

Paper 4

The Healthwatch Rutland Board response to the Rutland Health and Wellbeing Strategy Consultation

This response draws upon research and engagement work that Healthwatch Rutland (HWR) has carried out asking people about their experiences and expectations of health and care services. Work that we have undertaken over the last 3 years, which is relevant to the consultation, includes the following:

- **What would you do?** Healthwatch Rutland Engagement Report: The NHS Long Term Plan (2019) [\[link\]](#)
- How people with long term or multiple conditions experience care in Rutland GP surgeries (2020) [\[link\]](#)
- University Hospitals of Leicester Pre-consultation Business Case for the Acute and Maternity reconfiguration plans: The impacts for Rutland? (2020) [\[link\]](#)
- Healthwatch Rutland reflects the public voice: The University Hospitals of Leicester NHS Trust consultation on reconfiguration of acute hospitals and maternity services (2020) [\[link\]](#)
- Experiences of health and social care in Rutland during the Covid-19 lockdown (2020) [\[link\]](#)
- **What matters to you?** Rutland people say what they need and want from place-based care (2021) [\[link\]](#)

Findings and recommendations from this work (with the **What matters to you?..** report being especially relevant) have been widely shared with stakeholders to help represent the ‘Rutland Voice’ and focus decision-making on Rutland people’s needs.

The Strategy and what Rutland people have said about their needs and hopes for place-based care

- Rutland people want as much care as possible closer to home, including more of the straightforward diagnostics and treatments.
- One of the biggest and most immediate concerns for Rutland people is their difficulty in accessing primary care services. While we understand the causes of these difficulties and appreciate that actions are being taken to improve access, Rutland people want and need these problems to be resolved urgently.
- Transport difficulties are acknowledged in the Strategy and Plan but there is insufficient detail provided about solutions for those who must travel to secondary care and who consistently inform about expensive and difficult journeys.
- The Strategy acknowledges the need for ‘joined up services’ and a ‘seamless patient journey’ but for this to happen, digital systems across all providers must be compatible and able to facilitate the easy transfer of data. We understand, regrettably, that this will not happen for several years. Rutland residents inform us that poor communications between care providers present challenges for patients and more so for those who access their health care out of the Leicester, Leicestershire and Rutland area.

- 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. In particular, families with children who have special education needs ask for more support in terms of respite care, pre-school, and out-of-school social activities. Similarly, young adults with learning and physical disabilities ask for more opportunities to join in with leisure activities and employment opportunities. Carers and parents face long journeys to multiple and uncoordinated appointments because there is insufficient provision locally, for example, for Speech and Language Therapy and Orthotic services. Even a simple blood test involves a journey to a secondary hospital as, we are told, local GP practices do not perform venepuncture on children.
- 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.
- The rising demand for the provision of health and care services can be mitigated by actions to promote health and wellbeing. Lack of transport, unaffordable costs and poor information in Rutland, we are told, are constraining access to and engagement with activities which promote good physical and mental health.
- Rutland people have a genuine interest in how local health and care services are planned and delivered. The development of place-based care is an excellent opportunity for public involvement and co-design, and we would like to see this more clearly articulated as an ‘enabler’ or ‘cross cutting theme’ in the strategy, with resources and actions associated with developing co-production programmes.
- Not everyone has access, the ability, or the wish to use digital technologies. People want its use for consultations and monitoring to be carefully considered in relation to the individual and to be given the option for in-person consultations alongside the digital offer.
- People with learning and physical disabilities want access to more employment and leisure opportunities.

Further considerations from the HWR Board

1. The need for equity

In response to the NHS Long Term Plan (2019), the emerging LLR Integrated Care System (ICS) has been creating a Health Inequalities Framework to be embedded in all health and care provision. Therefore, in representing the Rutland Voice in stakeholders’ forums we have attempted to draw attention to the Rutland-specific health inequalities which might remain unrecognised at ICS level and mostly sit outside of Equalities legislation. Examples include:

- Establishing the principle that, when the data from LLR-wide engagements and consultations are analysed statistically, the ‘voice’ of 40,000 Rutland residents becomes diluted within the one million plus voices of Leicester and Leicestershire residents.¹
- In taking part in the Task and Finish Group established to create the ICS Inequalities Framework, we attempted to dispel the widely held misconception that there are no pockets of deprivation in Rutland and to also demonstrate that other inequities can and do arise from rurality.
- Consistently highlighting, at both System and local level, the hardships, and inequities of access to healthcare caused by transport difficulties experienced in rural areas².
- Noting the higher-than-average ageing demography of Rutland and the consequent increased demands this puts on our health and care system.

We are therefore particularly pleased that the Rutland Place-Led Plan will have a focus on health inequalities in Rutland and that the Health and Wellbeing Board (HWB) is taking the opportunity to drive the provision of local services by listening to Rutland residents and putting their needs, including the less obvious health inequalities noted above, at the heart of plans.

2. Timing and locality

When conducting engagement about both the UHL reconfiguration and the *What matters to you?* project we heard that Rutland people are concerned that several UHL hospital services would be moving further away as a result of the proposed reconfiguration, before more local service provision is in place here in Rutland.

We ask that members of the Health and Wellbeing Board remain aware of these concerns and can ensure an expanded provision of Rutland-based services before the reconfiguration work means UHL services are moved further away from home.

3. How does the Strategy address the wants and needs of Rutland people?

- Both the Strategy and the Plan address the whole life-course and extend beyond delivering care to preventing illness. This is to be commended.
- The language used in the document is frequently in the first person: ‘*What we want*’ (i.e., what commissioners and providers of care want). For the public to see themselves at the centre of the strategy there could be more emphasis on ‘*what Rutland people say they want*’.

¹ For example, this point was made at the CCG governing body meeting in June 2021 when the UHL reconfiguration Decision Making Business Case was discussed. Minutes can be viewed at <https://www.leicestercityccg.nhs.uk/about-us/future-governing-body-meetings/2021-governing-body-meetings/llr-ccg-governing-bodies-meeting-july-2021/>

² See for example, the minutes of the CCG governing Body meeting June 2021 (above) and October 2021: <http://3xmatc1p0cnc3crfv93ovogp-wpengine.netdna-ssl.com/wp-content/uploads/2021/12/LLR-CCGs-Governing-Bodies-meetings-in-common-14-December-2021-Public-pack-v3-without-Paper-E-and-new-timings.pdf>

- We are pleased to understand that the Plan is a 'moving' document and will be revisited and updated annually as place-based care develops.
- Many of the Rutland health and social problems are noted in the document - we suggest this can be considered as '*what is needed.*' The 'promise' of action is there but people have told us that they would prefer to know more detail about the '*what will be delivered*' before completing the survey. We have encouraged them to complete the survey, nevertheless.

On a procedural point, relating to the consultation process itself, we are disappointed that the easy-read version of the documentation and the survey was published so late in the consultation period. Although the deadline was extended by 9 days, we consider this provides insufficient time to advertise and specifically encourage carers and people who benefit from easy read materials to complete the survey.

In conclusion, we understand that a plan detailing the '*what will be delivered*' will be presented before the Rutland Health and Wellbeing Board in February 2022. We hope that the points raised with us by Rutland people and the additional considerations from the HWR Board will be helpful in finalising the Strategy and the Plan.

We would be happy to discuss or expand further on any of the points in this report.



Dr Janet Underwood
Chair, Healthwatch Rutland

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