

## **REPORT OF FINDINGS**

# **RUTLAND HEALTH AND WELLBEING DRAFT STRATEGY CONSULTATION**

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## Overview of the Consultation

The Rutland Health and wellbeing strategy 2022-2025 was put together by the Rutland Health and Wellbeing Board – a committee of Rutland County Council that brings together organisations responsible for people’s health and care. As part of new ways of working between the NHS and local councils across the country, local areas are looking at how they can best improve the health and wellbeing of their population.

This consultation was undertaken to hear what you think about the strategy because your views are important to us in helping shape local health and care services and people’s health and wellbeing. It was carried out from 22<sup>nd</sup> November 2021 to 16<sup>th</sup> January 2022. During this period, the consultation survey was available online, in hardcopy format, through email, by attending online events, in an easy read format and by telephone.

This report has included findings from online surveys (177 responses), in-depth one-to-one interviews, focus group discussions and online events expressing the views of people and organisations such as: Healthwatch Rutland, Rutland health and social care policy consortium, Rutland Health Primary Care Network (PCN) Patient Participation Group (PPG) at Oakham Medical Practice, Greetham Parish Council, Oakham Youth Club, Voluntary and community sector groups. Most of the 133 (75%) of the respondents who completed the online survey were aged between 35-75 years. Also, most of the 149 (84%) identified as being white British. The majority - 125 (70.6%) did not consider themselves as having a disability and most of the 125 respondents (71%) do not provide care for anyone (Section 2).

### Analysis

Findings from the online questionnaire were analysed and reported in frequencies and percentages. The qualitative findings from other correspondence and the open-ended questions from the online survey were categorised into themes. Purely to illustrate the themes, we have provided a selection of the quotes of what people said across the various consultation sources. A theme was categorised as a “**commonly reoccurring theme**” when it appeared repeatedly from 5 or more respondents and identified as “**not commonly reoccurring theme**” when it was repeated by less than 5 respondents.

### The strengths of this consultation include:

- The high number of respondents who participated in the online survey (177)
- A high number of the older age group participated (106 persons aged 60-75+ years)
- We had 14 responses from people who had served in the armed forces.

**Weaknesses of this consultation include:**

- The findings from this consultation may not be representative of the profile of the tire Rutland population. From the demographic information of respondents to the online survey (Section 2), only 5 (2.8%) of the respondents identified as belonging to an ethnic minority population.
- Whilst we have recorded qualitative comments from people in focus groups, the number of people who attended each focus groups, the number of focus groups and the strength of each response was not recorded making analysis of this information difficult.
- There were also concerns from some respondents relating to the consultation process itself who pointed out that the easy-read version of the document and the survey was published late in the consultation period. Although the deadline was extended by 9 days, it may not have provided sufficient time to advertise and specifically encourage carers and people who benefit from easy read materials to complete the survey.
- The consultation attracted feedback from 7 young people aged between 12-17 years)

## Section 1

### Overall vision and goal of the health and wellbeing strategy

Respondents were asked about the extent of their agreement with the overall vision, goal and priorities of the Rutland health and wellbeing strategy for the next three years.

<b>To what extent do you agree with the overall vision of the strategy: “safe, healthy, happy and caring communities in which people start well and thrive together throughout their lives.”</b>						
<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly agree</b>	<b>Don’t know</b>	<b>Total</b>
76 (43.7%)	81 (46.6%)	13 (7.5%)	4 (2.3%)	0 (0%)	0 (0%)	174

<b>To what extent do you agree with the overall goal of the strategy, “people living well in active communities”</b>						
<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly agree</b>	<b>Don’t know</b>	<b>Total</b>
80 (46.2%)	79 (45.7%)	9 (5.2%)	4 (2.3%)	1 (0.6%)	0 (0%)	173

Majority 157 (90.3%) of the respondents agree with the overall vision of the strategy while 159 (92.0%) agree with the overall goal of the strategy. However, some concerns were raised such as:

#### Commonly reoccurring themes

##### Lack of indicators

This was a concern to many respondents. This is because indicators can be used in evaluating achievements which is vital for improvement.

*“There are also no metrics or indicators to define outcomes so no one will know when or if goal objectives have been achieved”*

### Limited timescale for implementation

Some recommendations were made to allocate more time to the proposed implementation so the overall vision and goals can be achieved.

*“The timescale of the plan is also limited to 3 years which is too short for making what are substantial service and capital changes. The time horizon for implementation of these strategies calls out to be extended”*

### Not commonly reoccurring themes

#### Proposed goals not specific to Rutland’s unique problems

According to the respondents, some the goals are not reflective of Rutland’s unique problems such as the ageing population, and come across as reflecting issues pertinent to the entire LLR population.

*“There remain, however, worries that while the goals are general to Leicester, Leicestershire and Rutland (LLR ICS), the draft action plans do not fully get to grips with Rutland’s unique problems and how they could be put to rights. The issues and solutions are different in this rural and isolated county”.*

## The priorities of the health and wellbeing strategy

Respondents were asked about the extent of their agreement with the priorities of the health and wellbeing strategy for the next three years.

<b>To what extent do you agree that that the right priorities were chosen?</b>						
<b>PRIORITY 1- the first 1000 days of life from conception</b>						
<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly agree</b>	<b>Don’t know</b>	<b>Total</b>
76 (43.7%)	71 (40.8%)	20 (11.5%)	4 (2.3%)	0 (0%)	3 (1.7%)	174

147 (84.5%) agree with this priority. Some gaps were noted which include:

## Commonly reoccurring themes

### Failure to include maternity services

Maternity services are directly related to care within the first 1000 days of life from conception. Some respondents felt that this priority should also include action plans aimed at improving maternity services in Rutland.

*“This describes the first 1000 days of life from conception but fails to include maternity services in the action plan”*

*“Closures of Leicester General obstetrics and St Mary’s birthing unit are arguably the biggest local issues for the first 1000 days in Rutland, but Maternity is not mentioned in the draft action plan. There are unresolved issues that an action plan will need to address”*

### Some action plans were also recommended to achieve this priority (all responses recorded)

- Utilise the influence of other services such as midwives and health visitors to promote vaccinations for children
- Improved communications between midwives/ health visitors so that continuation of care of children moving in and out of the county is improved.
- Improved technological support for midwives to make their job more efficient so that they can focus on patient care.
- Develop a process with the local authority / midwives / health visitors to ensure that children of communities experiencing health inequalities are still seen and receive care – for example those in the military, living in travelling communities or in care.
- Promote dental services for children in Rutland
- Much support is provided via schools- need to equally support those educated at home

<b>To what extent do you agree that that the right priorities were chosen?</b>						
<b>PRIORITY 2- Healthy and independent for as long as possible</b>						
<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly agree</b>	<b>Don’t know</b>	<b>Total</b>
106 (60.9%)	58 (33.3%)	6 (3.4%)	2 (1.1%)	0 (0%)	2 (1.1%)	174

Almost all respondents agree with this priority - 164 (94.3%).

Other insights revealed feedback from respondents which identified some gaps.

## **Commonly reoccurring themes**

### **Continuity of care**

Concerns regarding continuity was noted. Due to the complex nature of the health system especially when a patient has long term conditions. There were suggestions that this priority endeavours to simplify the process for patients

*“More needs to be added about creating pathways to get people with long term conditions out of hospital and into rehab in intermediate care (e.g., RMH) and onwards to their homes within Rutland”*

### **Communication**

Some Rutland residents suggest that this priority should provide action plans aimed at improving communication especially signposting and promoting awareness of services

*“A central solution for communication should be sought that can reach all Rutland patients that the GP surgeries, local authority, and community services can utilise to educate and inform patients about services etc”.*

### **Health education and promotion**

Many respondents proposed that there should be more focus preventive services - promoting healthy lifestyles, physical activity, and access to self-care

*“Improved education surrounding healthy lifestyle and the services available in Rutland, including Active Rutland”*

### **Access to diagnostic and screening services**

There were also concerns that currently some Rutland residents have some difficulty accessing diagnostic services and the action plan should address this.

*“Easier access to diagnostic testing in Rutland would allow earlier diagnosis and better management of conditions, helping patients’ health to be better controlled”*



To what extent do you agree that that the right priorities were chosen? PRIORITY 3- Reducing health inequalities						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
84 (48.0%)	61 (34.9%)	20 (11.4%)	8 (4.6%)	0 (0%)	2 (1.1%)	175

More than three quarters of the respondents 145(82.9%) agree with this priority. Gaps identified were:

#### Not commonly reoccurring themes

##### Addressing deprivation in Rutland

There are concerns that the deprivation in Rutland is ignored because it is seen as a less deprived area when compared to Leicester city. Therefore, this often leads to this issue being ignored.

*“The deprivation in Rutland must be addressed. We recognise that Leicester has much deprivation but there are considerable pockets of deprivation in Rutland, and, like many rural communities, it is a matter of pride to keep it hidden”*

*“It is important to recognise household poverty as well as community poverty. These can be hidden within our more affluent areas”*

To what extent do you agree that that the right priorities were chosen? PRIORITY 4- Equitable access to health and wellbeing services						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
114 (65.1%)	46 (26.3%)	8 (4.6%)	4 (2.3%)	1 (0.6%)	2 (1.1%)	175

Almost all respondents, 160 (91.4%) agree with this priority. Feedback from collection of insights from other survey methods highlighted some areas which stakeholders find vital to be addressed by this priority

## **Commonly reoccurring themes**

### **Access to health services**

This reoccurred quite often among respondents. Rutland residents are concerned that there is need to travel a long distance to access health services, there are transportation issues and access to care is difficult and more expensive especially for people with disabilities e.g., taxis for wheelchair users

*“The journey to the bigger hospitals is not only long but also can cause anxiety and stress in patients. They may not have access to transport, childcare, a replacement carer for someone they care for, or they may not be used to driving in the winter. This stresses the importance of improving the urgent care facility at Rutland Memorial Hospital but also for improving the public transport links and support available to carers/ single parents”*

*“No account of rural deprivation and in particular inequality of access, there is no serious discussion in the draft Rutland Health and Wellbeing Strategy: A Plan for Place 2022 - 2025, travel being a huge issue for local people”*

*“No alternative provision has been made or suggested for those unable to access the LRI or Glenfield sites, this issue should have been addressed. It should have been built into the plan but was not. Alternative services must be in place before the LGH acute and outpatient services close. The plan needs to address these issues as a matter of urgency”.*

### **Digital inclusion and access**

Currently there is more focus on the use of digital technology in health care. It is essential that future planning recognises the many possibilities. People have identified this as important, but some people living in Rutland feel that there is a need for this strategy to put into place ways to ensure no one is left behind and to improve digital access for the population of Rutland

*“Technology support for providers is also important and welcome. It has a role to play in achieving these priorities– will there be a plan for that?”*

*“In an era where more services are turning to digital solutions and communication, there is a generation of people who are being left behind and not receiving communications.*

*Communication needs to be provided to those patients, and also education and support in using technology to empower them to be able to access digital services”*

### **Insufficient primary care services**

Due to the growing population in Rutland, residents suggest that more primary care services should be provided to meet demand

*“There is not enough primary care available in Rutland and this is set to get worse as there is insufficient funding available”*

### **Promote local services**

*“Relationships with local pharmacies should be improved so that patients feel they can better access the pharmacy other than having to drive and walk in. It would be beneficial to have email or telephone links with them”.*

### **Renovation of local services**

Provision of care closer to home was a commonly reoccurring among respondents. It was highlighted that this strategy addresses the need to retain and improve local health services

*“The local facility-Rutland Memorial Hospital needs updating and modernising”*

*“As the population grows it is imperative to evaluate and improve the service provided by Rutland Memorial Hospital. It is the only centre in the county that provides urgent care but the service is a) not always available and b) is confusing to patients as the process for being seen there is unclear”*

### **Not commonly reoccurring themes**

#### **Improve ambulance services**

Some respondents have highlighted the need to improve ambulance services because currently due to population size and need the ambulance services in Rutland are not efficient

*“The rurality of Rutland patients also impacts the availability to them of the ambulance service. Ambulances can sometimes take several hours to arrive to patients. They are also often sent ambulances from other counties due to lack of availability”*

**Collaboration of PCNs, clinicians and Rutland patient groups**

*“To ensure equitable access services need to be accessed both within the borders of Rutland as well as outside. We suggest the task of reviewing all clinical pathways be undertaken with the PCN in conjunction with secondary clinicians and Rutland patient groups”*

<b>To what extent do you agree that that the right priorities were chosen? PRIORITY 5- Preparing for population growth and change</b>						
<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>	<b>Total</b>
96 (54.9%)	52 (29.7%)	14 (8.0%)	10 (5.7%)	0 (0%)	3(1.75)	175

96 (54.9%) of respondents agreed with this priority area. Some of the concerns raised were:

**Not commonly reoccurring themes**

**Lack of clarity on details**

Some respondents felt that the action plans put in place to address this priority are vague and more details are needed

*“It sounds as if there is no real clarity on the capacity needed or any indication of how long it will take to achieve such clarity. There can be no confidence, therefore, that this can be achieved during the currency of this strategy”*

<b>To what extent do you agree that that the right priorities were chosen? PRIORITY 6- Ensuring people are well supported in the last phase of their lives</b>						
<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Don't know</b>	<b>Total</b>
121(69.9%)	38 (21.9%)	8 (4.6%)	3 (1.7%)	1 (0.6%)	2 (1.2%)	173

159 (92%) of the respondents agree with the priority to ensure people are well supported in the last phase of their lives. Other feedback regarding this priority include:

## **Not commonly reoccurring themes**

### **Poor integration of end-of-life services**

*“We do know that Rutland residents greatly value individual end-of- life services but they do not always find them effectively integrated. Many stakeholders (including hospices and the voluntary sector) have been brought together by the Lord Lieutenant under the Umbrella of Dying Matters in Rutland. This group has already developed a valued support information website which now covers the whole of LL&R. Stakeholders include many who could help develop a new End-of- Life strategy, and implementation plan for Rutland”*

### **Making options available on where to spend last days of life**

*“Patients and their families have expressed a wish to have the options of spending the last days of life either well-supported in their homes or in a local community hospital with hospice-style care. There is no detail in the Strategy and Plan of how these wishes will be fulfilled”.*

### **Meeting the elderly demands**

Due to the increasing elderly population in Rutland it was suggested by some respondents that there should be an increase in health services that promote their health and wellbeing.

*“Meeting Elderly demands that are increasing dramatically. Mental Health Services need an overhaul and Dementia will be very big as the population ages, disablement increases with age and demands include for example expanded stroke facilities and rehabilitation. These include more physios for hydrotherapy (demand for hydrotherapy is increasing with Long Covid disability but Rutland is without a pool)”*

If anything, what else should be a priority for us for the next three years?

Respondents have suggested some areas that they see as vital to be included as a priority for Rutland for the next three years

## **Commonly reoccurring themes**

### **Mental health services**

There were concerns that action plans to promote mental health were not sufficiently addressed in the strategy

*“An improved mental health service is desperately needed in Rutland”*

*“Mental Health receives no mention despite being reported as the biggest concern by Rutland people (both adult and young people) since 2017”*

### **Access to healthcare**

*“Provision of adequate infrastructure in right locations to support proposed growth and development”*

### **Promoting good housing**

Many respondents highlighted the need for more emphasis on promoting quality housing and ensuring that there is an adequate number of houses for the growing Rutland population, because housing is one of the factors that can directly affect the health of the population

*“Recognition of housing and its impact on health and well-being. Improving the built environment to support long term health and wellbeing of the growing Rutland population”*

*“Ensure that future local new housing of Rutland is projected to grow in line with the Local Plan”*

### **Strengthen workforce**

*“Work with care providers to strengthen the workforce available to those requiring care post discharge and at end of life. This would also improve continuity of care for dying patients as opposed to have different agency staff which can cause stress”.*

### **Not commonly reoccurring themes**

#### **Promotion of green spaces, open spaces, and green infrastructure**

*“Wider health benefits of green infrastructure within development – open space, walking and cycling”*

#### **Timely health impact assessments**

Some suggestions were made that health impact assessments should be carried out in a timely manner so findings can influence local health plans (such as this strategy)

*“Getting the health impact assessment prepared at appropriate time within local plan making process”*

### **Access to care homes and support to carers**

Based on the growing elderly population some respondents mentioned that more care homes may be needed, and private care homes should be more open to residents they accept.

*“The care homes in Rutland are largely privately owned which means they can be selective in what residents they accept. This needs to be addressed to give fair access to good care to the older population who will be living in care homes”*

*“We must give attention to carers in end-of-life work. We see many people come into hospital as the only option because the carer cannot find support and eventually lose confidence and faith in the system”*

### **Addressing issues of isolation**

There are some concerns that some families feel culturally isolated especially military families and feel that they should be supported

*“Our patients and families here can feel almost 'culturally' isolated. They are often new to Military life, and have left their home area to move here - they can feel really isolated, especially if they don't drive, have young children, have a disability, their partner is away on operations”*

### **Social and economic development and environmental sustainability**

*“We expect the NHS to play a full part in social and economic development and environmental sustainability., through its employment, training, procurement and volunteering activities”*

### **All other non-commonly reoccurring themes listed:**

- Creating awareness and promoting community services
- Promote physical health
- Emergency preparedness for future pandemics
- Transportation and ease of access to services
- Staff recruitment to meet the needs of the population
- Actions to reduce air and noise pollution

- Access to employment and leisure opportunities for people living with disabilities
- Provision of a range of care services closer to home

## Additional comments on the proposed 6 priority areas

### Commonly reoccurring themes

#### Increasing staffing and capacity of staff (commonly reoccurring theme)

*“Preparing for population growth and change is an absolute must. Access to good GP services is already abysmal in the county and this is only going to get worse of the population of Rutland increases further. Increasing capacity is an absolute priority, which will help to achieve the rest of the goals”.*

#### Collaboration between organisations (commonly reoccurring theme)

Provides a strengths-based approach building on the integrated and joint working that has already been achieved, relationships and mutual understanding existing between health and wellbeing and community infrastructure.

*“The priority areas appear to cover us from birth to death but am concerned about how working with adjoining health organisations and authorities will actually work in practice”.*

*“This is a very exciting opportunity to pool resources between agency and pump prime assets (physical and non-physical) mapping and developing a volunteer base to support self-help and illness preventative approaches”*

*“Need for more joined up working between primary, secondary, mental, physical, and health and social care services”*

### Not commonly reoccurring themes

#### Recognition of the role of music and in health and wellbeing

*“Access to music & the arts is not mentioned. My hope is that access to music making opportunities will be prioritised as much as sport. The mental health of all ages is positively affected by access to good quality music making”*

#### Well-being and healthy lifestyle of the children, teenagers, and young people



Some respondents highlighted that the strategy did not provide much focus on improving the health of the younger population. Furthermore, feedback from young people provided some areas they felt important to their health such as – more communal leisure areas and safe places to receive support

*“The strategy’s main focus is on the needs of the older generation. I couldn’t see ANY proposals which could support well-being and healthy lifestyle of the children, teenagers and young people”.*

*“Giving people more communal area for the weekend or weekdays”*

*“The youth group needs to have a safe and secure place. Jules House was the safe place that we could all go to and talk about our feelings. We now use the Baptist Church but this is not a fixed site. The new young people don't have somewhere they can go at any time, and this is why we need Jules back”*

How can you/your organisation support the health and wellbeing board to deliver our priorities?

The following support was suggested:

**Healthwatch-**

“We acknowledge the plan to renew the Children’s and Young People’s Partnership Plan for 2022-2025 and welcome the opportunity to have sight of this through our involvement in the Partnership”

**The Rutland Health and Social Care Policy Consortium-**

Planning and delivery

**Rutland Health PCN-**

Help to improve the rates of proactive care such as immunisations and NHS health checks.

**Individuals-**

Providing continuous feedback

Paying taxes

## Further insights to improve the health and wellbeing strategy

### **Commonly reoccurring themes**

#### **Setting deadlines**

*“The Board has shied away from setting deadlines. We have no idea what will be delivered from the plan in 2022, 2023 and so on”.*

*“3 Years is far too short for a Strategic Health Plan and needs to be extended to at least 5 years. A Strategic Plan should be comprehensive and extend over 5 years. Within that, goals for the first 2-3 years are important”*

#### **Alignment between the health and wellbeing strategy and other health and health-related plans**

*“There must be alignment between the Rutland Health Plan, Rutland Local Plan, Rutland Transport Plan and Rutland Children, Young People and Families Plan. They should all be aligned based on demography, housing and employment in the same time frames both long and short term.”*

#### **Collaboration between the ICS and Health and Wellbeing Board (H&WB) board in implementation of the strategy**

*“Plans be developed between the ICS and H&WB to implement the enabling measures identified in this document including metric measures of success or failure”*

### **Not commonly reoccurring themes**

#### **Outcomes and monitoring of delivery of the plan**

*“This should involve continuous engagement and ‘checking back’ with residents”*

#### **Omission of secondary and tertiary health services**

*“One major concern is that the draft omits discussion of secondary and tertiary services provided to Rutland people. These stages absorb most health expenditure and are provided*

*by a wide range of providers across a number of organisational boundaries. Planning of these pathways cannot stop abruptly at the Rutland County boundaries”*

## Integration in the wider healthcare context

Regarding integration in the wider healthcare context, there were concerns that the strategy highlights little or nothing about this. Some suggestions were brought forward by respondents:

### Commonly reoccurring themes

#### Failure to address the need for effective integration or co-ordination

*“There is no clear indication for effective integration or co-ordination with other authorities or with key supporting aspects, particularly transport”.*

*“The strategy says very little about the need for integration, beyond acknowledging (Paragraph 1.2) that Rutland will be part of the Leicester, Leicestershire and Rutland (LLR) system. As wider integration will be fundamental to its success, I would suggest that the strategy should address effective integration with:*

- *The Rutland Local Plan- this strategy should align in terms of population projections (there is no source reference for the figures in the draft strategy, for instance and primary care provision.*
- *The Rutland Transport Plan – it should be a key requirement of the transport planning to ensure that identified health needs are properly accommodated.*
- *Relevant education plans- to connect with mental health*
- *The Children’s and Young People’s Partnership Plan for Rutland*
- *The Primary Care Estates Strategy (The health and transport plans of all neighbouring authorities”*

### Not commonly reoccurring themes

#### Lack of views of service users and providers

*“The one thing we seem to be missing is the views of people who've used the service or who supply the service, and it would seem to me that we need a baseline of how was it for you, and it would be very good to actually survey people who've lost relatives in the last last few years or professionals who are providing the service just to find out whether it conforms with both the Nice guidance and this strategy”*

## The health and wellbeing strategy action delivery plan

Below are some emerging themes relating to the health and wellbeing action delivery plan.

### Commonly reoccurring themes

#### Broad, high-level statements of intent

*“Section 6, however, seems to indicate that the Action Plan it contains will fulfil this need and that one-year plans will suffice thereafter to provide detail. The actions listed, however, are almost all broad, high-level statements of intent, with no metrics or targets to support monitoring achievement, no timescales, and no obvious links to the specific health statistics identified earlier. Detailed planning against these statements to generate the promised SMART performance measures would be pretty challenging, and annual reports based on them would be fairly meaningless”*

#### Failure to highlight the responsibility for delivery

*“It is not clear who will have responsibility for the requisite planning; Paragraph 1.3 states that governance will be under the auspices of the HWB but does not indicate who actually will manage the implementation”*

### Not commonly reoccurring themes

#### Failure to define strategic objectives

*“I am concerned to note that the strategy focuses to a large extent on the priorities for the next three years, but fails to define any strategic objectives”*

#### Encompassing medium to long term

*“This is vital to further build collaboration, strengthen prevention and address health inequalities”*

#### Other non-commonly reoccurring themes highlighted to be missing from the action delivery plan include:

- Available resources and budget, including sources of funding
- Allocation of budget and resources to specific areas
- Milestones for assessing achievement of performance measures

- Risks and dependencies on other organisations
- Possible training needs – e.g. in new technology

## Further issues and concerns raised by respondents

Below are some other issues and concerns highlighted by the respondents regarding health care in Rutland

### **Establish and publish the new decision-making process**

There is an urgent need for the ICS to publish the new decision-making process including the respective planning roles of “Place” and “ICS” so that local people do not conclude that decisions about important issues are being made behind closed doors.

### **Co-ordination of planning of local facilities**

Our geography also calls out for service planning and capital investment to be done in conjunction with our neighbours. There is scope for co-ordinating planning of local facilities across community centres in Oakham, Stamford, Corby, Market Harborough and Melton. People would value that “integrated planning”

### **Lack of investment on Rutland**

Many people in Rutland fear planning is Leicester-centric and Rutland will degenerate into a “Health Desert” with few facilities

### **Integration of services**

We urge the Rutland Health and Wellbeing Board (RH&WB) and County Councillors to integrate its “Place led plan” with ICS planning. Currently planned and emergency care and community services (which include community hospitals such as Rutland Memorial) are addressed separately and outside Rutland. The two strands of planning need to be integrated

### **Lack of inclusion of the opinion of Rutland residents**

A voice for Rutland. Rutland people are still smarting from UHL consultation which largely rejected the voice of Rutland as being too small to worry about. As a result, no services in mitigation of Leicester General Hospital closure were offered to Rutland. The consultation was followed by the decision to reorganise UHL which was taken by the three CCGs. Despite being a Place, there was little evidence of consideration of the points made by Rutland people

### **Other concerns from respondents**

- Secondary and tertiary provision for Rutland needs to be replanned by sorting out the impact of closing Leicester General and deciding which services can be relocated within Rutland and which secondary and tertiary services need to be funded to go East because people cannot go West.
- Acquiring and funding the new skills for staff to shift services closer to home and deliver services in innovative ways
- Clarifying planning functions between ICS and H&WB ensuring collaborative planning and decision making are clear and public.
- Recognising that equity and equality issues exist in Rutland
- Shifting and properly planning and funding pathways- There is scope for sharing investment across natural rather than artificial formal boundaries. Rutland people are tired of being told by UHL that they are taking more and more services to Glenfield and that people unable to go there can “Go elsewhere”. “Elsewhere” needs to be planned (and funded) and we look to the Rutland Health Plan in conjunction with the primary Care Network to address this gap in provision.
- Diagnostics- We are told that a new multimillion diagnostic centre will be located in the vacated LGH but there is no equivalent centre planned for the East other than Grantham which is not convenient for most.
- Rehabilitation and intermediate care are greatly needed by many to speed their discharge from acute hospitals and, once initially rehabilitated, enable them to move on to “Hospital at home” organised to support their multiple long-term conditions. That would be best done simultaneously rather than planned in separate salami slices service by service.

- Identifying areas of fuel poverty in Rutland has to be done with caution – the standard methodology often tends to bring up solid walled historic properties in largely affluent areas and doesn't address areas of moderately well insulated social housing properties where people are on very low incomes. Radon gas being prevalent in some area of Rutland and exposes to the risk of lung cancer.
- Ensuring people are receiving all the benefits they are eligible for
- Promoting other sources of support for warm homes e.g. improvement grants, LEAP scheme
- Ensure people are not stuck on expensive energy tariffs
- Embedding of Healthy Place design characteristics into local applications and planned developments including links with LRS strategic framework
- System Errors- discrepancies are seen between different digital systems. These must be eliminated if credibility and confidence in on-line systems is to prevail
- Cross-border issues-, understanding what they actually are and how they can be addressed.

## **CONCLUSION**

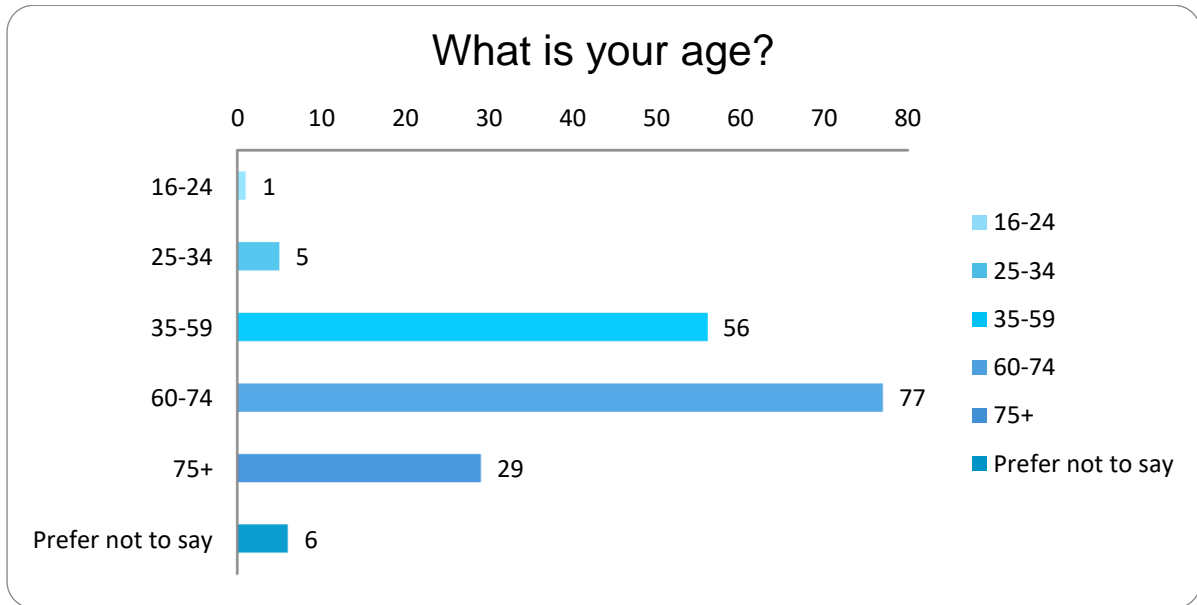
The Rutland health and wellbeing strategy has been referred to by numerous respondents as a Plan - an opportunity to harness the goodwill and support of Rutland people behind an agreed way forward for health and care services.

The majority agree with the proposed overall vision, goal, and priorities and that many of the Rutland health and social problems are noted in the document. However, there were some concerns identified by stakeholders. The action plans are broad, high-level statements of intent with no performance indicators, and do not highlight the responsibility for delivery. Regarding the priorities, some gaps highlighted include the failure to address maternity services in the strategy, poor focus on access to healthcare services, the need for more preventive services, collaboration between organisations, strengthening the health workforce and the need to promote local health services (care closer to home). It is

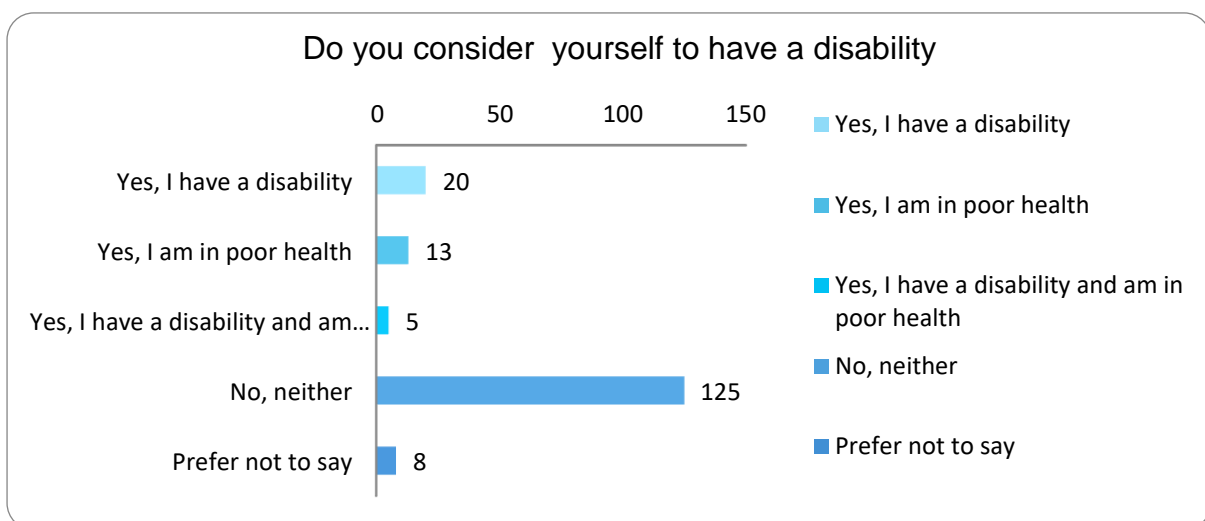
recommended that these gaps and concerns are addressed when developing the final Rutland health and wellbeing strategy.

## Section 2

### Demographic information of respondents from the online consultation

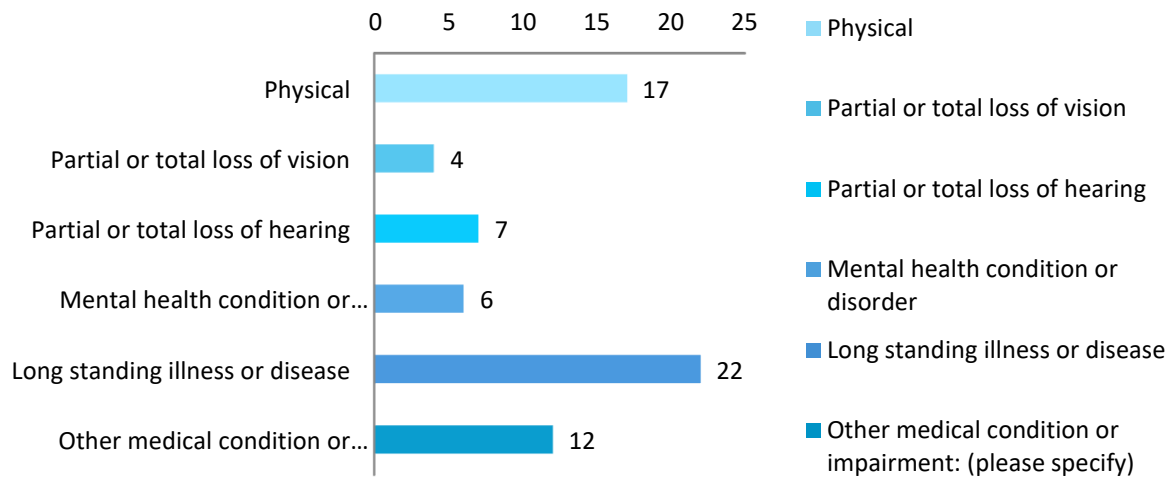


*\*There were an additional 7 responses from the youth group consisting of people aged 12-16 years*

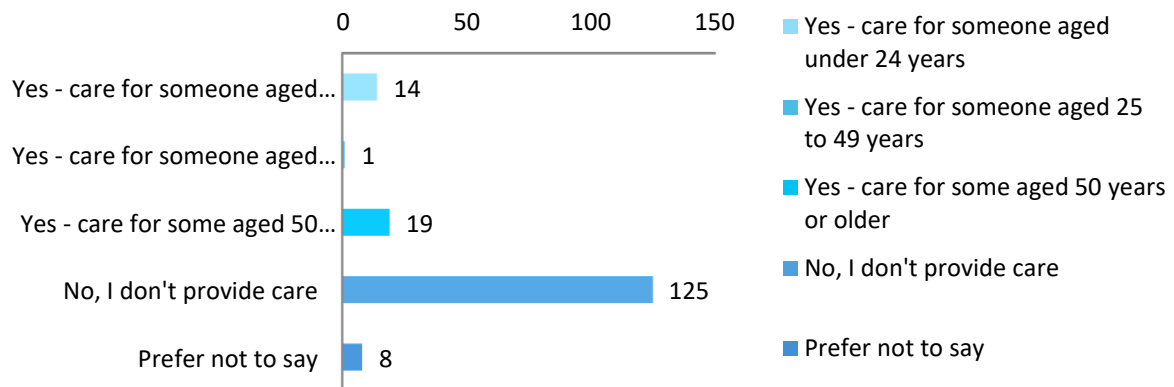




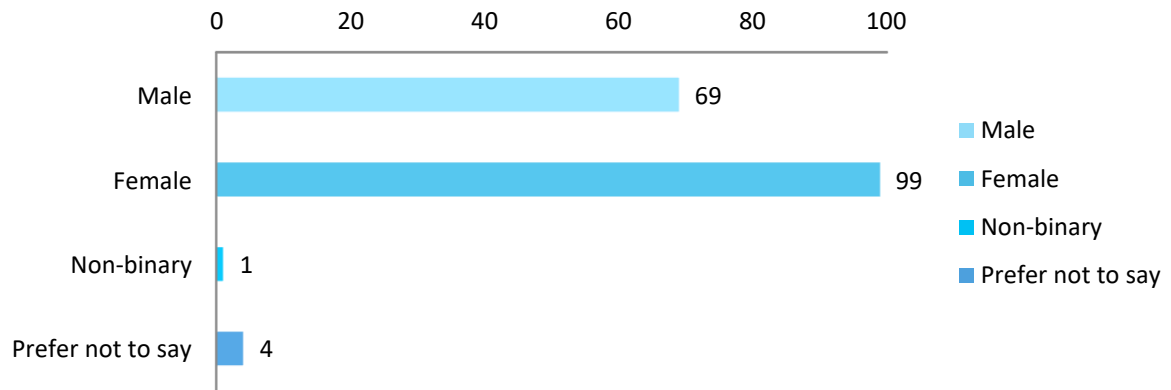
### Type of disability



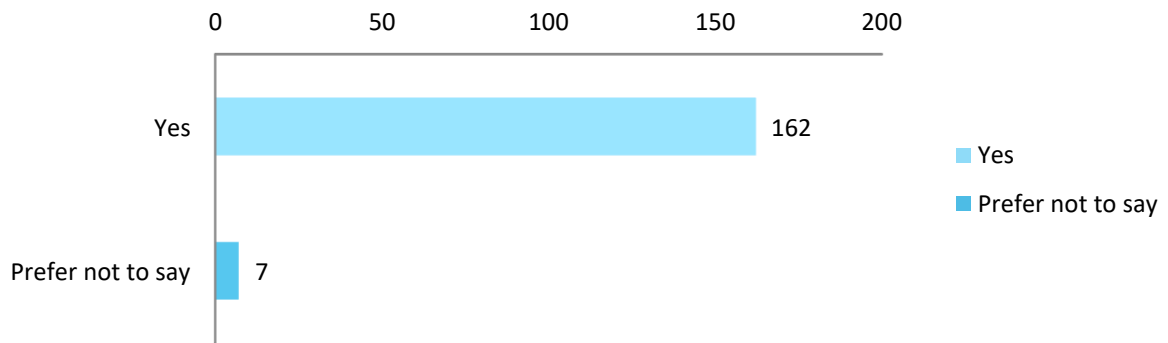
### Do you provide care someone?



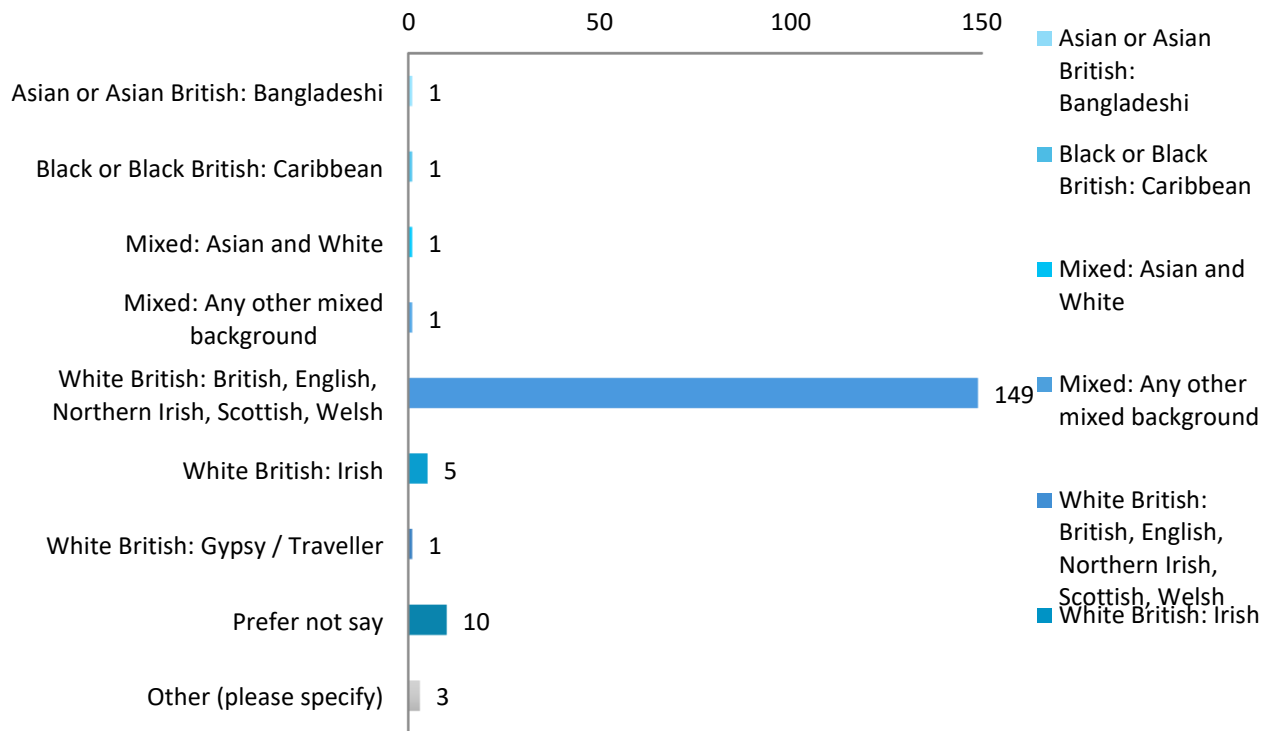
### What is your gender?



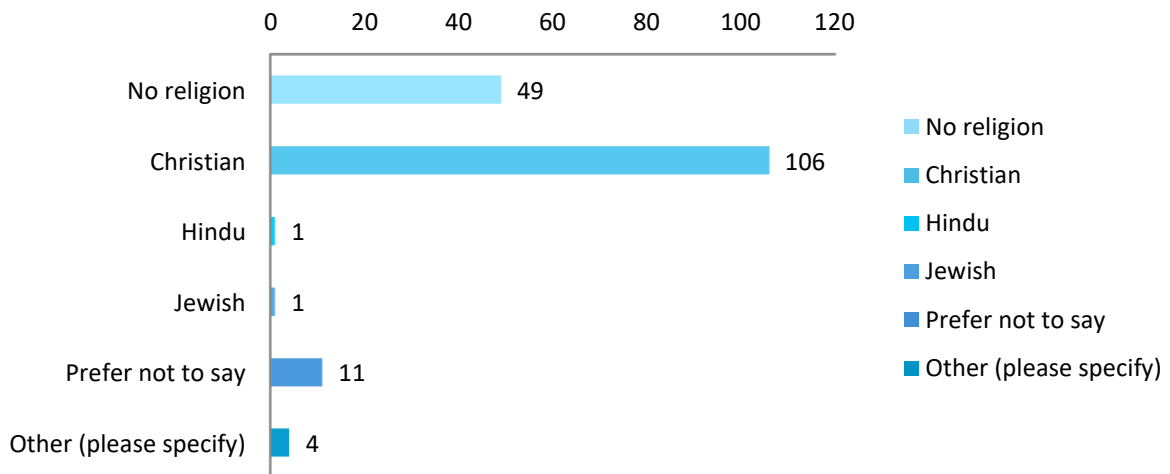
### Do you identify as the gender you were assigned at birth?



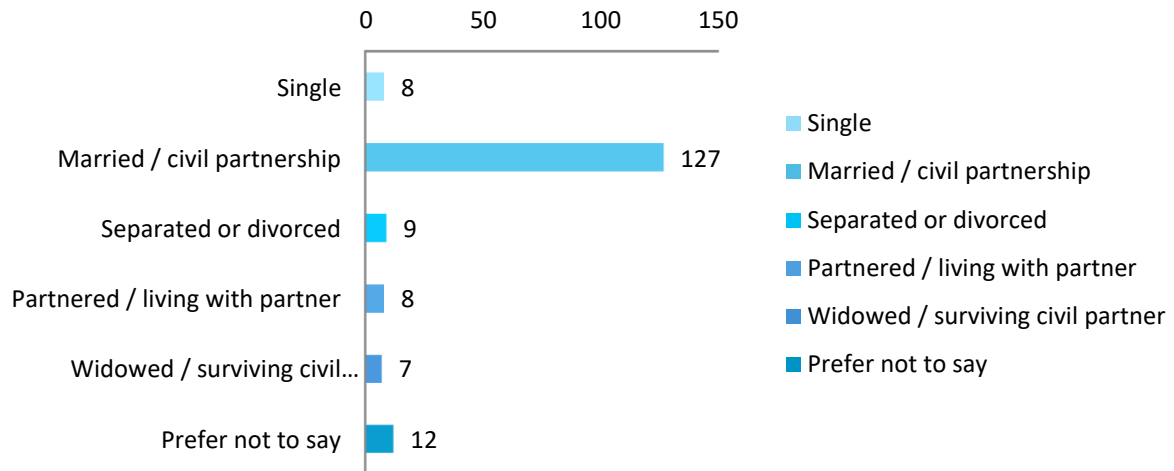
### What is your ethnicity?



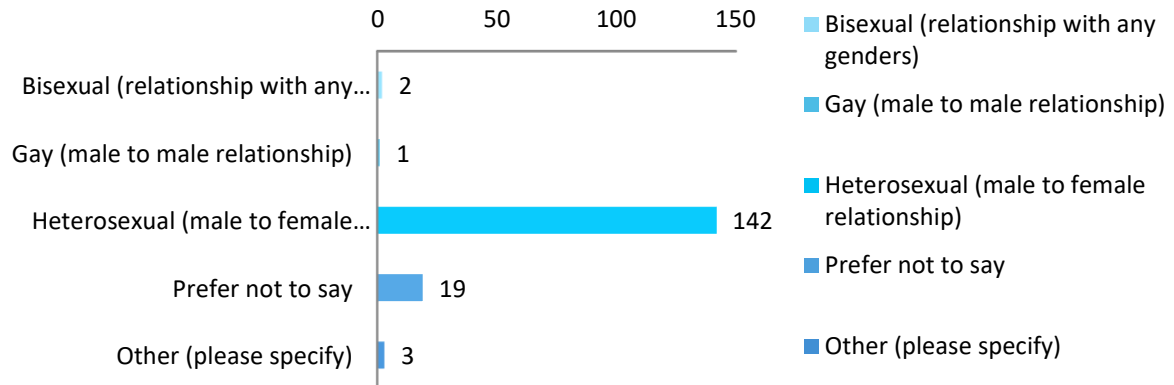
### What is your religion?



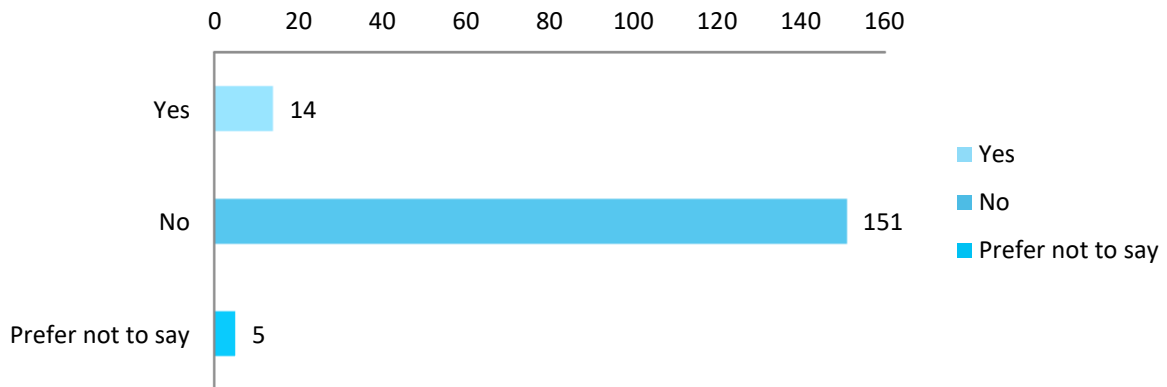
### Relationship status



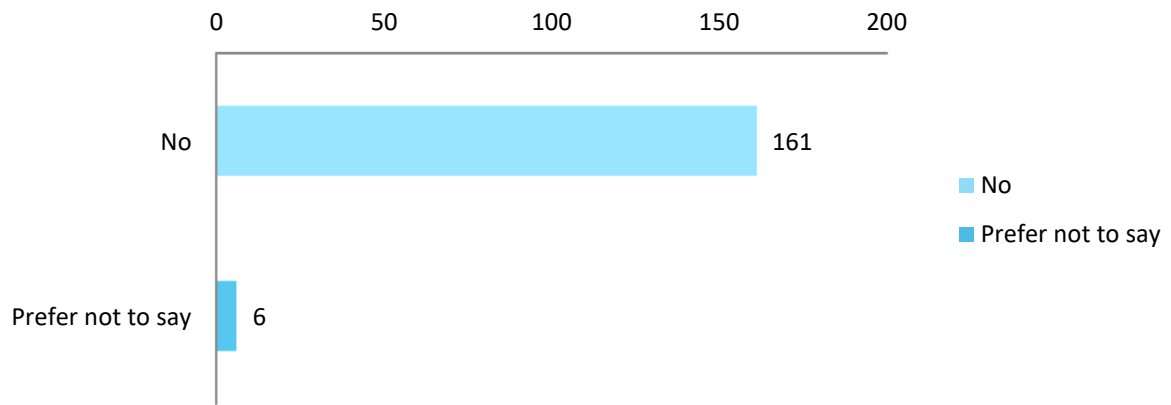
### What is your sexual orientation?



### Have you ever served in the armed forces?



### Are you pregnant or given birth in the last 26 weeks ?



### How did you hear about this consultation?

