

Paper 4: Annual meeting slides and summary of Q & A

1. Summary of questions and answers to guest speakers

Q1 (Submitted in advance) Can we have a definition of the services/clinics that are offered by Rutland Memorial Hospital?

A. There is a full definitive list of every clinic that's provided, running into two pages at the moment, which can be sent on after the meeting (to follow).

Q2. How will oral health and dental care be integrated into neighbourhood model to ensure holistic care especially for people with complex needs? For example, Healthwatch nationally has heard from patients undergoing cancer treatments finding it difficult to access community dentistry when their treatment leaves them with a weakened immune system susceptible to gum disease & mouth infections.

A. There are 2 elements to this type of care. Firstly, there is a complex care pathway for people coming out of a hospital service into specialist dental care. It's not big enough from a scale perspective and commissioners are working on that. In addition, more Units of Dental Activity are being commissioned this year in Rutland from a new provider that is going through a procurement process at the moment.

Q3. Regarding bed blocking - have the measures adopted by Rutland been generally adopted by the City and County?

A. The joint integrated service for Rutland people ready to leave hospital is Micare; it is part of the pathway for assessment, triage and navigation to make discharge as safe as possible. The City version of that is called the Integrated Crisis Response Service (ICRS) . The County are developing a crisis response service which is an amalgamation of what Micare and the ICRS do, so the best of both worlds. So, the principles have been adopted across all 3 places.

Q4. My question is around the virtual hospital announcement and I read this morning that the programme is going to be delivered with a commitment to patient partnership in design and delivery. There were a couple of case studies but they were full of percentages and statistics. How are we going to make sure that Rutland residents have a voice and we go by their thoughts and experiences as opposed to data and statistics?

A. This is something the ICB talks about with Healthwatch a lot in terms of what the data is saying and what patient experience is telling us. When you combine those two you have a really powerful set of information that helps us to commission the right things. We read the article at the same time as you and have no further detail at this point.

Q5. Can you tell us what is in all this for carers? I've had a (health crisis) recently and I have a son at home that I care for. We are an ageing population, what will be put in place to support us?

A. There are different parts to this. Firstly, the preventative aspect for your own health and how you are supported. We have identified groups in Rutland that we can proactively target to provide more care for and that includes carers and those with their own long term health issues. Then we have our own carers team, different to other authorities. By building a focus in the community people will know where to go for support and can plan ahead. There has also been engagement on the Shared Lives project that will be able to offer respite to carers in a different way.

Q6. Regarding adults with learning disabilities or Autism, there is nothing for them to do in Rutland outside of the organisation that I have set up. I'm very conscious that I'm not in the best of health and if it has to close where can they be signposted to [for support and social interaction]?

A. Let's look at that together so that the Council can understand the feedback and the market and look at where the gaps are.

Q7. Rachna talked about the ICB's target to reduce costs by 30% - how will quality of services be protected whilst also funding new priorities like digital inclusion, especially at neighbourhood level to help people feel confident using digital health tools?

A. This is the typical approach in the public sector – cut costs on one hand and increase service on the other. There are 2 elements. The running cost budget is what we have to deliver for £19 per head. The other part is the commissioning budget which is constrained, but where we can make efficiencies and streamline services such as making sure people are getting care at the right place.

The IT will be difficult but people need to be kept well for longer to reduce the need for people to go to hospital in crisis. So, neighbourhood health is the way forward.

Q8. On both the health and social care side, have you had chance yet to think about how the gathering of independent feedback and insight will be continued when Healthwatch is no longer here?

A. On the social care side we know how valuable independent feedback is from when Healthwatch were commissioned last year [to follow up on experiences of social care interactions] which was really helpful. That approach is now being grown by looking to recruit a salaried person with lived experience to deliver and understand the feedback for us.

On the health side, we still don't have information on when the changes will be enacted and what statutory duties will be placed on commissioning or provider organisations. It is not known who will do it but it's an essential part of the job that needs to be done.

Q9. The integrated Care Partnerships are being disbanded, where Local Authorities were able to speak truth to power with their integrated health partners etc. How will that happen in the future?

A. The Chief Executive of the ICB, Toby Sanders has a very good relationship with the local authority chief executives and that won't change. Other parts of our integrated governance will still go forward, such as the Health and Wellbeing Board

which works across all partners including Healthwatch and voluntary sector colleagues who work very closely with us.

2. HWR slides presented at the meeting

Agenda

Welcome

HWR highlights from 2024–25 and looking forward into 2026

Presentations: *The implications of the 10-year Health Plan, changes to NHS commissioning structures and the rollout of neighbourhood care models on health and care in Rutland*

Guest Speakers:

Rachna Vyas Deputy Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board

Kim Sorsky, Director of Adults Services and Health and Sammi Le-Corre, Health and Care Integration Project Manager, Rutland County Council

Questions and answers

Closing remarks from the Chair

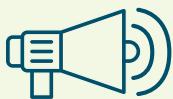


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Annual Report: 2024-25 in numbers

1255 people



shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

1210 people

came to us for clear advice and information about topics such as mental health and how to access NHS dentistry

Making a difference to care

During the year we published

9 reports

about the improvements people would like to see in health and social care services.



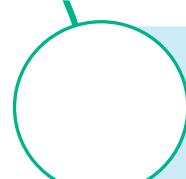
Our most popular report was the
Oakham Minor Injuries Enter and View Report

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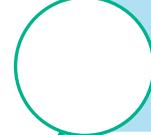
How we made a difference in 2024-25



Called attention to need for better support for self-funders of social care: improved information on council support, more personalised practical advice and guidance, care navigation and checklists



Highlighted need for improved NHS communication by reducing administrative delays and improving accessibility, messaging systems, appointment coordination and management of medications



Championed patient voice through our Enter and View visits Children's ED, CAMHS inpatient unit, Leicester Ophthalmology, Oakham Minor Injuries

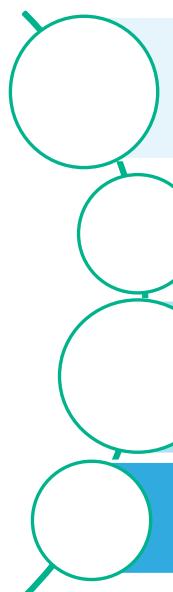


Raised public concerns over proposed minor illness service: including insufficient X-ray clinics, retaining a walk-in facility, reliance on NHS 111 and GPs as routes in

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How we made a difference continued:

Representing Rutland people's health and care needs in the LLR Integrated Care System and beyond:



Focused on children and families: importance of clear communication, continuity and accessibility of care, being treated as individuals—not a health condition or a case

Campaigned to improve access to **NHS dentistry**

Right care, right place, right time: helped shape new pre-hospital model of care for single triage into urgent care and new response pathways

Continued putting the case for Rutland rurality and **health inequalities**

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Hearing from all communities

Community Engagement and outreach

- Rural coffee connect
- Sheltered Living
- Care home coffee mornings
- Parent and baby/toddler groups
- Parkinson's Support Group
- Knit & Natter
- St Georges stay & play
- Disabled Youth Forum
- Out of Hours club
- Menopause Matters
- Macular Society
- Women's Institute

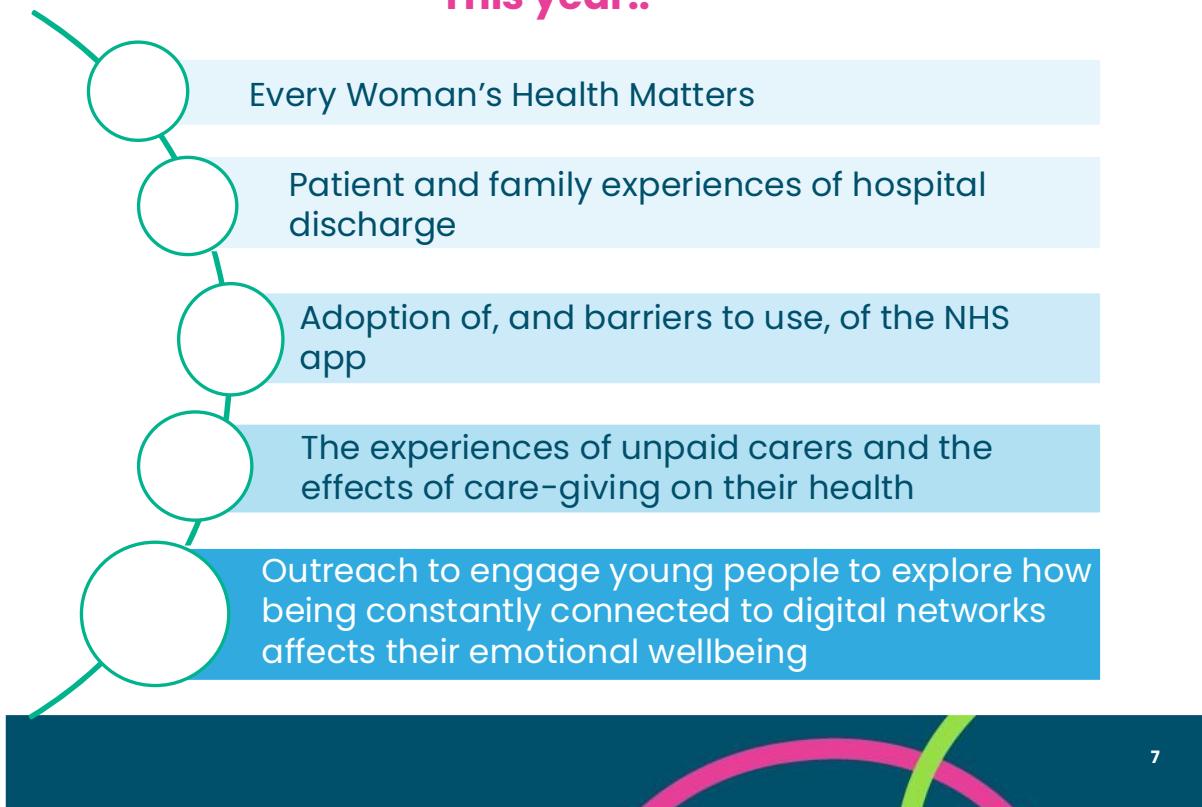
Partners' meetings and events

- Carers' Week
- Dementia Action Week
- Family Centre
- Maternity and Neonatal Voices
- Patient Participation Group open meetings
- RMH Centenary family day
- Mental Health Awareness Week - Peppers

Volunteers: Community Champions, newsletters, library pop-ups

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This year..



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Beyond this year: the future of Healthwatch

- July 2025 announcement: Healthwatch to be dismantled
- National: Healthwatch England body to be subsumed into Dept. of Health and Social Care
- Local: Healthwatch work to be split two ways:

Collection of feedback and public representation on **health matters** reverts to ICB

Experiences of care and public representation on **social care** matters to local authority

= loss of independent public and patient voice

- **When?** Primary legislation is required: estimated to be 12–18 months from now
- **Local Healthwatch response:** Open letter to Wes Streeting, petition to preserve impartiality and trust of independent patient voice service and meaningful scrutiny

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