

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

PLACE LED PLANS

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

Question 1

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

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

ANSWER

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

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

ANSWER

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

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

ANSWER

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

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

ANSWER

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

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

ANSWER

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

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

ANSWER

This is a consideration and will be explored

Question 2

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

ANSWER

The place-based plan will set this out

Mrs Kathy Reynolds - Rutland Health & Social Care Policy Consortium

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

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

Question 1

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

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

ANSWER

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

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

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

ANSWER

H&WB on 5th October 2021 at 2 p.m.

- Date for Public Consultation on Draft Place Led Plan?

ANSWER

I refer to my answer of Q1

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

ANSWER

I refer to my answer of Q1

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

ANSWER

I refer to my answer of Q1

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

ANSWER

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

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

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

Question 1

When will a new JSNA be published for Rutland?

ANSWER

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

Question 2

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

ANSWER

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

Mr Ramsay Ross CA - Uppingham

It is a matter of record that:

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

Question 1

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

ANSWER

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

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

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

Question 1

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

ANSWER

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

Question 2

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

ANSWER

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

Question 3

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

ANSWER

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

Mr Clifford Bacon - Clerk to Clipsham Parish Council

Question 1

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

ANSWER

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

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

Question 2

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

ANSWER

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

Question 3

When can we expect consultation on the Draft Plan?

ANSWER

I refer to my answer of Q1

Question 4

When will the Plan be approved?

ANSWER

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

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