



**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 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.

**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 9<sup>th</sup> 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
<b>DETAILS</b>			
<p><u>Place Led Plan</u></p> <p>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>			
<p>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.</p> <p>The Rutland Health and Wellbeing Board is responsible for ensuring health, care and wellbeing 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.</p> <p><b>John Morley, Strategic Director of Adult Services and Health</b>  <b>Emma Jane Perkins, Head of Community Care Services</b>  <b>Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs</b>  <b>Vivienne Robbins, Consultant in Public Health</b></p>			

No.	Petition, deputation or question	Name of Speaker	On Behalf Of
8	Question	Mrs Leah Toseland	1 Coleridge Way, Oakham, Rutland, LE15 6GA
<b>DETAILS</b>			
<u>Place Led Plan</u>			

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

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**