



**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
<b>DEPUTATION FROM THE RUTLAND HEALTH AND SOCIAL CARE POLICY CONSORTIUM</b>			
<b>PURPOSE</b> This deputation about the “Draft Rutland Health and Wellbeing Strategy: The Rutland Place based Plan 2022 – 2025” We have concerns about the present drafts’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.			
<b>CONTEXT</b> -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.  <b>BACKGROUND</b> – 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 9<sup>th</sup> September 2021.

- 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.

- 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.
- 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
<b>DETAILS</b>			
<u>Draft Health Plan for Rutland – A Question from CPRE Rutland</u>			
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?			
<b>RESPONSE</b>			

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
<b>DETAILS</b>			
<u>Place Led Plan - Q1.</u>			
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**

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
<b>DETAILS</b>			
<p><u>Place Led Plan</u></p> <p>As Vice Chair of SJ&amp;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?</p>			
<b>RESPONSE</b>			

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
4	Question	Mrs Mary Gallacher	Clare Cottage Pickworth PE9 4DJ
<b>DETAILS</b>			

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**

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**

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
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<b>6</b>	Question	Mr Clifford Bacon	Clerk to Clipsham Parish Meeting The Old Schoolhouse Clipsham LE15 7SE
<b>DETAILS</b>			
<p><u>Place Led Plan</u> You have given assurances that joint planning will take place between neighbouring ICS's especially in the east of Rutland.</p> <p>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?</p>			
<b>RESPONSE</b>			

<b>No.</b>	<b>Petition, deputation or question</b>	<b>Name of Speaker</b>	<b>On Behalf Of</b>
<b>7</b>	Question	Mrs Jennifer Fenelon	Chair, Rutland Health and Social Policy Consortium 7 Stockerston Road Uppingham LE15 9UD
<b>DETAILS</b>			
<p><u>Place Led Plan</u> 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.</p> <p>Now that the Rutland H&amp;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:</p> <ul style="list-style-type: none"> <li>- 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)</li> <li>- 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</li> </ul>			
<b>RESPONSE</b>			

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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 be able to independently represent the views of the public. How will public views be gathered during the proposed consultation?

**RESPONSE**

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**