Rutland. Adult and Health Scrutiny was asked if it was satisfied that enough resources were being sought to meet their needs (especially mental health and welfare). In reply, scrutiny pointed to the Better Care Fund as sufficient.

Could you please supply us with your evidence supporting the conclusion that the Better Care Fund could be used for and would be adequate to meet the considerable additional needs of the military?

RESPONSE

Could you please clarify are you referring to the reply to the question by Mr Miles Williamson Noble at the last meeting of the Rutland Health and Wellbeing Board, or are you referring to another meeting or question?

If yes...I have examined the formal response given to the question and I have been unable to reference any comment suggesting that the BCF would be the only resource to address the needs of the military or their families, nor would I expect it to do so.

Councillor Alan Walters

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
5	Question	Mrs Claire Henry MBE	Director of Dying Matters in Rutland Visiting Researcher Palliative and End of Life Care Study Group University of Cambridge Visiting Fellow Open University Claire Henry Associates Ltd Director The Loss Project

DETAILS

Place Led Plan

As one of the Directors of Dying Matters in Rutland, I would like to submit the following question:

Dying Matters in Rutland is an initiative led by the Lord Lieutenant which supports Rutland people to have the best possible end of life. We are associated with a wide range of professionals and voluntary organisations who would be delighted to work with you in planning and developing end of life care. Could you please tell us how and when we can contribute to proposals to the Rutland Health plan before it is finalised?"

RESPONSE

I am aware of the initiative which I applaud. I am also aware that Sarah leads on this as I was made aware well before the project began and I invited her to a meeting where we discussed the importance of the project enhancing our other health and wellbeing services and initiatives and how we should develop a symbiotic relationship.

The Rutland Conversation attracted over 500 comments on health and wellbeing which have helped to inform the draft plan - and you and your colleagues will have been able to take part in that. There is also a proposed consultation period if this board agrees to proceed, and you should most definitely take part in that which means your contribution will be logged and formally acknowledged.

However, on a more fundamental level I would urge you to simply come forward and talk. Everyone on this board has the same ambitions for the care of our residents in Rutland but

I am aware that not everybody is fully appreciative of how approachable we are individually and collectively, and so I would respectfully suggest - now that you are aware of this - that going forward it may be more effective to come forward directly with suggestions and comments, rather than submitting questions asking how to contribute.

For the avoidance of doubt my contact details are a matter of public record, and I normally meet Sarah in another capacity approximately twice a month at which time I would always be happy to be told you need a meeting. At such a meeting we could discuss further how your project can work with us, and what specialised knowledge you can bring to us to help us refine the plan. However it is important that you also use the formal consultation period to ensure your comments and suggestions are logged and acknowledged.

Councillor Alan Walters

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
6	Question	Mr Clifford Bacon	Clerk to Clipsham Parish The Old Schoolhouse Clipsham LE15 7SE

DETAILS

Place Led Plan

You have given assurances that joint planning will take place between neighbouring ICS's especially in the east of Rutland.

Can you assure me that this joint ICS planning will be carried out with the degree of granularity that includes estimated numbers of patients and estimated transfers of funding involved?

RESPONSE

The Health and Wellbeing Board is responsible for the place-based plan and the collaboration of services and enabling of wellbeing within the County of Rutland it represents. The ICS will have an ICB and ICP (Integrated Care Board and Integrated Care Partnership Board, respectively) that governs the system and across systems.

The internal mechanisms such as clinical care provision from the NHS and its funding streams will be overseen by the Integrated Care Board to include its member clinicians when the ICS becomes a legal body in the spring of 2022.

John Morley, Strategic Director of Adult Services and Health

Emma Jane Perkins, Head of Community Care Services

Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs

Vivienne Robbins, Consultant in Public Health

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
7	Question	Mrs Jennifer Fenelon	Chair, Rutland Health and Social Policy Consortium 7 Stockerston Road

		Uppingham LE15 9UD
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DETAILS

Place Led Plan

UHL reconfiguration is predicated upon additional community facilities being provided and in place before reconfiguration of UHL and aligned with UHL key construction milestones. Reassurance was given by Scrutiny that the Rutland Place based plan would set this out. Sadly, these vital plans are not within the draft plan presented today.

Now that the Rutland H&WBB has taken on responsibility for overseeing these shifts as well as provision of secondary and tertiary care for those who cannot travel to Glenfield and LRI, would you please give details of the project plans to:

- Evaluate which in-patient and out-patient services should be relocated in Rutland and the capital and revenue necessary including for IT. (NB the PCN has already addressed this question and supplied a list of services required)
- Evaluate the likely numbers of IPs and OP s who will have to transfer to Peterborough and Kettering for secondary care and to Addenbrookes, Oxford and Nottingham for tertiary care and your assessment of the revenue and capital that will be required

RESPONSE

The UHL reconfiguration will inform parts of the Place Based Plan going forward especially when the ICS determines the community health provisions bringing services closer to home no longer provided in Leicester. What has been presented so far is the broad vision of the Health and Wellbeing strategy which underpins the plan.

The Rutland Health and Wellbeing Board is responsible for ensuring health, care and welling are provided in a collaborative and integrated way within the borders of Rutland as will be laid out in the plan. It is a wide remit involving many partners including businesses and education. The Health and Wellbeing Board does not have control nor will have control of NHS trusts especially in other counties belonging to other ICS's. It is the Integrated Care Board that will have oversight of the internal economy and logistics of those trusts and the interaction and provision between them.

**John Morley, Strategic Director of Adult Services and Health
 Emma Jane Perkins, Head of Community Care Services
 Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs
 Vivienne Robbins, Consultant in Public Health**

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
8	Question	Mrs Leah Toseland	1 Coleridge Way, Oakham, Rutland, LE15 6GA

DETAILS

Place Led Plan

Involving the public in developing solutions. Healthwatch has sought public views on problem areas, however the next challenge is to deploy the expertise of patients in designing solutions, in particular the move of services “closer to home”.

Question 1) How will patients be employed in the process of co-production of services in the short time available?

Question 2) Healthwatch Rutland is a signatory to the draft plan presented and therefore can no longer able to independently represent the views of the public. How will public views be gathered during the proposed consultation?

RESPONSE

The consultation will take place and will be ongoing. There is no reason why Healthwatch Rutland cannot be part of that especially when proactively gaining the views of those who generally remain silent.

John Morley, Strategic Director of Adult Services and Health

Emma Jane Perkins, Head of Community Care Services

Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs

Vivienne Robbins, Consultant in Public Health

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
9	Question	Mr Malcolm Touchin	4 Hopes Yard Uppingham Rutland

DETAILS

Place Led Plan

JSNA – Both the JSNA and Health & Wellbeing Strategies are statutory requirements but are out of date. The draft Place Plan has been published without that vital data about health needs necessary to produce a plan to meet them.

Can you give the public assurance the JSNA will be urgently updated and the Draft Strategy/Plan written to take account of it and based on it?

RESPONSE

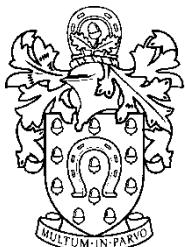
The draft plan has been based on the most up to date data available from all partners and this time is more Rutland specific than previously. This same data will be used to update the JSNA but will not cause delay in publishing the plan.

John Morley, Strategic Director of Adult Services and Health

Emma Jane Perkins, Head of Community Care Services

Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs

Vivienne Robbins, Consultant in Public Health



QUESTIONS WITH SHORT NOTICE FROM MEMBERS OF THE PUBLIC
MEETING: Rutland Health and Wellbeing Board
MEETING DATE: 5 October 2021

No.	Question with Short Notice	Name of Speaker	On Behalf Of
1	Question	Mr Ramsay Ross	28-30 High Street West Uppingham LE15 9QD

DETAILS

Place Led Plan

The present plan does not distinguish between those actions/items that are expected to be completed in the 3-year time-frame, and those that will be commenced in the 3 year period, but only completed in later financial years. If the plan is to be truly forward-looking and there is subsequently to be a long-term strategic plan (to properly align with the UHL reconfiguration programme to 2032), then this present plan should highlight short-term actions and such medium-term actions that are considered to support any long-term plan.

Question in two parts.

Is there to be any longer-term plan for the County?

If there is to be no longer-term plan, can we assume that RMH will simply be refurbished (this recognising the assessment of its extensive maintenance needs in 2017)?

RESPONSE

The plan is yet to be finalised but the timelines will be indicated in the final plan. The future of Rutland Memorial Hospital or alternatives is being considered by the current Clinical Commissioning Group and will be further considered by the Integrated Care Board and the Integrated Care Partnership as it is part of the NHS estate.

John Morley, Strategic Director of Adult Services and Health

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