

Health & Social Care Plan for Rutland – Discussion document from the Rutland Health & Social Care Policy Consortium - March 2021

Introduction

There is enthusiasm among the public for the production of a Health & Social Care Plan for Rutland. This is encouraging and this paper has been prepared by the Rutland Health and Social Care Policy Consortium (RH&SCPC) to contribute to public debate. It draws on current evidence and examines: -

1. What are current and future health and social care issues in Rutland?
2. How should the plan tackle existing and new issues?
3. Who should be involved?
4. How could a plan be prepared?
5. What could be the new shape of services for Rutland?

We hope it will prove helpful to the Rutland Health & Wellbeing Board which carries responsibility for preparing joint plans and also to Andy Williams, Chief Executive of Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) who is responsible for strategic, capital and financial oversight.

Where are we now?

Rutland is on the brink of substantial change both in the *need* for health and social care and the *way* it is delivered. Rutland people agree there is a need to plan for change even if, for a small county, control of planning decisions often rests elsewhere.

1. *Health Care*. Nationally the NHS set out its objectives in its 2019 Long Term Plan. It seeks to meet the rising demands of an ageing population by shifting as much care as possible closer to home (including strengthening prevention) thus freeing acute hospitals for treatment of the seriously ill only.

Financial demands are large but the books are still required to be balanced.

Leicester, Leicestershire and Rutland CCGs describe in their 2019 local long-term plan how they will implement the 2019 National Long Term Plan over the next 5 years. Detail does not yet exist on how services will be moved closer to home in Rutland to meet changes planned in UHL nor what the impact will be of proposed large scale LLR-wide budget cuts to out of hospital services described in the 2019 LLR Plan. The Rutland end of the shift needs to be planned very soon as part of the University Hospitals of Leicester (UHL) reconfiguration plan. It is nearing a decision on LGH and St Mary's closures - so time is of the essence .

In 2019, 100 Rutland Citizens described how they would like to see the NHS Plan applied to Rutland bringing services closer to home. The resulting 10 Point Plan is set out later in this paper.

The most pressing issue facing Rutland is the proposal to close acute and obstetric services at Leicester General Hospital and to close St Mary's Birthing Centre at Melton Mowbray.

A decision and final business case will be prepared shortly. Rutland stands to lose more from the reconfiguration than any other community in LLR but there are, as yet, no proposals for alternative services to be provided to our community. Transport is a major issue.

There are Legal and due process requirements to be met which require alternatives need to be planned and in place *before* closures, so time is now of the essence.

2. *Social Care*. Nationally social care policy is less clear and local services struggle with rising demand. A national strategy has been promised by the Government for some years. The Government has very recently said it will put forward proposals this year but disappointingly proposals have not been included in the recent White Paper on integration. In Rutland, local policies to avoid hospital admission/ re-admission are being pursued with success, while also reducing dependence on residential and care homes. However, a huge increase in the proportion of elderly in the Rutland community lies ahead.

The objectives of the new Rutland Health and Social Care Plan should incorporate both the national NHS Long Term Plan and local issues.

The Rutland Health and Wellbeing Board developed its current Health & Social Care Strategy in 2016 covering the period until 2020. A new strategy is due. This refresh in 2021 will provide an opportunity to review strategic objectives in the light of changing supply and demand. This previous strategy had three objectives: -

1. Extend life expectancy.
2. Reduce health inequalities.
3. Integrate health & social care to support those at greatest risk.

The county is performing reasonably well against these targets, but while Rutland's life expectancy has increased slightly, there has also been an increase in the number of years that residents live in *poor* health. That must be addressed too. Overall it is the proportion of elderly in Rutland that is a key issue for us.

What issues face Rutland and will the same strategy be sufficient for the future?

Rutland faces a raft of new issues mainly as a result of UHL reconfiguration, but also because of its ageing and expanding population. The issues are substantial and include:-

Now

- **Transport** The UHL PCBC says that 100% of Rutland's population will be affected. Even now travel is a major issue so mitigation plans are urgently needed.
- **Access to acute care.** The UHL reconfiguration plan proposes reducing referrals by 20% and also diverting those farthest away (ie Rutland) to other hospitals. Investment to support the objective of more care at home/ intermediate care in Rutland, and use of other hospitals in other counties, is not specified.
- **Budget Cuts** The 2019 LLR CCG 5-year plan envisages major budget cuts in out-of-hospital budgets of the order of £100m. Without support to keep people in the community hospital admissions could increase rather than decrease.
- **Specific proposals in the UHL plan** could adversely affect Rutland residents: eg for maternity & obstetrics; stroke; disablement; renal failure, etc could have a detrimental effect on Rutland's residents. (See RH&SCPC response to consultation 21st December 2020)
- **New ways of delivering care closer to home** need to be evaluated with local people, as well as better ways of using acute beds, eg by shifting from In-patient to day cases.
- **Capital and revenue funding** will be necessary for this isolated rural community. Cost-benefit criteria for such a community are different from urban communities.

In the near future and longer term:-

- **Primary care** is a key service. It is valued but is failing to keep pace with population growth, especially in Oakham.
- **Mental Health** Adult and young people feel mental health services need improvement, especially services which support people avoid hospital admission.
- Services for the **learning disabled** do not always meet the standards required.
- **The military** is a very significant part of the Rutland community with specific health care needs.
- The **proportion of elderly** in Rutland, especially the over 80s, is growing faster than the rest of LLR and the UK. Growth in population is accompanied by multi-morbidity which puts more pressure on existing services let alone those planned through shifts out of UHL. Ensuring good end-of-life care is also very important for our community .
- **The population of Rutland is growing** with several large developments being discussed. Appropriate provision needs to be planned. A special meeting of the County Council to consider a substantial investment in new homes at St George's will be held on 22nd March 2021.

Who should be involved in preparing the new Health & Social Care Plan?

Planning health care in Rutland can be complex because of the number of outside organisations. Rutland people obtain health services in 8 counties (ie Rutland, Leicester, Leicestershire, Lincs, Peterborough, Cambridge, Northants & Notts) and their delivery needs to be synchronised. UHL reconfiguration will push more Rutland people outside LLR.

The current Rutland Health and Wellbeing Board (H&WBB) has a duty to produce joint plans and to work with its delivery partners over borders. While Health and Wellbeing Boards often describe the challenges, their record of turning strategy into practical delivery needs to be strengthened. It is suggested that the H&WBB could fulfil the strategic role and that is good but other than the public (see below) there are also significant groups who should have a voice including: -

- Clinicians
- LLR & neighbouring ICSs
- Local & Neighbouring Providers (primarily LPT, Peterborough and Leicester hospitals)
- Public Health
- Primary Care Network, Pharmaceutical, Optical and Dental services
- Public & Users
- County & Parish Council Forum
- Voluntary Sector
- Transport services
- Rural services including CPRE
- Housing services
- Sports Facilities
- Military services

but, while the whole Health and Wellbeing Board can steer its direction, we believe it should be supported by a small and experienced **Development Group** with both strategic planning and operational experience. We recommend that is led by respected clinicians supported by a qualified **Programme Manager** who is dedicated to taking a Rutland perspective and has access to the following skills: -

- Financial (including health economics and cost benefit skills)
- Analytical skills
- System re-engineering skills
- Public involvement & development skills
- Publicity & communication skills

A **Delivery Group** is also suggested to turn the strategy into new services and we support this. It would also need access to all the independent skills set out above. National and international evidence also shows that creating new ways of working can be complex especially when it requires new management structures.

Andy Williams, CCG CEO, has required that the plans are developed and implemented with full **involvement of the public**. Evidence shows that adoption is strengthened through public input. Healthwatch Rutland has responsibility for ensuring that all strata of Rutland society are included and heard.

How should the plan be prepared?

The Rutland Health and Social Care Plan needs to search out new and innovative ways of doing things to meet these substantial new challenges and, if possible, without substantial increased cost overall – not just more of the same. There is strong international evidence (summarised by the Nuffield and King’s Fund) that providing appropriate services at local level can enable services to move closer to home. Failure would result in the continued spiral of use of expensive acute beds and continued financial difficulties at UHL. But the evidence also stresses that planning new integrated services at local level is complex and will not happen spontaneously. Plans need to be prepared carefully, taking account of both public views and evidence of what works well and what works less well. Not all services in the community are equally effective in enabling the switch closer to home.

People should take heart from the 2018 report from Director of Public Health, Dr Mike Sandys (“Population change, health status and multi-morbidity in Rutland”). In it, Dr Sandys has expertly analysed the use made of acute services by the Rutland elderly. 2% of the population of Rutland (roughly 750 people) account for three-quarters (75%) of all emergency admission costs in the previous year, with specifically around 0.5% of the population of Rutland (roughly 200 people) accounting for over two-fifths (43%) of all emergency admission costs.

He concludes that old age of itself is not the problem: it is instead multiple conditions which are currently treated in individual and expensive ways. He recommends creating community support to enable multiple conditions to be supported simultaneously rather than sequentially. This would produce better health outcomes. It is encouraging to read his recommendations on where to target effort, and for more effective approaches, which would not only reduce costs but bring care closer to home and reduce travel.

We believe plans should be prepared in outline by the **Development Group** for the Health and Well Being Board and, once the strategy is agreed, a **Delivery Group** should oversee a programme of separate projects to turn these plans into new services.

Timing will be of the essence especially in the early stages when the plan will have to be synchronised with UHL reconfiguration plans which are nearing completion. There is a Lansley requirement that, where services are to be transferred, the new services should be put in place first. This is common sense.

The good news is that Rutland people and services have a well-deserved reputation for working together and delivering joined-up services.

What could be the new shape of services for Rutland?

It is encouraging to note the recommendations of a group of 100 residents who examined the NHS Long Term Plan when it came out in 2019. They liked the national policy of *care closer to home* and made 10 recommendations for applying the NHS Plan in Rutland.

RUTLAND'S 10 POINT PLAN

- 1. Step up /step down beds** to support the policy of “home first” to help prevent admission to hospital or speed discharge from it either to home or intermediate care.
- 2. A base for health and social care staff** so that they can work together to deliver and coordinate support in people’s homes including *Home First*.
- 3. The referral unit to direct admissions** either locally or to hospital should be based in Rutland, not Leicestershire. Rutland has a clear identity and fits the national model. A service run from another county would negate the objective of integration.
- 4. An expanded range of diagnostics.** People want a wider range of diagnostics provided locally. They recognise that these are expensive and think there might be scope for sharing capital investment in facilities across Corby, Stamford, Melton and RMH. This would spread the capital cost but keep diagnostics as local as possible.
- 5. Locally based services to support long term conditions should be expanded** by shifting them from LGH and LRI to Rutland. This should include renal dialysis and chemotherapy to avoid regular and gruelling journeys for patients.
- 6. Out-Patients.** Being seen locally as essential for the elderly or those dependent on public transport. While it is the national intention to reduce outpatients by one third with the help of IT, demand is growing from the increasing, and ageing, population .
- 7. Urgent Care** There already is an Urgent Care Centre at RMH but there is still some confusion as to what the centre does and what should be done by General Practice which needs to be clarified.
- 8. End of Life Care.** RMH has a much-valued End of Life Unit for those unable to end their days at home. This resource should be retained and an End of Life Care policy published.
- 9. Mental Health Hub.** Adult mental Health needs a focal hub in the same way as physical illness to produce parity of esteem.
- 10. Carers.** A hub would be able to provide support services to carers

Each of these 10 planned components would then require stakeholder discussion (including patient and public input) to flesh out each concept into a service that the public finds acceptable. The foresight of the LLR CCG is welcomed in requiring the plan to be prepared with the public. That will help secure much greater public ownership of the resulting services.

The Primary Care Network has already considered its list of necessary facilities to deliver care closer to home and these are set out below: -

Rutland Primary Care Network – Proposed Community & Intermediate Services

This list of services was prepared by the Rutland Primary Care Network and submitted by Dr Hilary Fox in November 2020 as a contribution to the developing Rutland Health Plan

- **Outpatient clinics and virtual clinics** – a supported virtual consultation facility.
- **Day case procedures** especially those that are recurrent – eg eye injections (required every 3 months long term – so a big impact on patients’ travel for a quick procedure - often also patients who cannot drive themselves), cystoscopy for bladder cancer surveillance.

- **Diagnostics**

24 hr ECG

Ambulatory blood pressure monitoring

Spirometry (lung function tests)

Fractional Exhaled nitric oxide (FeNO)

Liver fibroscan or Enhanced Liver Fibrosis Test (ELF test)

Fracture clinic

X-ray and Ultrasound (we have already)

Local bowel screening (available in Melton)

Local retinopathy screening (available GP surgeries)

Local aortic aneurysm screening

Local breast cancer screening (mobile unit)

We have access to MRI at Stamford, but the UHL/PCH systems do not communicate. For all these diagnostics there needs to be a system whereby PCH consultants can also request and access results of RMH tests.

- **Beds**

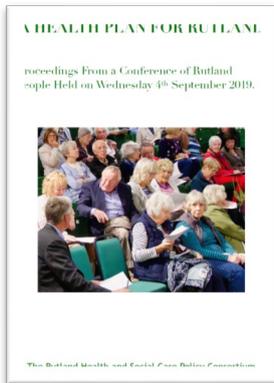
Access to local end-of-life beds.

Access to local rehab beds integrated with home first.

In conclusion

- Rutland health and social care is at a watershed and needs to take an urgent, radical and innovative look at how services are provided for the future, especially delivering care nearer to home which is badly wanted.
- Time is of the essence. The UHL reconfiguration plan is about to be finalised and needs to include shifts of services to Rutland. Funding will be required to enable shifts to happen and the shape of services in Rutland needs to be agreed.
- Planning shifts of care from acute to community is necessary but complex and is even more complex in Rutland because of multiple pathways to 8 counties.
- Transport policy needs to be defined and implemented. It is a major issue.
- The framework for redesigned services (eg the 10 Point Plan) which comes with local support could assist the process of planning 21st century services for Rutland.
- The schedule of services sought by the Primary Care Network to bring services closer to home describes the new services that need to be planned.

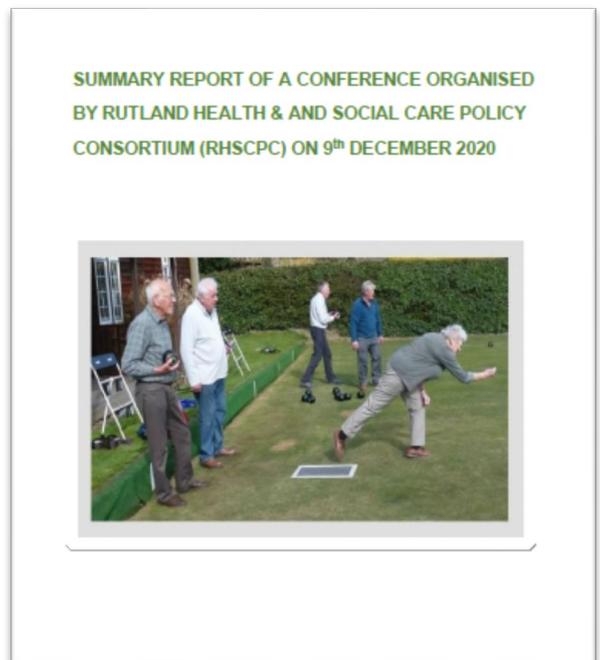
APPENDIX A – Publications by the Rutland Health & Social Care Policy Consortium on the topic of a Health & Social Care Plan for Rutland



HPR Proceedings 4th September 2019 – A Health Plan for Rutland. Proceedings of a conference of 100 Rutland residents This report contains the Rutland 10-point plan describing how national policy (especially the NHS Long Term Plan 2019) could be applied to Rutland. <http://www.mantoninfo.com/wp-content/uploads/2019/10/HPR-Proceedings-PDF-1.pdf>

Summary & Full Reports of a Conference of 80 Rutland residents held on 9th December 2020 to discuss and comment upon proposals to reconfigure UHL services. Website addresses

Summary Report <http://www.mantoninfo.com/wp-content/uploads/2021/01/SUMMARY-REPORT-Rutland-FINAL-v3.pdf> **Full Report** <http://www.mantoninfo.com/wp-content/uploads/2021/01/SUMMARY-REPORT-Rutland-FINAL-v3.pdf>



Copies of these three reports contributing to the development of a Health and Social Care Plan for Rutland can be obtained by emailing rhscpc@icloud.com