HEALTHWATCH RUTLAND SUBMISSION TO ELRCCG PAPER D

Rutland people give their response to the Leicester, Leicestershire & Rutland draft Sustainability and Transformation Plan (STP)

March 2017





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healthwatch Rutland

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Section 1 Executive Summary

The STP for Leicester, Leicestershire and Rutland includes cuts of £400 million. It claims it can do this *and* improve the quality of services by not admitting people into hospital but instead providing care locally in the community and in their homes.

Rutland people have told us that the plan, as it stands now, does not work for them.

They support the principle of bringing care closer to home and understand the need to save money, but have grave concerns that under the current plan services crucial to the Rutland population would be dismantled with no viable alternatives proposed. They also believe that the impact of the cuts falls disproportionately on Rutland.

The plan proposes that Rutland will lose all beds at Rutland Memorial Hospital, 430 beds will go at our nearest acute hospital (Leicester General Hospital) and maternity facilities at Leicester General and Melton Mowbray will close.

The plan describes in detail what Rutland people will lose which is considerable. It gives no details of local community services that are supposed to provide better care and to save money. It also does not give any information on what evidence decisions are being made, or the statistics and costings behind these decisions. This information is needed by the public if they are to be able to make informed decisions when the plan goes to public consultation.

On behalf of Rutland people, Healthwatch Rutland asks CCGs to think again. We ask that the final STP include focussed proposals to:

- Achieve the £288m of efficiency savings promised.
- Reflect what Simon Stevens, CEO of the NHS, and the King's Fund have said that changes must be based on sound evidence and no services cut until alternatives are in place and proved to be working.
- Provide information about proposed future interim and home based provision in Rutland and how these services will meet local need.
- Most importantly, include a commitment to work with the local community to achieve outcomes that feel right for its people.

We have asked the CCGs to formally respond to this report on Page 7.

Section 2 Key messages and formal request for a response

The Challenges

Rutland has a very distinct identity and ethos. It is an isolated agricultural community with a rapidly growing and ageing population. This brings challenges.

- As the older population of Rutland rises, it is essential that health and social care are redesigned to meet changing needs of the community.
- In a rural area, urban solutions are not always applicable.
- Transport, or lack of it, is a major issue.
- For acute care Rutland sits at a watershed with services used in Peterborough, Leicester, Kettering, Nottingham etc. Solutions offered by a Leicester-centric plan are not, therefore, always applicable and need to recognise the complex pattern of services used by Rutland residents.

The offer

The three CCGs (Clinical Commissioning Groups) covering Leicester, Leicestershire and Rutland launched their draft 5 year plan in November 2016.

The draft STP for Leicester, Leicestershire and Rutland addresses a projected shortfall of £400 million by 2021. It proposes to meet most of this deficit via £288m of "efficiency savings". It claims it can cut the £400 million *and* make services better by reducing hospital beds and treating people locally and at home using the "Home First" model.

Three engagement events have been held in Rutland in December 2016 and January 2017 to present the proposals in detail. Healthwatch Rutland has responsibility for ensuring that the people of Rutland are aware of these events and the changes proposed. A total of around 250 residents came to listen to the proposals.

The events generated many questions. After the first event held at Oakham Castle on 8th December 2016, Healthwatch summarised the questions raised by members of the public and sent them to the CCG. The list of questions raised by Rutland people is attached as Appendix A to this report.

At all three events the public voiced strong concerns that they had not been given sufficient information. They were particularly concerned that the shift proposed for Rutland was more severe than elsewhere. They believe they are

being asked to support a disproportionately large cut in acute, maternity and community beds.

At the same time a shift from acute care direct to “Home First” is proposed. No evidence of efficacy or cost benefit analysis has been given. Intermediary services such as diagnostic and ambulatory services, rehabilitation and step down beds which have been offered to other communities within LLR are not proposed for Rutland.

People feel a case had not been made to support the proposed new model of care nor how the savings would be made.

Broad themes from Rutland people

The messages from the people of Rutland have been very clear and consistent and they are set out in full in Appendix A. Examples of broad themes:

- Lack of appreciation of local need.

- Lack of options offered.

- Lack of proven evidence that new models of care proposed would keep people out of hospital.

- The need for a mix of provision to meet different needs as people come out of hospital - not just the “Home First” model.

- Loss of the specialist End of Life Karen Ball Unit and lack of a clear end of life pathway in Rutland.

- Lack of a transport impact study e.g. Women in labour faced with a long journey in bad road conditions.

- Over reliance on Care Homes to fill gaps in different types of interim care. Proposals must take account of current shortages of places within Rutland (especially for dementia) and the national challenges to the future viability of the Care Home market as costs rise.

- The urgent need to address pressures on the community nursing service which is bursting at the seams as demand grows. On top of this pressure, there is the additional shift of work from acute care.

- Oakham people want additional general practice capacity preferably in the form of an additional practice to give them *choice*. General Practice in Oakham is not seen to be coping with the growing demands of this rapidly expanding town and surrounding County.

- People want social care to keep pace with current and future demand as well as the pressures of more people shifting out of acute care.

- Rutland people believe the current draft STP represents a worrying and *very high risk* strategy. Once all the local beds are closed, the default position if new models do not work is back into hospital. Simon Stevens, CEO of the NHS, has now said that changes must be based on sound evidence and no services cut until alternatives are in place and proved to be working. Chris Ham at the King's Fund has said the same.

- No reason has been given for the proposed closure of Rutland Memorial Beds. The proposal runs counter to the objective of moving care closer to home. The beds at RMH will not alter the delivery of the STP but it *will* give Rutlanders a vital safety net.

We are told that the STP will be finalised by the end of April 2017 and will take account of the issues raised by the public during public engagement. The timetable for formal consultation is not yet known.

Healthwatch Rutland has consistently taken the view that differences can be resolved by discussion. The process in Rutland started with goodwill towards the concept of bringing care closer to home. The draft STP implementation plan did not, however, give us reassurance that it would deliver that concept in Rutland.

People came forward with many questions most of which have not yet been answered so an action plan is proposed in Section 4 to address their serious concerns.

Conclusions & request for a response from all three CCGs

This report wants to be constructive and makes proposals for addressing the shortfalls in the plan. On behalf of Rutland people, Healthwatch Rutland asks the three CCGs to consider this report and respond to the recommendations below in accordance with their statutory duty within 20 days.

1. **Respond to the questions raised in Appendix A and to provide a summary and response to the issues raised in the two January engagement events.**

2. **Respond to the proposed action plan set out in Section 4 of this report.**

3. **Return to Rutland to discuss its proposed solutions with Rutland people. People would welcome most of all a commitment to work with local people to achieve outcomes that feel right for them.**

(Ref The Local Government and Public Involvement in Health Act 2007, amended by the Health and Social Care Act 2012 and also the Local Healthwatch Regulation 2012.)

Section 3 The impact of the draft STP plan upon Rutland

Overall direction of the STP

The plan is striking by its lack of alternatives. The provision of **real** options must be addressed in the final plan. It is a formal requirement.

Overall the people of Rutland have concluded that the plans, as they stand, would disproportionately remove acute, maternity, interim sub-acute and

rehabilitation services (both general and stroke) from Rutland compared with other communities.

- **No worked up compensating community proposals** Elsewhere communities have been offered a package of community beds and ambulatory services closer to home as a quid pro quo for the loss of beds- but not so for Rutland.
- **Financial savings of £288m** Rutland people do understand the need to save money. The plan proposes efficiency savings of £288m and in addition sources such as NHS "Right Care" offer evidence of how consumption of resources can be reduced e.g. long lengths of stay in hospital.

  With those savings behind them, managers would then be free to properly plan services to achieve the shift closer to home for the long term in the way the Kings Fund describes in "Delivering Sustainability and Transformation Plans" in February 2017. Its key recommendations are attached as Appendix B. The LLR Strategic Outline Case (SOC) did envisage these economies starting over 2 years ago. According to the SOC, economies would have, by now, released over 150 acute beds. Sadly, acute beds have actually risen by 50 over that period. This demonstrates the inexorable increase in demand and the inability of the whole health economy to meet it.

- **Management Arrangements** The plan contains no discussion as to how if there were an integrated community based hub for Rutland, it would be organised and run. Many Vanguards are doing valuable work testing models such as MCPs (Multispecialty community provider) and we believe effective management of a complex set of services is necessary and Rutland is a good size for such a model. Many people have complained over the years that much use could have been made of existing facilities.

Proposed changes to acute care

The plan would remove the 430 acute beds closest to Rutland leaving no acute beds between Peterborough and central Leicester.

It is proposed to take a large proportion of LGH work en bloc to Glenfield. This is a is a 56-66 mile round trip from different parts of Rutland. All these long journeys add to the strain on patients. Public transport is poor and turns trips to hospital into marathons to be dreaded or just impossible for some patients.

Many of these services *could* come close to home within a well organised local network.

We have already suggested to ELCCG services that can be done more cost effectively in community settings e.g. dialysis, chemotherapy, OP consultations and procedures, modern diagnostics etc. all of which would reduce the burden of travel on elderly and ill patients but also reduce the burden on acute hospitals (which include Peterborough et al beyond LLR).

Proposed changes to Maternity Care & Paediatrics

The plan proposes the closure of three local maternity units (1 consultant and 2 midwife led) which serve Rutland.

A proposal to retain the midwife led unit at LGH is described in very discouraging language and not presented as a worked-up option.

In these circumstances, if a woman wants a midwife supported birth she would have to no choice within LLR but a home birth. This restriction in choice runs counter to the Cumberledge Report which recommends more choice not less. NICE guidance is reassuring about the comparative risks of different types of unit if cases are selected.

Proposed changes to primary, community and social care

BBC Hugh Pym's tweet on 4th March 2017 resonated with many people.

> "Simon Stevens says Leicestershire STP has big reduction in beds but needs to demonstrate how alternative community care systems in place"

The plans in other communities address how a range of different services can be provided to compensate once acute beds are closed but for Rutland few services are proposed:

- While "Home First" is a promising concept, the evidence necessary for such a major step, is not presented nor has the plan used the lessons of the past. It important to note that "Home First" was previously tried and then abandoned in both Leicester and Peterborough. This point has been recognised by Simon Stevens who has issued new criteria governing bed closures.
- No provision is described for interim care of the frail elderly who are not yet able to cope at home. There are individual instances where care homes are

meeting that interim need but Rutland people are not aware of robust capacity planning to assess need against the very fragile nature of the care home market both in Rutland and elsewhere.

- The STP also suggests a number of additional uses of care home beds eg rehabilitation both general and stroke, meeting increasing demand for end of life care, change of settings of care for those receiving Continuing Health Care and it is not clear where those care home beds are.
- In other areas community beds are proposed but not in Rutland for:- ○ sub-acute care. ○ general rehabilitation. ○ stroke rehabilitation. ○ mental health needs.
    - ○ diagnostic and ambulatory services at Rutland Memorial to prevent people having to take a 56-66 mile round trip to Glenfield.
- No proposals are described to increase primary care services in Rutland. The population of Oakham in particular is crying out for increased general practice capacity to meet current demand but the STP contains no proposals. This is needed urgently to meet current let alone future demand from demographics and from acute care.
- No proposals are made to increase community nursing services which feel at breaking point as the population expands.
- Rutland people were encouraged that Rutland County Council intends to increase its social care provision for 2017-18 and also by the £2bn promised in the Budget. But these are short term measures and people would like to have long term assurance that expansion will keep pace with the impact of “home first” and the expanding and ageing nature of the population.

Section 4 Recommendations from Rutland people to improve the STP

Rutland people wish to be constructive and they appreciate that there are great tensions between financial and quality demands. This summary was prepared from the many questions and views expressed by Rutland people.

We urge the three CCGs and two trusts to consider the action list below and respond to gain the support of our Rutland community. No additional work should be required as these are all steps which should have been undertaken.

PROPOSALS FROM RUTLAND TO IMPROVE THE DRAFT STP

What needs to be done?

- Achieve the £288m of efficiency savings promised.
- Reflect what Simon Stevens, CEO of the NHS, and the Kings Fund have said; that changes must be based on sound evidence and no services cut until alternatives are in place and proved to be working.
- Provide information about proposed future interim and home based provision in Rutland and how these services will meet local need.
- Most importantly, a commitment to work with the local community to achieve outcomes that feel right for its people.

How could it be done?

STEP A - KEEP A DIALOGUE GOING WITH RUTLAND PEOPLE

People in Rutland are extremely concerned about the STP's impact. Healthwatch Rutland ask that another round of engagement be undertaken with the people of Rutland so that answers can be given and solutions can be explored and built into the final STP. Rutland warrants being treated differently as no other area is so adversely affected by the draft STP. 0

STEP B - GET SAVINGS ACHIEVED SPEEDILY THUS ALLOWING COMMUNITY DEVELOPMENTS TO BE MORE CAREFULLY PLANNED & IMPLEMENTED

Address efficiencies first to get savings underway and start reducing bed demand. The plan lists £288m of its £400m savings as being achievable through economies. Rutland people have been disappointed in performance by UHL against the strategic outline case of 2014. By now the bed complement

should have reduced by 150 beds as a result of such efficiencies. Instead the bed complement has risen by 50 beds.

Work up community facilities and new ways of working. This includes seriously assessing the shift that will come from acute to community care. We praise the City CCG for its proposed reuse of the LGH site as a community complex for the city. The vision is clear and Rutland people see no reason why it cannot be done for Rutland at an appropriate scale.

The most glaring omission in the plan is the lack of a joined-up plan for Rutland. The Rutland people understand local issues and can contribute greatly to solutions.

Gather the evidence. There is deep concern being felt by Rutland people that they are being asked to give up access to almost 500 beds locally in return for an, as yet, unproven model.

On the completion of A-C above, develop an evidence based and costed plan for integrated primary, community and social care for Rutland. At that point it will be clear from the outcomes above whether the 16-32 beds at RMH should close. In the great scheme of things 16 beds are insignificant for LLR but they are a vital insurance policy for Rutland.

STEP C – ENSURE THERE IS A CREDIBLE EVIDENCE BASE

The evidence (including its quality) upon which each of the proposals is based should be clearly laid out. The STP should contain a full cost benefit analysis of the shift via “left shift” to “Home First”.

Future documents should contain a full financial strategy and cost benefit analysis of new models of care.

A full transport impact assessment should be undertaken and mitigation offered where services would move further away.

A full health impact analysis, as required by regulation, should be undertaken and mitigation offered for individuals adversely affected.

All proposals should also contain details of the full option appraisals produced in reaching the recommendations, including details of who took the decision and the scoring system used for all options. Each proposal will need a realistic and properly assessed alternative option in order to offer choice.

STEP D - PROPOSED CLOSURE OF LEICESTER GENERAL

There needs to be a formal Site Control Plan for LGH describing exactly which services it is proposed to retain on the site, separating those that will be used by Leicester residents and those that will be available to all e.g. we have proposals for Diabetes but not for Renal services.

STEP E- PROPOSED DISPERSAL OF SERVICES FROM LGH

Site Control Plans should also show clearly **by all sites** how bed numbers have changed between September 2014 and September 2016 and how they will change over the 5 years of the STP, together with the evidence that was used to reach proposals on reductions.

The feasibility study into ambulatory diagnostics and treatments which could be undertaken at RMH should be completed urgently and brought forward for consideration as part of the RMH development Plan.

The Urgent Care Centre should be upgraded to provide medical cover and full diagnostic backup cover.

STEP F - MATERNITY CLOSURES AT LGH & MELTON

The evidence to support the proposed reduction in choice should specify which NICE and Cumberledge evidence has been used to support the recommendations.

Women should be consulted on increasing home births to gauge demand.

Women should be consulted on whether they would travel from Rutland to either LRI or Peterborough and, if the latter, capacity needs to be confirmed.

A real option of a stand-alone midwife led unit at LGH needs to be worked up and not presented in the current half-hearted way.

STEP G - COMMUNITY HOSPITAL, PRIMARY CARE, COMMUNITY NURSING AND OTHER COMMUNITY SERVICES SUCH AS MENTAL HEALTH, PRIMARY CARE & SOCIAL CARE

If these services are not planned in an integrated way, the concept of “hospital at home” will not be supported by Rutland people. A proper integrated outline plan for Rutland needs to be in the final STP together with new well thought

through management arrangements across multi agency organisations. A number of key development aspects which should be addressed are:

- Re-examine the proposal to close 16 beds as well as the second ward of 16 beds which was never officially closed at RMH. Planners appear to believe that Rutland does not need a community hospital compared with other natural communities in LLR but have given no cogent explanation as to how they came to that decision. Simon Steven's criteria should be followed and beds should not be closed until the full range of services described in this section are fully functional and have demonstrated that demand for beds has reduced correspondingly.

-The Urgent Care Centre should be upgraded to provide medical cover and a wider range of diagnostics to support it. Rutland people say that currently people default to A&E because they are not confident about its ability to provide a consistent or adequate service.

-Develop, with public involvement, a feasible and acceptable range of ambulatory, inpatient, out-patient, treatment and home based services (including social care) to form a comprehensive community offer.

-We wish to see the estates assessment for all of LLR upon which decisions were made. We also wish to see details of the decision-making process in assessing the whole estate.

-Carry out a detailed capacity and demand study of the Care home market taking account of economic factors. Rutland people fear that too much of the STP assumes Care Home beds can fill gaps created by the loss of beds at RMH.

-Assurance be sought from Rutland County Council that it will continue to increase social care funding in line with rising demand.

-Assurance needs to be given in the revised STP that Primary Care and Community Nursing funding will be increased in line with rising demand in Rutland and the shift of work from Secondary Care.

-Oakham needs additional GP capacity to meet demand. People in Oakham feel strongly that this gap should be addressed as a matter of urgency by creating a second practice.

Appendix A - Sustainability & Transformational Plan Meeting, Hosted by Healthwatch Rutland, 8th December 2016 at Oakham Castle

At this engagement event, the audience generated 11 pages of questions about the STP. These were written up and sent to the ELRCCG on 12th December 2016.

No response has yet been received to those questions nor has the promised summary of two subsequent engagement events held in Oakham and Uppingham in January 2017 been received.

Rutland people are disappointed by this lack of response.

The full summary of questions raised by the public on 8th December 2016 is attached as a separate report.

APPENDIX B Kings Fund "Delivering Sustainability and Transformation Plans" February 2017 – From ambitious proposals to credible plans. Key messages

- The *NHS five year forward view* set a direction for the future of the NHS that has been widely supported.
- Sustainability and transformation plans (STPs) – the local plans for delivering the Forward View based on 44 geographical 'footprints' in England – offer the best hope for the NHS and its partners to sustain and transform the delivery of health and care.
- The context in which STPs have emerged is much more challenging than when the Forward View was published, with the NHS now facing huge financial and operational pressures.
- The changes outlined in STPs could help address these pressures, but there is a risk that work to sustain services will crowd out efforts to transform care.
- Proposals set out in the 44 STPs submitted in October 2016 need to be developed into coherent plans, with clarity about the most important priorities in each footprint.
- A high priority is to use existing services in the community more effectively to moderate demand for hospital care, which is a major cause of current NHS pressures.
- New care models being developed by the vanguards and in related initiatives demonstrate how services are being transformed, and need to be supported and spread to other areas.
- Proposals to reconfigure hospitals could improve the quality and safety of care, and need to be considered on their merits to ensure that a convincing case for change has been made.
- Proposals to reduce capacity in hospitals will only be credible if there are robust plans to provide alternatives in the community before the number of beds is cut.
- Cuts in social care and public health and a lack of earmarked funds to support transformation will affect the ability of NHS organisations and their partners to implement their plans.

Similar conclusions have been reached by the National Audit Office, Nuffield Trust and other national commentators.