

A Response and Proposals from the People of Rutland for the Final Leicester, Leicestershire & Rutland Sustainability & Transformational Plan (STP)

RECOMMENDATIONS

Key Messages to the three CCGs and two Trusts planning the final STP

The Health and Social Care plan for Leicester, Leicestershire and Rutland includes cuts of £400 million. It proposes to meet this deficit largely via £288m of “efficiency savings”. It claims it can cut £400 million and make services better by reducing hospital beds and treating people locally and at home.

The people of Rutland do not believe the draft plan works for the Rutland community. They support the principle of bringing care closer to home and fully understand the need to save money but believe the plan leaves Rutland bearing the brunt of the cuts.

All of the beds would go at Rutland Memorial hospital. 430 beds would go from our nearest acute hospital, Leicester General. The maternity facilities which serve Rutland at Leicester General and at Melton Mowbray would close and Rutland women would have to travel over 24 miles* to the centre of Leicester.

The plan tells in detail what Rutland people will lose. It gives no details of how services would be provided to meet their future need.

Rutland people via Healthwatch Rutland asks health service managers to think again about the damaging impact it will have on Rutland. We ask for the final STP to include focussed proposals to

- achieve the £288m of efficiency savings promised
- Reflect what Simon Steven 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.
- Information about proposed future provision in Rutland and how these services will meet local need, most importantly, a commitment to work with local people to achieve outcomes that feel right for its people.

On behalf of Rutland People, Healthwatch Rutland asks health service managers to consider this report and its recommendations and give us its response within 20 days (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).

* Mileage estimates are based upon journeys from Oakham

The STP & Engagement with Rutland People

Healthwatch Rutland is the body given the statutory duty of speaking on behalf of the population of Rutland on health and social care. Healthwatch Rutland has played a key role in ensuring people can hear what is proposed and have their say.

A draft Sustainability and Transformational Plan (STP) for Leicester, Leicestershire and Rutland was published by the three CCGs and two Trusts in November 2016 and three STP engagement events have been held in Rutland since. 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.

The messages from the people of Rutland have been very clear and consistent and they are set out in full in the accompanying report. There are broad themes:

- Lack of proven evidence of new models of care keeping 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.
- Women in labour faced with a 24-mile journey in bad road conditions.
- Over reliance on Care Homes to fill gaps in different types of care in view of the current shortages within Rutland (especially for dementia) and the national challenges to the future of the Care Home market as costs rise.
- The urgent need to address pressures on primary and community nursing care both of which are 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 an additional primary care practice to cope with the growing demands of this rapidly expanding town and surrounding County.
- People want social care to keep pace both with current and future demand as well as the pressures of more people shifting from 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. This is the danger that Simon Stevens is trying to avert. Bed numbers fluctuate so the 16 beds at RMH will not alter the delivery of the STP but it *will* give Rutlanders a vital safety net.

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.

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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.

Healthwatch Rutland have looked at the impact of the proposals on the various communities of LLR and we have attended their local engagement events.

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.

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 one DGH - but not so for Rutland. Rutland people have not seen properly developed alternative proposals which address the needs of a rural, isolated and ageing population with very poor transport infrastructure and changing demographics.

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.

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 indicating economies need to be pursued more vigorously.

Proposed changes to acute care

The plan removes the 430 acute beds closest to Rutland, Leicester General Hospital (LGH), leaving no acute beds between Peterborough and central Leicester. This is a distance of over 44 miles.

The people of Rutland are worried by proposals to take a large proportion of LGH work en bloc to Glenfield. This is a 56-66 mile* round trip from different parts of Rutland. All these long journeys add to the strain on patients including frail, elderly and cancer 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.

* Mileage estimates are based upon journeys from Oakham

Proposed changes to Maternity Care & Paediatrics

The plan would remove the three local maternity units (1 consultant and 2 midwife led) which serve Rutland. A midwife led unit at LGH is hinted at but in such discouraging language that it is surely not being put forward as a *real* option.

The choice being offered to Rutland women is therefore either to have a home birth or face a journey of 24 miles*.

This restriction in choice is both wearing for pregnant women but also runs counter to the Cumberledge and NICE reports which recommend more choice.

Proposed changes to primary, community and social care

The plans in all 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 it has not been based on the evidence necessary for such a major step, nor has it used the lessons of the past. This point has been recognised by Simon Stevens who has issued new criteria governing bed closures. It important to note that “Home First” was tried and then abandoned in both Leicester and Peterborough.
- No provision is described for interim care of the frail elderly who are en route from hospital to home. There are instances where care homes are meeting that interim need but Rutland people are not aware of robust capacity planning to assess need against the fragile nature of the care home market as well as projected demand for end of life care, CHC care, etc.in Rutland.
- No provision is described for sub-acute care in Rutland.
- No provision is described for general rehabilitation in Rutland.
- No provision is described for stroke rehabilitation in Rutland.
- No provision is described for meeting mental health needs.
- No firm proposals are described made for diagnostic and ambulatory services at Rutland Memorial to prevent people having to take a 56-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 demand but the STP contains no proposals. This is needed urgently to meet current let alone future demand.
- No proposals are made to increase community nursing services which are at breaking point as the population expands.
- The people of Rutland were encouraged that Rutland County Council intends to increase its social care provision for 2017-18 but would like to have long term assurance that expansion will keep pace with the impact of “home first” and the

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expanding and ageing nature of the population as for primary and community services above.

Rutland People's recommendations for mitigating the impact upon Rutland in the revised STP

Rutland people wish to be constructive and they appreciate that there are great tensions between financial and quality demands. The public wants to make the plan work for Rutland and their help is vital.

They have listened to the draft proposals and asked many questions which are set out in the companion report. We describe in Appendix A to this report the practical steps they recommend to get things right for Rutland. We have also inserted in Appendix B the main recommendations by the Kings Fund. We feel this gives a very true picture of the complex issues that must be addressed.

We urge the three CCGs and two trusts to carefully consider these points and respond constructively to gain the support of our Rutland community.

This summary was prepared from the many questions and views expressed by Rutland people.

Healthwatch Rutland on behalf of Rutland People

10.03.17

APPENDIX A – PROPOSALS FROM RUTLAND TO IMPROVE THE DRAFT STP

What needs to be done?

- Leicester, Leicestershire and Rutland proposes to meet a future deficit of £400m. It claims it can cut the £400million largely via “efficiency savings” and also make services better by reducing hospital beds and treating people locally and at home.
- Rutland people support the principle of bringing care closer to home and fully understand the need to save money but believe the current draft plan, leaves Rutland bearing the brunt of the cuts.
- The people of Rutland do not believe the current plan works for them and their community. This report states why and how they think the plan could be improved to lessen the impact of the swingeing cuts proposed.
- The impact upon Rutland will be severe. All of the beds would go at Rutland Memorial Hospital. 430 acute beds would go from our nearest acute hospital (Leicester General). The maternity facilities which currently serve Rutland at Leicester General and at Melton Mowbray would also close.
- The plan tells in detail what Rutland people will lose. It gives no details of how local primary, community services and social care services would be expanded instead to meet the needs of a growing, ageing isolated rural area.
- The final STP should be phased. Its initial focus should be on the efficiency savings estimated at over £288m. While these are being achieved, evidence of the effectiveness of new models of care can be gathered in and assessed. It will then become clear if community beds will or will not be needed. This would be a far less risky strategy.
- Above all planning future provision for Rutland needs the involvement of local people to achieve outcomes that work for them.

How could it be done?

Rutland people believe the following steps can support both achievement of savings and gradual development of community services in an integrated way in Rutland.

STEP 1 - 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.

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STEP 2 - GET SAVINGS ACHIEVED SPEEDILY THUS ALLOWING DEVELOPMENTS IN RUTLAND TO BE CAREFULLY PLANNED & IMPLEMENTED OVER TIME

Step A- 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.

Step B - 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. Rutland people understand local issues and can contribute greatly to solutions.

Step C -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.

Step D - 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 3 – 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 4 - 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 5- 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 6 - 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. It should be a real option or not in at all.

STEP 7 - COMMUNITY HOSPITAL, PRIMARY CARE, COMMUNITY NURSING AND OTHER COMMUNITY SERVICES SUCH AS MENTAL HEALTH, PRIMARY CARE & SOCIAL CARE

If these four sets of 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

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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 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 B

Kings Fund “Delivering Sustainable and Transformational 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.