

PAPER 4

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By email

Andy Williams
Chief Executive, LLR Clinical Commissioning Groups

24 February 2021

Dear Andy

Thank you for requesting the support of Healthwatch Rutland in the move to disestablish 3 Clinical Commissioning Groups (CCG) across Leicester, Leicestershire and Rutland and to create one single CCG for the whole area.

Healthwatch Rutland has been aware of and involved in this process and we know that much of the early work has been completed with, in particular, a single executive team which now seems to be working well. We have also attended meetings where there is strong evidence of the 3 CCGs (Leicestershire West, City and East Leicestershire and Rutland) working strongly together under joint governance arrangements

We understand that the desire to apply to dissolve the 3 CCGs has to be submitted by 31st March 2021 in preparation for the actual dissolution on 31st March 2022 when, subject to primary legislation, the Integrated Care System will become fully operational with, if not, one single CCG being the 'backstop'.

We do have some reservations which mainly are derived from the 7th February 2021 Governing Body papers. These are available in the public domain. We list our concerns below:

1. **Public engagement.** There has been little public engagement about this move to date and most of the documents and presentations are in a format which is not easily understood by lay people. We acknowledge that most of the people seeking help or giving feedback to Healthwatch are much more concerned with the more immediate aspects of accessing health and social care, but we encourage the CCG executive make attempts as soon as possible to take the public with them along this journey in an easily understandable format.
2. **Social care and health inequalities.** We are pleased to read that there is a real will to tackle health inequalities in Leicester, Leicestershire and Rutland and note that Rutland is considered one of the least deprived areas in the country whereas Leicester City is one of the worst¹. Rutland² is primarily

¹ Paper I *Draft pre-consultation collaborative Equality and Inclusion strategy for Leicester City, East Leicestershire and Rutland and West Leicestershire (LLR) Clinical Commissioning Groups (CCGs)*. LLR CCGs Governing Bodies PUBLIC papers 9 Feb 2021. Retrieved from: <https://eastleicestershireandrutlandccg.nhs.uk/about/our-governing-body/>

² Date retrieved from *Joint Strategic Needs Assessment (2018)* Rutland County Council

rural with 23.9% of its population aged over 65 years and 3.3% over 85 years. The 65 + age group is predicted to grow by 23.9% against a national average of 17.9%. The 85+ age group is predicted to grow by 142.9% against a national average of 127.1%. Older age and social isolation are threats to wellbeing; these figures indicating that there will be a higher incidence of dementia, co-morbidities and frailty requiring high levels of both health and social care in Rutland. We find little in the Governing Body papers of 7th Feb 2021 to support greater care costs in the Rutland community within an Integrated Care System and taking account of the following:

- The higher number of older people in Rutland requiring care in the community
 - The pockets of deprivation which exist in Rutland
 - Rural isolation and exclusion from health services due to lack of transport
3. *Finances.* We request formal assurance that the health and care provision for people in Rutland will be strictly on a 'needs' basis and not 'per capita'. As the smaller population of approximately 40,000, Rutland place-based care will not have the opportunities for economies of scale available to Leicester City residents (some 300,000 residents) or Leicestershire (some 700,000 residents). Rutland residents recognise and value the commitment to place-based care but this is only possible with adequate funding. We also request that future financial reports, usually published in Board papers, are also available in a format more easily understood by the lay population and, thus, providing greater transparency.
4. *System Governance.* We would also welcome the inclusion of Rutland representation on the new CCG Governing Body.

To conclude, Healthwatch Rutland supports in principle the move to one LLR CCG for greater economies of scale but, in so doing, we counsel against underestimating and under-funding the future health and care needs of Rutland people and ask for greater transparency and easily understandable communication in informing the general population.

Sincerely,



Dr Janet Underwood
Chair, Healthwatch Rutland