

Rutland County Council

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Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland LE15 6HP and via Zoom on Tuesday, 5th April, 2022 at 2.00 pm

PRESENT

1.	Councillor S Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Councillor David Wilby	Portfolio Holder for Education and Children's Services (Non-voting Remote Attendee)
3.	Debra Mitchell	Deputy Director Integration & Transformation, LLR CCGs
4.	James Burden (Dr)	Clinical Director, Rutland Health Primary Care Network
5.	Janet Underwood (Dr)	Chair of Healthwatch Rutland
6.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
7.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
8.	Paul Kear (Sgt)	Leicestershire Police (rep. Lindsey Booth)
9.	Steve Corton	Ageing Well Team Support, NHS England - Midlands

APOLOGIES:

10.	Dawn Godfrey	Strategic Director of Children and Families (DCS)
11.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
12.	John Morley	Strategic Director for Adults and Health (DASS)
13.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
14.	Vivienne Robbins	Consultant in Public Health, RCC

ABSENT:

15.	Lindsey Booth (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
16.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
17.	Rachel Dewar	AD Urgent & Emergency Care, Leicestershire NHS Partnership
18.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland

OFFICERS PRESENT:

19.	Jane Narey	Scrutiny Officer
20.	Sandra Taylor	Health and Integration Lead, RCC

IN ATTENDANCE:

21.	Andy Williams	Joint Chief Executive, LLR CCGs (Remote Attendee)
22.	Fay Bayliss	Deputy Director Integration & Transformation, LLR CCGs (Remote Attendee)

1 WELCOME AND APOLOGIES RECEIVED

Councillor Harvey welcomed everyone to the meeting. The Scrutiny Officer confirmed that apologies had been received from Melanie Thwaites, Fiona Myers, Vivienne Robbins, John Morley and Dawn Godfrey.

2 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 11th January 2022 and the special meeting held on the 22nd February 2022 were both approved as an accurate record.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 PETITIONS, DEPUTATIONS AND QUESTIONS

The Scrutiny Officer confirmed that a total of three questions had been received. One question with notice from Mr Jennings and two questions with short notice from Mr Nebel and Mr Touchin respectively. However, neither Mr Nebel or his representative were able to attend the meeting so, as per Procedure Rule 93, his question would be replied to in writing and published with the minutes.

She reminded all attendees that every question should be put and answered without discussion and that no discussion was permitted nor a resolution moved with reference to any question or reply to a question. She also confirmed that, as per Procedure Rule 93, the total time allowed for a question submitted with notice including the response was 5 minutes and that Mr Jennings could ask 1 supplementary question for the purpose of clarifying the response.

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Mr Jennings joined the meeting at 2.08 p.m.

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Mr Jennings addressed the Committee with his question regarding Rutland Memorial Hospital.

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Mr Jennings left the meeting and Mr Touchin joined the meeting at 2.14 p.m.

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Mr Touchin addressed the Committee with his question regarding the Joint Health and Wellbeing Strategy.

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Mr Touchin left the meeting at 2.18 p.m.

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Councillor Harvey confirmed that Rutland County Council 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 residents was heard in such matters as community healthcare and integrated services.

5 QUESTIONS WITH NOTICE FROM MEMBERS

There were no questions received from members.

6 NOTICES OF MOTION FROM MEMBERS

There were no notices of motion received from members.

7 PRIMARY CARE TASK AND FINISH GROUP: FINAL REPORT

Councillor Ainsley joined the meeting as Chair of the Primary Care Task and Finish Group to brief the Board on the final report from the Group. During the discussion, the following points were noted:

- The report noted the significant number of people who had responded to the survey (nearly 1,000); the overview of feedback across the practices; and the recommendations set out.
- The proposed recommendations had been amended slightly following presentation of the report to the Adults and Health Scrutiny Committee.
- In section 8.1.e, the references to Public Health and RCC would be omitted and an additional recommendation would be added stating 'That the Rutland PPG's contact Lakeside Healthcare Stamford PPG to share good practice for the best interests of Rutland residents.'
- The final report would be presented to Council for approval on the 11th April 2022 and it would be distributed to the medical practices, the PCN and the LLR CCGs. The Task and Finish Group would then be disbanded.
- The report had been produced in a very short space of time with the whole process only taking 72 days from beginning to end.
- The Deputy Director Integration & Transformation confirmed that the recommendations would be integrated into the Joint Health and Wellbeing Strategy's Delivery Plan, whilst working with the Primary Care Network, the Integrated Care Board and other partners, to ensure follow-up and to enable the Health and Wellbeing Board to track progress.
- LLR CCGs' working group would take forward the recommendations and build them into the Place Led Delivery Plan whilst the Primary Care Network would take onboard the recommendations about the sharing of good practice.
- Councillor Ainsley personally thanked Rachna Vyas, Dr Hilary Fox, Dr Janet Underwood, John Morley and Councillor Harvey as well as other members and officers for their hard work and support in producing the final report.
- Scrutiny Committee thanked members of the Group for all their hard work in doing an outstanding job in producing the report.

RESOLVED

That the Committee:

- a) **AGREED** that the responsibility to follow-up on the report's recommendations be transferred to the Health and Wellbeing Board once the Primary Care Task and Finish Group had been disbanded.
- b) **AGREED** that a follow-up survey (driven by the Health and Wellbeing Board) would be undertaken by January 2023, recognising the importance of these services to the public.
- c) **AGREED** that the Health and Wellbeing Board would work with partners to present a short report at the HWB meeting in July 2022, to update residents on the outcomes of the recommendations from the Primary Care Task and Finish Group.

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Councillor Ainsley left the meeting at 2.42 p.m.

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8 RUTLAND JOINT HEALTH AND WELLBEING STRATEGY

Report No. 64/2022 was received from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care and presented by Sandra Taylor, Health and Wellbeing Integration Lead. During the discussion, the following points were noted:

- The Health and Wellbeing Integration Lead presented 4 slides to attendees (copy attached) which detailed some changes to the wording for the Foreword, the Introduction, Section 1.2 and Priority 4 in the Joint Health and Wellbeing Strategy.
- Elective Hubs would be created nationally alongside the community diagnostic centres as a way of solving the current waiting list crisis.
[NHS England » NHS publishes electives recovery plan to boost capacity and give power to patients](#)
- A draft strategy for communication and engagement across Leicester, Leicestershire and Rutland (LLR) had been produced by the LLR Integrated Care Board (engagement open until 24 April: <https://www.leicestercityccg.nhs.uk/get-involved/the-nhs-in-leicester-leicestershire-and-rutland-how-we-will-work-with-people-and-communities/>). A local communications and engagement plan for Rutland was also in preparation to support the JHWS. This would include relevant communications-related recommendations from the Primary Care Task and Finish Group and would complement the JHWS Delivery Plan.
- The JHWS Delivery Plan was being further developed whilst working with involved stakeholders. In the meantime, delivery of some items from the Delivery Plan e.g. Inequalities Research had already been started.
- First-year actions would be discussed at the next Health and Wellbeing Board meeting in July 2022.
- There would be two substantive sub-groups reporting to the Rutland Health and Wellbeing Board - the Integrated Delivery Group (IDG) and the Children and Young People's Partnership (CYPP).
- Work around complex care and prevention might require the creation of a separate sub-group but this would be confirmed at a later date.
- The Chair requested that, by the next Health and Wellbeing Board meeting in July 2022, the Place Led Delivery Plan was updated for the first year and that the sub-groups had identified their work-streams and taken ownership of them.
ACTION: Debra Mitchell and Sandra Taylor
- It was confirmed that the JHWS: Place Led Delivery Plan would be a standing item on future meeting agendas.

RESOLVED

That the Committee:

- a) **NOTED** the outcomes of the 22 February 2022 special meeting relating to the Joint Health and Wellbeing Strategy, and the legal requirement for formal HWB decisions to be taken at in person meetings.
- b) **APPROVED** the *Rutland Joint Health and Wellbeing Strategy: A Plan for Place 2022-27*; **APPROVED** the amendments for inclusion in the plan and **ENDORSED** the production of a public-facing strategy document for publication in paper and electronic format.
- c) **NOTED** the initial Delivery Plan and **AUTHORISED** the Directors for Adult Social Care, Public Health and Children and Families, in consultation with the Cabinet Member with Portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch in July 2022, working with local stakeholders.
- d) **SUPPORTED** further development of Health and Wellbeing Board subgroup governance (including the Integrated Delivery Group (IDG) and Children and Young People's Partnership (CYPP) to strengthen delivery of the JHWS under the delegated guidance of the Directors for Adult Social Care, Public Health and Children and Families, in consultation with the Cabinet Member with Portfolio for Health, Wellbeing and Adult Care.

9 NEW TERMS OF REFERENCE

Report No. 65/2022 from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care was presented by Sandra Taylor, Health and Integration Lead. During the discussion, the following points were noted:

- The Terms of Reference had not been reviewed since 2016 and many people/groups had changed.
- Conversations regarding membership were still ongoing with the LPT but a representative had been confirmed for active and veteran Armed Forces.
- Debra Mitchell confirmed that she would be replacing Fay Bayliss as a member of this Board.
- Dr James Burden confirmed that he would be replacing Dr Hilary Fox as a member of this Board.
- It was agreed to review the membership following the meeting in July 2022 to agree if any additional or co-opted members would be required at the Board i.e. EMAS, cross-border Local Authorities, Fire Service etc.

RESOLVED

That the Committee:

- a) **NOTED** the context for renewal of the Terms of Reference of the HWB.
- b) **REVIEWED** and **ENDORSED** the Terms of Reference attached at Appendix A of this report for recommendation to be adopted by full Council.
- c) **AGREED** with the recommendation, aligned to the Council's Constitution, that HWB meetings would be held virtually unless the Board was required to take a formal decision, when an in-person meeting would be required.

10 REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN

- The Chair of Healthwatch Rutland requested that 'Dentistry in Rutland' be added to the annual work plan.
- The Scrutiny Officer reported that the Adults and Health Scrutiny Committee and the Children and Young People Scrutiny had both requested performance data regarding dentistry in Rutland and that both Chairs had agreed to hold another Joint Scrutiny Committee once the data had been received from the NHS.
- Councillor S Harvey confirmed that the responsibility for dentistry services in Rutland would transfer to the Integrated Care Service in July 2022 and suggested that the matter would be better discussed at the Integrated Care Board as it was an LLR issue and not just a Rutland issue.
- Councillor S Harvey informed attendees that she would email further information regarding dentistry in Rutland to Board members.

[How to find an NHS dentist - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Your views on NHS Dental Services | Healthwatch Rutland](#)

11 ANY URGENT BUSINESS

a) CHAIR'S STATEMENT

Councillor S Harvey, Chair of the Board provided the following position statement:

'We are welcoming Dr James Burden for the first time today, representing the Rutland Primary Care Network. As many of you will be aware, Dr Hilary Fox has just retired (for the second time, in fact!). She has for many years been an active member of the Health and Wellbeing Board and a key partner working with us all, both in Rutland and across LLR, to enhance health and care services. I would like to take a moment to thank her for her tireless service to Rutland. We have benefitted greatly from her expertise, creativity, dedication and clear-sightedness, and I am sure you will join me in wishing her every happiness in her well-earned retirement.

As we pass the two-year anniversary of the start of the Covid pandemic, and three months on from my first Chair's statement, we are in a markedly different position - locally, nationally and internationally.

We have entered a new phase in the management of Covid-19, one of learning to live with the disease, relying on the levels of immunity gained through vaccination or recovery from Covid-19, and the transition to less virulent strains. Covid is very much still present in our communities, with rates still rising. The Rutland rate was 880 cases per 100,000 people in the week ending 26 March, compared with an England average of 909. While unpleasant, however, it is not usually leading to the serious consequences we were seeing previously.

Restrictions in England are progressively being replaced with guidance relying on individual judgement – vaccination, fresh air, face covering in crowds, hand washing, testing if symptomatic and staying at home if positive.

- Since 1 April, the Government has stopped providing free universal symptomatic and asymptomatic public testing in England, moving instead to a private market in tests, with a few exceptions, notably ongoing free symptomatic testing for a small number of 'at risk' groups and health and social care staff.
- Most requirements for negative tests prior to visiting a care home were also removed from 1 April.
- A second round of boosters is being rolled out for those who are more vulnerable – aged over 75, care home residents or with a weakened immune system.

If new concerning variants arise, we will of course adapt as required. Otherwise, the focus is on recovery.

March 23 was a National Day of Reflection to mark the losses experienced through Covid-19. In Rutland, we have lost 88 residents to Covid, and many have experienced the loss of others, of course, beyond our county borders. Many people who have recovered from Covid are still feeling its effects in many forms, and still others have seen the pandemic impact on diverse aspects of their lives – including their mental health, livelihoods or education. Our sympathies go to everyone who has suffered.

Many played significant and selfless roles during the pandemic, and I would like to congratulate Ali Wainwright, Chair of the Rutland Foodbank, who received her MBE in person on 23 February, recognising the considerable contribution she and the Foodbank have made to people in Rutland during the pandemic and ongoing.

At the forefront of everyone's minds now is the conflict in Ukraine. Our Elected Members pledged their unanimous support for Ukraine and its people at the last Full Council, and this was echoed by the strength of feeling in our communities. There are various ways that people can help.

- Under the New Homes for Ukraine programme, members of the public can register online (<https://homesforukraine.campaign.gov.uk>) to host Ukrainian refugees for a minimum of six months' rent free, for a monthly fee from the government of £350. Associated with this, the Council has received further information on its role in providing wraparound support for Ukrainian refugees and their host families.
- The Council's website has information on other ways in which people can contribute, including through donations, with advice on recommended channels. (<https://www.rutland.gov.uk/my-community/support-for-ukraine/>)

Related to the crisis, we anticipate that our veteran and Armed Forces community may be particularly moved or troubled by the situation in Ukraine. The charity Combat Stress provides mental health support for veterans and has added information to its website to help veterans and their families find ways of managing their feelings at this difficult time: <https://combatstress.org.uk/about-us/news/ukraine>.

A further impact of the conflict has been to accentuate the trend of rising living costs which started during the pandemic. This includes sharp recent rises to fuel costs which, in a rural area, are being felt particularly acutely, impacting on the ability to heat (particularly) older homes and make necessary journeys. The Council is rolling out a £150 rebate to houses in Council Tax bands A-D and has a discretionary fund for households in higher bands. I would also encourage people in need to reach out to local services, including Citizens Advice, who provide debt and benefits advice and administer the Council's crisis fund, and the Foodbank.

I was pleased in February to be invited to attend the launch of the recently published [Parliamentary Inquiry into Rural Health and Care](#). This supports rural counties by recognising that rural areas have distinctive health and care needs, and highlights that current socio-economic data fails to cast light on rural deprivation because of its dispersed nature. Collaborative work has started, under the Joint Health and Wellbeing Strategy, on a more detailed report into Rutland's health inequalities, involving many of the organisations around this table. That will help to add detail and nuance to our current picture and support our response to current hardships.

Against a challenging backdrop of Covid recovery, the Integrated Care System is in the process of coming into being, with 1 July being the start date for the Integrated Care Board – the successor body to the CCGs. I attend the LLR Integrated Care Partnership, alongside the chairs of the Leicestershire and Leicester Health and Wellbeing Boards and will be using this to highlight the distinctive context and needs of Rutland and to ensure that we are working together effectively as a system to shape health and care services for our residents. This includes keeping visible the out-of-area patterns of service use which are Rutland's reality.

As we embark on delivering our new Joint Health and Wellbeing Strategy for Rutland as a place from July, this is also in the context of the Government's February White Paper on Integrated Care which adds some detail to proposals for integration at place level. It is the start of reforms, however, not the full picture by any means. It includes a number of proposals for local delivery.

- Governance models are required by spring 2023, including a shared plan underpinned by pooled and aligned resources, and encouragement for further aligning and pooling of budgets.
- A 'single accountable person' will lead on delivery of the shared plan and outcomes in each place, this role to be agreed between the relevant local authority and Integrated Care Board, building on existing arrangements. Place clinical leads are also being nominated.
- National priorities will be defined, which we will need to reflect locally from April 2023.
- Coordinated digital investment and improved use of data are being encouraged. We are already deploying the LLR Care Record as part of this, with Rutland's Discharge Team as early adopters.
- The workforce is also an important area for joint work.

We, as the HWB, will be instrumental in helping to inform and shape how the White Paper's proposals are translated into changes that move Rutland forward as a 'place' within the wider ICS.

Finally, I wanted to bring to your attention that Rutland County Council, working with Anglian Water and Uppingham Town Council has secured £158k of [grant funding from the government](#) to develop two 'changing place' toilets, one at Sykes Lane and one in Uppingham, to complement the existing facilities in Oakham. Changing Places Toilets, unlike standard accessible toilets, have an adult changing bench and hoist facilities as well as extra space for carers. These facilities will increase the opportunities for local people and visitors who need these enhanced facilities to be able to spend time out and about in their communities, improving their health and wellbeing. I would like to thank everyone involved for their work on this project, which helps to show how much we can achieve by working together.'

b) CONDOLENCES

The Board offered their sincerest condolences to Sgt Paul Kear and officers of the Leicestershire Police force on the sad news of the death of former Chief Constable Simon Cole. He was a well-respected member of the police force within the communities of Rutland and would be greatly missed.

12 DATE OF NEXT MEETING

Future meeting dates would be confirmed at Annual Council on the 9th May 2022.

SUMMARY OF ACTIONS

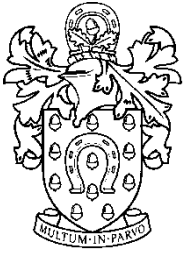
No.	Ref.	Action	Person
1.	8	The Chair requested that by the next Health and Wellbeing Board meeting in July 2022, the Place Led Delivery Plan was updated for the first year and that the sub-groups had identified their work-streams, named their work-streams and taken ownership of their work-streams	Debra Mitchell & Sandra Taylor

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Chairman closed the meeting at 4.17 pm.

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PETITIONS, DEPUTATIONS AND QUESTIONS FROM MEMBERS OF THE PUBLIC

MEETING: Rutland Health and Wellbeing Board

MEETING DATE: 5th April 2022

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
1	Question with notice	Mr Godfrey Jennings	20 Newtown Road Uppingham LE15 9TS
<p>DETAILS</p> <p>What is the current thinking on the plan for the future for RMH and why does the approach to its future appear to be characterised by secrecy and obfuscation? (An impression I am sure that is not intentional).</p> <p><u>Supplementary Question</u> When will the decisions regarding the future plans for RMH be published?</p>			
<p>RESPONSE</p> <p>The plans for Rutland Memorial Hospital are being looked at through the Rutland Strategic Health Group and Rutland people will be engaged – there is no secrecy about the project. We are currently consolidating data sources following the changing patterns of consumption and needs following the pandemic. This includes patient and citizen feedback, particularly around access, triangulation with our estates' issues across Rutland and an understanding of the types of services Rutland people require as per our refreshed HWB strategy. A strategic review of all healthcare buildings within Rutland will be undertaken starting with LPT. A set of ideas on what and how RMH can be used for is then expected to be discussed with the project group before engaging wider. A draft operational plan will be presented in July 2022.</p> <p><u>Supplementary Response</u> The first draft of the plans will be published at the end of April 2022 and will be discussed at the meeting of the Rutland Health and Wellbeing Board in July 2022. The strategic asset review will take longer to complete but an update will be given in the July meeting.</p> <p>Rachna Vyas Executive Director of Integration & Transformation LLR CCGs</p> <p>Debra Mitchell Deputy Director Integration & Transformation LLR CCGs</p>			

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
2	Question at short notice	Mr Andrew Nebel	CO-Chair Empingham Medical Centre PPG Ryhall Parish Councillor
<p>DETAILS</p> <p>Noting the recent comments by LLR CCG/ICS designate management that patient engagement is welcomed; may I ask if the further work that is clearly needed to develop the Rutland Place Delivery Plan will come back to the H&WB for approval in public and when will that be?</p>			
<p>RESPONSE</p> <p>An updated Joint Health and Wellbeing Strategy (JHWS) delivery plan with a particular focus on the 2022-23 work programme will be tabled at the July Health and Wellbeing Board (HWB).</p> <p>The focus of the HWB is on setting the overall strategic direction and high-level priorities and holding partners accountable in delivering to this. The delivery plans implementing the strategy are funded and resourced by partners rather than directly by the HWB. Partners require flexibility to be able to work together to progress to best effect. Therefore, there is a degree of separation between the HWB's strategic role and operational delivery. This means that, while the role of the HWB is to approve the JHWS, its role in relation to the delivery plan is more to endorse/recommend it for delivery. The plan is a living document and will evolve ongoing as joint work progresses and evolves, as resource allocations are confirmed, and as deeper analysis provides greater insights into the patterns behind Rutland's health and wellbeing challenges and the services that will be required to support the population.</p> <p>Sandra Taylor Health and Integration Lead Rutland County Council</p>			

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
3	Question at short notice	Mr Malcolm Touchin	4 Hopes Yard Uppingham
<p>DETAILS</p> <p>The draft Health Strategy and the associated Delivery Plan make reference to working with other teams but do not offer any commitment to ensuring effective integration with key plans, including, but not only, the Rutland Transport Plan, the forthcoming Local Plan and the Education Plan. It is also difficult to see how the draft Strategy and Delivery Plan are aligned with the recently adopted Future Rutland Shared Vision, which promises, amongst other things, easy access to health services, and an integrated approach to transport to connect with essential services, both inside and outside of Rutland. What are the Board's intentions to support a fully coherent set of plans and so provide confidence that our health services will fully meet the needs of Rutland residents in an efficient and integrated way?</p>			

RESPONSE

One of the reasons the delivery plan is a living document is the vast changes that are currently surrounding it.

Whilst you mention the Rutland Transport Plan, the Local Plan and the Education Plan, I can confirm we have had three white papers and a green paper in the last six weeks as well as recent Acts of Parliament, such as the Domestic Violence Act and The Armed Forces Covenant Act. All of these directly affect parts of the delivery and Page 20 describes how some of this does feed into the plan and we can offer reassurance we are working with partners on all these aspects.

The feedback from the Rutland Conversation was used to inform the strategy and plan. The Rutland Vision is not a promise of what Rutland County Council will deliver. It is a vision of what Rutlanders want and the Board will keep these wishes in view across our partners as we work to the strategy.

Councillor Samantha Harvey
Portfolio Holder for Health, Wellbeing and Adult Care
Chair of the Rutland Health and Wellbeing Board

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Foreword

Rutland is a very special community in which to live, work and study. The Rutland Joint Health and Wellbeing Strategy (JHWS) formalises Rutland's status as a place in the LLR Integrated Care System. The JHWS sets out our vision to create a place where we all work together in partnership to improve health outcomes and opportunities for all our residents.

The past two years have tested our community like no others; we have lost friends and family and our frontline staff have been tested to their limit. And yet, the community spirit of Rutland has risen to the challenge. Many ways of partnership working we thought impossible have been achieved. These are the seedlings through which our integrated care strategy can grow.

As we emerge from the pandemic and with the reorganisation of Health and Social Care, we have the opportunity to develop a system for us all, one which responds to the rural character of Rutland and embodies our priorities, including by addressing inequalities and bringing more care closer to home. It must also benefit from fit for purpose infrastructure that addresses Rutland's needs and factors into the wider reconfiguration of health services.

This strategy sets out our vision and commitment, and is a living document that will grow as we need it with the voice of our community at its heart.

I would like to thank the Health and Wellbeing Board and all of our colleagues and partners for their time and commitment developing this strategy, especially as it was produced during the peak of the pandemic. Special thanks also go to all our community who took the opportunity to feed in their own experiences and views, and develop its heart.

Together we can build an ever healthier community for Rutland.

Councillor Saman

Rutland County Council Portfolio Holder for Health, Wellbeing and
on behalf of the Rutland Health and Wellb

Rutland is a very special community in which to live, work and study. The Rutland Joint Health and Wellbeing Strategy (JHWS) formalises Rutland's status as a place in the LLR Integrated Care System. The JHWS sets out our vision to create a place where we all work together in partnership to improve health outcomes and opportunities for all our residents.

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COVID-19 pandemic. This document aims to share our collaborative journey in how we will set a clear single vision for Rutland over the next five years that responds to meet the health and wellbeing needs of our population, building on the excellent foundations in place already, [bringing care closer to home wherever possible, and working to ensure that Rutland's needs are fully understood and factored into the wider reconfiguration of health services and infrastructure in our region.](#)

1. Introduction

1.1 Rutland Health and Wellbeing Context

People in Rutland on the whole live long and healthy lives, enjoying better than average mental and physical health when compared with many parts of the country. The county's health and care partners have a strong track record of working together effectively to support health and wellbeing, developing integrated approaches which prioritise prevention and place the individual front and centre, and supporting change for people of all ages facing a range of disadvantages which can lead to poorer outcomes. There are always new challenges, however, and we cannot stand still. The population is growing and changing, and patterns of inequality are evolving. We are also facing new demands recovering from the COVID-19 pandemic. This document aims to share our collaborative journey in how we will set a clear single vision for Rutland over the next five years that responds to meet the health and wellbeing needs of our population, building on the excellent foundations in place already, [bringing care closer to home wherever possible, and working to ensure that Rutland's needs are fully understood and factored into the wider reconfiguration of health services and infrastructure in our region.](#)

1.2 Wider System Context

- **NHS Long Term Plan (LTP) (January 2019):** The [LTP](#) created Integrated Care Systems (ICS), giving a platform for partnership working and integration. Across the Leicester, [Leicestershire and Rutland ICS](#) is now approved as an ICS, consisting of the [Leicestershire and Rutland Integrated Care System \(ICS\)](#), the three local authorities

1.2 Wider System Context

- **NHS Long Term Plan (LTP) (January 2019)** (ICS), giving a platform for partnership working across the Leicestershire and Rutland (LLR) system, with the NHS bodies of the LLR Clinical Commissioning Group, Leicestershire and Rutland NHS Foundation Trust, Leicestershire and Rutland Local Maternity System, Leicestershire City Council, Leicestershire County Council and other wider partners such as the voluntary and community sector.
- **Integration and innovation: working together (January 2021):** This [white paper](#) put ICS's focus on Health and Social Care partnership, bringing together local authorities, the voluntary and community sector, NHS bodies and others to look collectively at the needs of the population at the various partnership levels i.e. System, Place and Neighbourhood. At the Place level, i.e. for the Leicester, Leicestershire and Rutland local authority areas respectively, local partnerships are responsible for developing 'place led plans' to meet the population's health, public health, and social care needs. This Joint Health and Wellbeing Strategy (JHWS) is the 'place led plan' for Rutland, and will provide the place and neighbourhood level priorities reflecting the differences in need and the services required across Rutland and its neighbouring areas.
- **Building Better Hospitals** – This [programme](#) represents a significant and ambitious capital investment **change** programme for the University Hospitals Leicester (UHL), which will inform key changes in hospital provision across LLR. [Rutland's requirements need to be fully factored into this and considered in relation to the parallel change programmes in neighbouring areas.](#)

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Priority 4: Ensuring equitable access to services for all Rutland residents

The aim of this priority is to understand and take steps to ameliorate some of the inequities that are faced in Rutland in the ability to access services. This has a number of aspects which are set out below. Related to this, the sufficiency of GP services is also addressed in Priority 5, which looks at evolving services in response to a growing and changing population.

Where are we now and what do we want to achieve?

Rutland is a rural county that borders a number of other local authorities and healthcare systems and has no acute healthcare facilities within its boundaries. This creates challenges for many in accessing services which can often be distant, requiring long travel times by car and even longer times by public transport.

The challenge of accessing services in Rutland is one of the public's most frequently raised health and care issues, with experiences varying depending on individual factors such as the extent of health need, any access needs, the remoteness of the home address, modes of transport, and time and money available. While we cannot entirely remove the challenges around access to services, we will work to improve access to health and wellbeing services and opportunities, by working on a number of dimensions of this problem.

Equity of access to services across borders is a challenge for Rutland. The Council can only provide statutory services to people defined as living in Rutland, but some people registered with the Rutland GP practices live outside the area and require other solutions if a Council service is needed. Likewise, some people living in Rutland are served by GP practices outside the county. This can lead to inequities between the health and care support available to different residents and patients. We will work with cross border partners to understand and reduce some of these barriers.

To reduce the overall distances that need to be travelled, we also intend to bring a wider range of planned and diagnostic health services closer to Rutland residents, supported by fit for purpose infrastructure. We will be working to improve access to primary and community health and care services within Rutland, including community pharmacy. We will also work to ensure that the implications of acute hospital reconfigurations for Rutland patients are well understood and are fully factored into decision-making.

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