

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

Update Paper

Rutland Adults' and Health Scrutiny Committee

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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

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

	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**

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

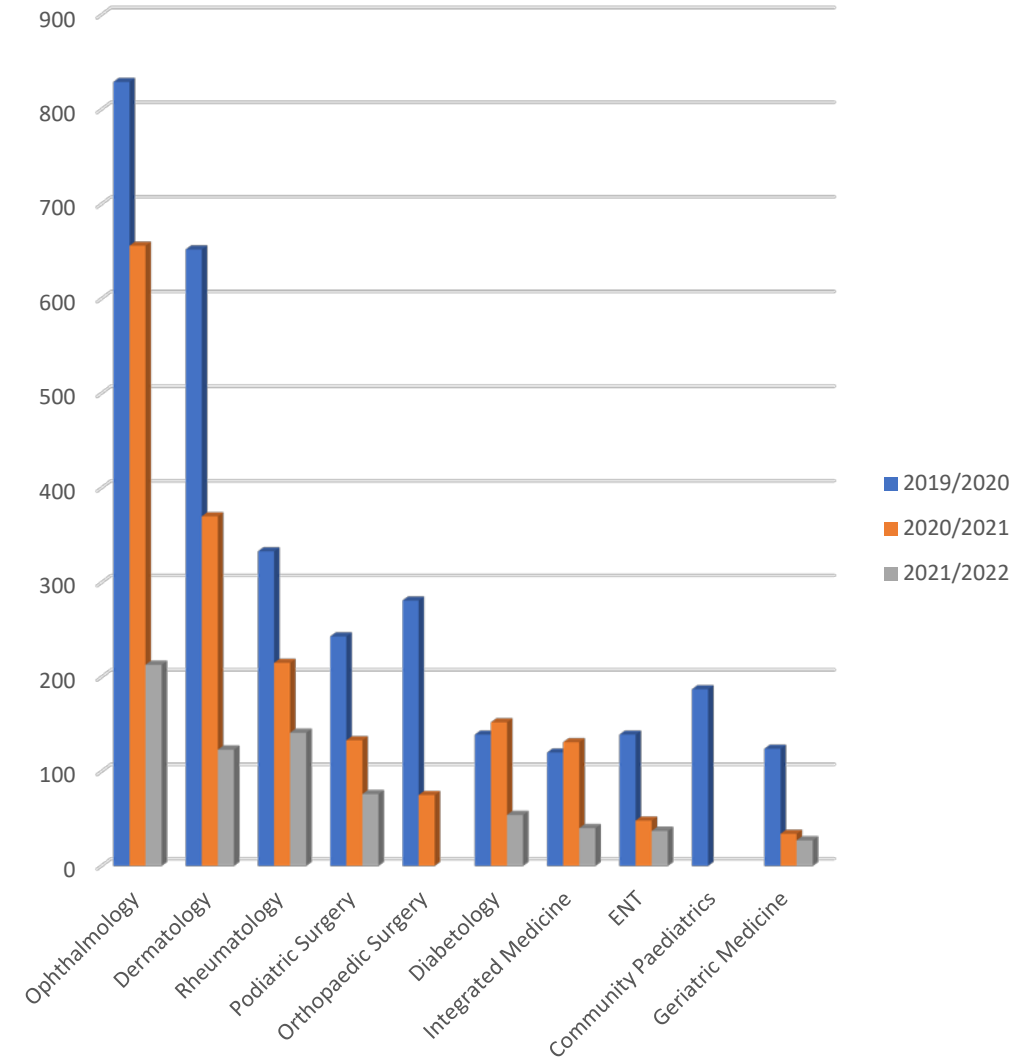
New Attendances 20/21:

- 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

