SUMMARY REPORT OF A CONFERENCE ORGANISED BY RUTLAND HEALTH & AND SOCIAL CARE POLICY CONSORTIUM (RHSCPC) ON 9th DECEMBER 2020

December 2020

SUMMARY OF CONCLUSIONS & RECOMMENDATIONS

On 9th December 2020, the Rutland Health and Social Care Policy Consortium (RHSCPC) hosted a conference of 80 Rutland members of the public including Healthwatch, County, Town and District Councillors and LLR Clinical Commissioning Group. It was chaired by Andrew Brown JP.

Andy Williams, Chief Executive of Leicester, Leicestershire and Rutland (LLR) CCGs kindly joined the discussion and answered conference delegates' questions.

Objectives

The objectives of this meeting were to consider both the current consultation document proposing reconfiguration of Leicester's Hospitals and the development of a Health Plan for Rutland.

The NHS National Long Term Plan was published in January 2019. The local version of it was seen by Rutland people for the first time as part of the reconfiguration consultation in September 2020. It stated that it incorporated the 2019 NHS Long Term Plan's aim of bringing care closer to home- a policy Rutland people had already welcomed in their 2019 response titled "A Health Plan for Rutland".

The National Long Term Plan also requires health organisations to balance their books. This came as no surprise. Planning assumptions in LLR since 2014 have predicted that there would be a cumulative deficit of around £400m by the end of 2020/1. LLR is required to break even and Rutland understands this is a key aim of the new investment.

Our conclusions, however, are that whilst the current proposals might achieve financial balance, they do not meet the aim of bringing care closer to home and could compromise future service level in the community. This might, in turn, have the unintended consequence of putting pressure back on acute service provision and hence the achievement of financial breakeven. Such an outcome would result in the continuation of the current spiral of dependency upon acute services.

We welcomed the assurance from Andy Williams at the conference about the change of emphasis from "efficiency" towards locally integrated services. He has confirmed verbally, and subsequently in writing, that community services based upon Rutland Memorial will remain intact or be improved. It was emphasized that these expanded services for Rutland will be shaped by local people through a "Place "based Rutland Health Plan, which we hope will be produced soon. This is a major reassurance for Rutland, particularly in view of the increased travel arising from the proposed closure of Leicester General (LGH) as an acute hospital.

Strategic context

The Rutland Health and Social Care Policy Consortium (RHSCPC) believes there is no integrated strategy supporting the expenditure of £450m in the reconfiguration of the Leicester Hospitals. Investment is needed in both Acute and Community care to deliver the optimum result. There is strong international evidence that reconfiguring

acute care should be undertaken before or in parallel with preparing the necessary community services to receive patients. Failure to adopt such an approach will inevitably result in a suboptimal outcome, or worse. It should also be noted that this is one of five NHS (Lansley) requirement for capital schemes.

The related 2019 LLR 5 Year plan proposals focus upon investment in acute care. Consequently this plan lacks the necessary investment in community care and, worse, contains proposals for swingeing cuts in community services of around £85m over 5 years, referred to earlier.

Rutland's Concerns

Under the current plans, Rutland may lose out in 2 ways:

1. Acute cuts at Leicester General creating longer journeys for elderly to services that often do not need to be in acute hospitals at all
2. Compounded by substantial cuts to the community budgets which would make 1 above even worse.

Rutland residents welcome the decision to continue and expand the services of Rutland Memorial Hospital. To be meaningful, this commitment will require to be supported by sufficient capital and revenue funding. It is critically important that the timing of such investment takes place in parallel with any reconfiguration of the Leicester hospitals.

There were also major concerns about the process of consultation which it was felt should be paused to allow faults to be rectified.

KEY POINTS FROM THE CONFERENCE

- Time and again the people of Rutland have said that proposals to spend £450m must be properly set within a strategic context. **Shifting services from Acute to Community needs investment at both ends**. There is strong international evidence that reconfiguration of hospital buildings *without* preparing the community services to accompany them will fail. So Rutland people stressed that you cannot look at Acute capital schemes in isolation.

- The 2019 LLR 5 Year plan is the nearest thing we have to a system strategy. It says LLR aims to meet the conflicting objectives of getting the finances into balance and moving services closer to home. But their proposals focus upon investment in acute only. Without pump-priming investment in community services such proposals are doomed, and doubly doomed against the back-drop of the proposed swingeing community cuts.

- We believe capital investment should proceed, subject to getting the investment in the right place, as follows:-.

  - **Avoid built-in obsolescence** by replicating services in hospitals that should be out in the community. The Rutland Primary Care Network has led the way by listing some

of those services. We ask that the CCGs also listen to the user voice and relocate services to places that save our ageing populations from long & expensive journeys (eg diagnostics**,** dialysis, chemotherapy, appropriate out-patient services, step up/step down, end of life care etc).

- **Address reconfiguration proposals that are not right** There are services that do need to be in the new hospital reconfiguration, but are presently inadequately specified. They need to be properly defined both for those who use them as well, as for future operational efficiency; Maternity and Disability are described more fully in our report. It was difficult to establish from dearth of information provided whether other groups would be similarly affected. Please also note the recent Ockendon recommendation, following the Shrewsbury baby deaths enquiry, and listen to service users.

- **Use Integration to help address, not exacerbate, the financial problems**. We can see that getting the financial system into balance creates a short-term challenge for the CCGs but the solution proposed is unbalanced and will result in a continued downward spiral of dependency on acute care. We ask that CCGs do not make a bad situation worse by also slashing community services.
  - **Complete the community strategy urgently** Please focus on getting community services ready before closures. A community strategy and its implementation are long overdue. Please recognise the fact that you state that 1/3 of UHL's beds are filled with people who do not need to be there; break that cycle by getting community services in place to allow them to fulfil their proper role.

  - **Please treat Rutland as in special need**. With these proposals, the county gets the worst of all worlds. Many Rutland folk will not be able to access the shiny new services but will, nevertheless, have to pay the price through longer journeys and cuts to community services. Many belong to equality protected groups.

  - **Mitigation help should include investment**. Andy Williams reassurance about Rutland Memorial Hospital and expanded community services was very welcome, however investment funds were neither proposed nor identified. Rather there remains the contradictory position stated in the LLR 5 Year Plan of swingeing cuts to community services that will only further undermine community provision.

  - We seek recognition of this current bleak outlook for our county's services. **Our plea is for a funding commitment sufficient to support existing and new community services. Only with such commitment will the** RMH complex deliver for Rutland and permit transfers closer to home. We believe that we asks falls under the generic heading of "joined up thinking".

RECOMMENDATIONS FOR IMPROVING THE PROPOSALS

Recommendation 1 – 5 Financial tests - Do not remove excessive funds from community as described in the LLR 5 year plan. That will set back community development for years. Look for other ways of rebalancing finances without long term damage.

Recommendation 2 – Speedily pilot a discharge project for elderly people in Rutland as an exemplar for moving care closer to home. This will include providing an increased range of community services. We were heartened by this thinking by the CCG for East Leicester which we believe should be applied to Rutland as well.

Recommendation 3 - Include the Rutland Primary Care network (PCN) schedule of proposed services in a Rutland Health Plan and seek early funding to get these services established.

Recommendation 4 – Transport – Redo travel estimates in consultation document. Our report includes travel times based on 40 years of experience of Voluntary Action Rutland.

Recommendation 5 – Adjust time frames for capital projects from 2 years to full life.

Recommendation 6 – Provide dialysis satellite service in Oakham. Long journeys proposed for ill people that can be avoided by better location are just not right.

Recommendation 7 – Provide satellite chemotherapy in Oakham for the same reasons.

Recommendation 8 – Redo Maternity consultation in line with legal requirements incorporating a *real* choice of options & providing evidence required by Regional Senate.

Recommendation 9 -Provide a trial Midwife Led Unit for *at least* 3 years to test acceptability/ feasibility and do not build duplicate beds at LRI implying the decision to close has already been taken. That is predetermination.

Recommendation 10 – Plan reprovision of Neurological Rehabilitation unit equipped with the full range of services required for such a regional centre ie equivalent to previous range of services provided at Wakerley Lodge (NB a commercial swimming pool will not suffice as a clinical hydrotherapy pool)

Recommendation 11 – Revise reconfiguration plans to ensure all areas are pandemic proofed for the future including rehabilitation for Long Covid.

Recommendation 12 –The consultation process is regarded as flawed. Extend formal consultation to enable legal and due process errors to be corrected before proceeding to final business case.

Recommendation 13 - Out of area. Confirmation is necessary that care of patients who have to go out of area (including to tertiary centres) because of LGH closure will have their care funded and that the new patient pathways they enter will make sense for their care.

Recommendation 14 – Provide outstanding replies to the Freedom of Information requests for the missing bed, financial and capital information.

Recommendation 15 – Given the guarantees about retaining and expanding Rutland's community services, please exempt it from proposed cuts to community budgets because Rutland stands to lose a great deal more than any other community in Leicester, Leicestershire and Rutland.