
A HEALTH PLAN FOR RUTLAND

Proceedings From a Conference of Rutland
People Held on Wednesday 4th September 2019.



The Rutland Health and Social Care Policy Consortium

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Foreword by Conference Chair Sir Laurence Howard



Dear Colleagues

It was wonderful to see so many Rutlanders come together at the County Museum on 4th September to discuss a subject close to all our hearts. We are all concerned that future provision for the health of our community should be the very best possible.

I was hugely impressed by the range and level of discussion among the many delegates and their perceptions of both the specific health needs of our people and how the new NHS Long Term Plan could be applied effectively to Rutland.

Most of all I was impressed by people's willingness to work together to get the best possible plan for the health of Rutland. With goodwill and co-operation it can be done.

This report draws together the strands of a very lively and wide-ranging discussion and sets out the main themes.

Big challenges lie ahead for all concerned but I know the Rutland community will tackle it constructively and in fellowship. They will help shape a local health service fit for the 21st century.

Thank you all for your magnificent contributions.

Laurence Howard

1. Summary of Key Points

This summary outlines key points from a conference held at the request of Rutland people on 4th September 2019. Better Care Together (BCT) for Leicester, Leicestershire and Rutland (LLR) is required to prepare a local version of the NHS Long Term Plan by the end of September 2019 taking account of public views and this conference aimed to contribute the views of Rutland people.

NHS Long Term Plan 2019: Overall Objectives

Rutland people welcomed the NHS Long Term Plan (2019) and supported the view that the proposed changes can make health services fit for the future. The overall aim to free acute hospitals to treat serious illness while shifting suitable services to integrated local community provision was welcomed.

If applied as intended, the new plan was seen as a move forward from the previous draft plan (the 2016 STP). The fact remains, however, that this 2016 draft is the only published plan and causes much concern in Rutland especially about the proposed closure of around 500 acute and maternity beds at Leicester General (LGH) and including the two wards at Rutland Memorial Hospital (RMH).

This excellent conference was attended by about 100 people. Rutland is a strong and cohesive community and has a will to see "care closer to home" work effectively.

The discussion produced three main recommendations:

Recommendation 1. The Specific Needs of our Population Should Be Addressed. Because of the Particular and Unique Features of our Demography.

Elderly people use health services the most. Rutland's percentage of elderly is proportionately larger than that of most English local authorities and predicted to rise further. There must be the correct level of growth in services to make them adequate.

Lack of transport dominates discussions about services for Rutland. Proposed shifts in the location of services cut Rutland people off from treatments if they cannot get there. Rutland County Council is currently reviewing its transport policy which is welcome. Rutland is a very rural area and the adverse effects of social isolation on health and wellbeing need to be taken into account when planning. When social prescribing is introduced into primary care it will have the potential to address these wider aspects of health.

Forces families and veterans represent around 25% of the population of Rutland and the number of forces families is expected to rise further. Their specific health needs differ from the general population

Hospital provision. People travel from Rutland to a number of hospitals for different aspects of acute physical and mental health care. At present more than 50% of Rutland patients attending for acute physical care go to Peterborough Hospital. Demand has exceeded the CCG's financial provision but closure of Leicester General, Melton and Rutland Memorial beds would place further demands upon Peterborough if displaced patients from Leicester General vote with their feet and go east.

Services closer to home. Despite the national plan to shift much care closer to home and take the log jam out of acute hospitals, no proposals have been made locally to increase any services in Rutland. This capacity must also be planned and funded (see Rutland Hub recommendation, point 3).

Recommendation 2. A Step Up/Step Down Bridge With Hospitals Should Be Established and Based Within Rutland.

The national plan recommends either the prevention of hospital admission or speedier hospital discharge to a "step up/step down" service via a community based crisis referral service. We believe this service should be based in Rutland alongside a County based Primary Care Network.

This concept was warmly welcomed by the conference but current draft LLR proposals published in 2016 propose the opposite. They recommend the closure of acute and maternity services at LGH with transfer considerably further away but at the same time propose to close the existing step up/down and end of life beds at Rutland Memorial. These provide reablement for those unable to go home straight away from hospital.

New NICE guidance issued in 2017 (see Chapter 3) proposes a step up /step down service with support from community teams for those who can go home directly and short term reablement beds in community hospitals for those unable to go directly home.

Phase 1 of a new LLR Community Strategy was taken to CCGs in August 2019 but is incomplete compared with NICE guidance. The model has not yet been out for public engagement but there are indications that community resources might not increase in size and that closure of community hospital beds is still being considered. The backlog of delayed transfers will take more resources to shift it.

The bridge between hospital and home created by beds at Rutland Memorial is much valued. Relatives, however, described the stress of trying to get their loved ones into Rutland Memorial but experiencing rejection because it is occupied by people from other parts of Leicestershire.

People stressed that more local services should be in place before acute beds are closed at LGH. Rumours that the shift of services to Glenfield is underway without consultation have caused concern.

Mental health services users were the most dissatisfied with current services and called for increased resources both for emergencies and for local community support. Early intervention prevents later or more severe illness. The Conference was pleased that a higher level of funding has been ring fenced nationally for both adult and young people's mental health and felt this might help address the shortfalls in Rutland.

A Primary Care Network (PCN) to join Rutland GP practices together was welcomed. Rutlanders look forward to hearing detailed plans, especially how the CCG expects to meet rising demand from increased population in Oakham, including access to appointments. They welcomed social prescribing but felt it should have clear outcome measures.

Care Homes and Domiciliary Services. There was a call from delegates for a strategic review of the development of such care services to meet future demand (especially Dementia). We understand this could now be underway within Rutland CC and would welcome confirmation.

Recommendation 3. A "Health and Social Care Hub" Would Co-Ordinate Care Near Home in Rutland- Rutland Memorial Is the Favoured Site.

The national plan encourages CCGs to move people from acute hospital into care closer to their homes and to ensure the various organisations act in a joined-up way. People supported that proposal and would strongly welcome a Rutland "Health & Social Care Hub" to enable the transfer to Rutland of all diagnostic, treatment, intermediate care and end of life care which does not require an acute hospital setting. These services need a base and there are various options across the county. Most Rutland people say that RMH is the preferred location.

People deplored the way RMH has been allowed to decline just as the elderly population is expanding. They want a "vibrant" hub. Elderly people said how much they valued attending local clinics avoiding long, stressful journeys.

Many good examples of community hubs exist nationally and the models in Stamford and Corby were praised. People were heartened to hear that £8m capital had been found to help create a "hub" for Hinckley as capital will be important.

Recommendation 4. If Leicester General Acute and Maternity Beds Close Provision Will Need To Be Made for Increased Acute and Maternity Services at Peterborough.

If patients chose to move eastwards for acute care because of transport problems or if acute services at Leicester General Hospital (LGH) are closed, re-provision capacity should be created at Peterborough in addition to that planned at other University Hospital Leicester Trust (UHL) sites. Most participants felt that planning based in Leicester had failed to capture the extent of travel Rutlanders undertake for these services. Rutland's major acute hospital provider is now

Peterborough Hospital (with Cambridge Hospitals providing tertiary backup). There was much concerned discussion about the suggested closure of LGH taking around 500 acute and maternity beds considerably further away from Rutland. People were puzzled as to why the only hospital with future expansion space in Leicester (LGH) might be sold off.

Workforce, capital investment, and revenue funding have serious shortfalls or are not available. These supply issues need to be rectified. People fear hospital closures will go ahead without the requisite facilities.

Economies of scale. Rutland People appreciate the need for economy but their experience of community services being run cost effectively from outside the county has been very mixed. Rutland's small size should not be a reason for denying people an integrated cost-effective local health system.

Proposed Content of the Rutland Hub

1. **Step up /step down beds** to support the operation of the policy of "home first" in order to prevent admission to hospital or speed discharge from hospital either to home direct or to an intermediate bed for rehabilitation if the patient cannot go home directly.
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 runs counter to the objective of integrating services within each county.
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.** LGH Out-Patients should be transferred locally. Being seen locally is 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 increased 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 and this 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 a Rutland policy for End of Life Care published.
9. **Mental Health Hub.** Adult mental Health needs a focal hub in the same way as physical illness to ensure parity of esteem.
10. **Carers.** Support to carers is currently limited and RMH could play a role with VAR and the voluntary sector in hosting support groups.

2. Why People in Rutland Want To Be Heard



We Discussed How Health Organisations and People in Rutland Could Come Together To Shape Services. At Present Rutland People Do Not Feel Heard.

As well as setting future direction for the NHS, the NHS Long Term Plan (LTP) 2019 also calls for a "fundamental shift" in the way that the NHS works alongside patients and individuals. This has been warmly welcomed in Rutland.

The King's Fund, has observed that patient and public engagement is still seen by some as something that "has to be done" rather than providing key insight and understanding into local populations and their needs. It is still too often seen as tokenistic and the point missed that there is strong evidence that local ownership of solutions makes implementation much more effective.

Legal and procedural requirements to engage the public all the way through the process, which were consolidated in 2017, were reissued as a timely reminder to Clinical Commissioning Groups (CCGs) in September 2019.

Rutlanders asked for this conference because they have felt very left out of real engagement in health planning. Rutland has a strong track record as a community working together on problem areas and there are many excellent examples of officials and public producing good solutions together.

Rutland people took the bull by the horns and asked the local Rutland Health and Social Care Policy Consortium to host a conference to enable them to discuss how best the new national health plan of 2019 could be applied to Rutland. Local health services are obliged to produce a draft local version of the Long Term Plan by 30th September 2019 and Rutlanders want to contribute their local intelligence.

The level of input both at the conference and later in writing from around 100 Rutland people was impressive. It was a lively, well informed and considered discussion of many complex and interrelated issues.

This report summarises the conclusions reached. It was disappointing that the Better Care Together Team was unable to come to listen to the discussion. They would have found it reassuring. We hope they will find this report helpful.

Earlier in the year, Healthwatch Rutland (HWR) had participated in two national online surveys funded by Healthwatch England. These surveys also looked at the NHS Long Term Plan. 105 people in Rutland completed the general survey and 48 people with long term conditions completed the second survey.

The survey results were not available for 4th September conference but have subsequently been published and the key points made by Rutland residents are set out below. They mirror closely issues discussed and conclusions reached at the September conference which is very reassuring.

Healthwatch Survey Spring 2019
(The report is available at www.healthwatchrutland.co.uk)

Key findings

Some of the key findings are a reinforcement of comments received by Healthwatch Rutland in previous engagements, but Rutland people have sent a clear message of what they want and need and what is not working well for them:

- Rutland people want more health and care services to be delivered locally and have easy access to them.
- People are frustrated by the delays and difficulties in getting GP appointments.
- There are anxiety-provoking breakdowns in communications between primary (GP) care and acute (hospital) care.
- Mental health patients are not satisfied with the speed and quality of the support they are offered.
- Rutland people want to be "listened to" by the health and care professionals and want their interactions with them to be considered as a partnership relationship.
- Those with dementia and young people with learning disabilities and additional needs are at risk of being disadvantaged in health and care services due to digital exclusion.
- Carers are more concerned than non-carers about joint decision-making with professionals, convenient travel to access services and in having a say in how NHS money is spent for them if they have a long-term condition.
- There are mixed messages about community support and activities. Generally, women value this more than men.
- People want continuity of care.

Recommendations

- Better use of local facilities for more health and care services to be delivered in Rutland to avoid lengthy and difficult journeys out of the county.
- Public transport needs improvement to avoid inequities in accessing health & care.
- Local surgeries should be helped to increase the availability of GP appointments.
- Communications, especially between primary and secondary care, need to be greatly improved.
- While advances in digital technology are welcomed by many, those who are digitally excluded need to be considered.
- The differing needs of Rutland males and females should not be overlooked when planning community and social support and activities.
- Professionals should recognise the value and occasional disbenefits of continuity of care.

Why Rutland Needs a Bespoke Health Plan That Is Different From Leicester & Leicestershire

There were very sound reasons behind this call for a specific Rutland Health Plan. The principal driver was that the previous draft plan (the STP) issued in 2016 has not gone away and the issues remain unresolved. These proposals remain hanging like the sword of Damocles over Rutland and worry people a lot.

Participants confirmed that they wanted to see the Long Term Plan applied to LLR in a way that meets the needs of Rutland people and produces a better service and comments both at and after the conference have been included in this report. There are a number of key differences between Rutland and Leicester / Leicestershire and these need to be addressed in a bespoke plan for Rutland.

- **The Impact Of Closing Around 500 Beds Locally On Rutland**

No other community in LLR would be so adversely affected by the proposals in the draft STP but no plan has been put forward to address the impact on the Rutland community and how that impact could be mitigated.

- **A Rapidly Growing Population**

The population of Rutland grew by around 15% between 2001 and 2016 (mainly in Oakham) and latest ONS calculations predict another 10% increase by 2041 (census year) these predictions do not take account of further possible large scale developments such as St George's Barracks or

Woolfox which could expand the population a great deal more. Local people indicated they feel that health development has been out of step with this expansion. A lady who attended the conference reflected comments made by many others : -

I first bought a house in Rutland in 2003 and, since then, I have witnessed a steady decline in health care provision. Barleythorpe now has 1200 new homes, with more being built every month, yet there is only one medical practice for the whole of Oakham. With a fast growing and an ageing population I believe that the system is at breaking point.

- **A High Proportion Of Elderly**

An expanding population is one thing but it is the proportion of elderly in the population that is a key driver of increased demand for health care. By census year in 2041, it is predicted that 39% of the population of Rutland will be over 60 years old. This prediction exceeds that predicted for Leicester, or Leicestershire or England as a whole. With age, come huge increases in the prevalence of long term conditions. These conditions currently consume £7 out of each £10 spent in the NHS. At its simplest, if the wrong growth figures are applied, the consequences for Rutland could be serious. One person wrote after the conference: -

"Looking at the changes in healthcare needs, we are looking at an increasingly ageing population with more associated long term health concerns. Mental health issues are coming much more into focus in the current climate, as are long term health issues associated with poor lifestyle choices. "

- **Rurality**

There is now national interest in the impact of rurality in driving healthcare demand. There are 50 villages in Rutland including many very isolated communities with little, if any, public transport. People described the impact of rurality on mental and physical health. Information was shared after the conference: -

"Considerations for Rutland need to take into account the rural nature of the area and also the level of rural deprivation and poverty, not always fully recognized. I feel since those who live on the perimeters of the county may well use nearer services in the surrounding counties, at Melton, Corby and Stamford, and therefore not be counted in the Rutland figures.

While social isolation among the elderly in town is a growing problem, in a rural area, isolation and social problems are exacerbated by poor local transport, and fewer available accessible facilities. "

- **Transport**

Rural Transport is very limited and likely to get worse. One lady exclaimed:-

"Have you tried getting to Glenfield by public transport for an outpatient appointment especially at 9am?"

A sprightly 95 year old told of his bus journey leaving home at 9am and getting back from his morning out patient appointment at 6pm.

Within the NHS, the patient transport service has been rated by the CQC as "requires improvement". These shortcomings have put great pressure upon the Rutland Voluntary Car Scheme which struggles to find enough volunteers both because of increased demand and because the pool from which drivers are drawn is ageing too.

The issue of a draft transport strategy for consultation by Rutland County Council is very welcome but will not of itself resolve a very difficult problem. Much collaboration between agencies will be necessary.

- **Use Of Acute Hospitals. Beds, Diagnostics, Out-Patients And Treatment**

Rutland is described by many locals as a "Watershed County" because people go out of county in many directions including into the Eastern Region for their acute hospital care. Over 50% of Rutland patients go to Peterborough for acute hospital care with the rest dispersing to Leicester, Kettering, Grantham and Stamford. There are logical reasons for these complex patient flows but people end up criss-crossing the area as they attend different hospitals for diagnostics, consultations and treatment for different conditions. Getting a sensible acute care plan when pathways are so complex is vital clinically, socially and economically.

- **Boundary Issues**

Administrative boundaries almost invariably create organisational inefficiencies. People described how rarely their notes follow them across boundaries while computer systems don't talk to each other over borders either. Rutland has many borders. A straw poll taken at the conference indicated that many would favour taking charge of their own notes to avoid the disruption they experience currently.

- **The Military.**

The demands of having around 10% of the population in the military families and a further 15% as veterans are considerable. Military families' and veterans' health needs, especially for mental health support, are different from the general population.

- **In Conclusion**

There was very strong feeling that one size fits all solutions prepared from a Leicester-centric perspective would not do and a local plan for Rutland was essential. People repeated their

willingness to help work on bespoke solutions. One person gave a very helpful overview of issues and echoed the Long Term plan recommendations :-

"While we need centres of excellence, where specialist treatment and services can be shared, presumably more cost effectively; it is recognised that keeping people longer than necessary in hospital is both costly and not in many patients' best interests. Transporting people long distances for hospital appointments is a growing issue, both in supplying and in funding transport; nor is this good environmental practice, an area of growing concern for the future. Local facilities surely should be used as much as possible, both for consultation, diagnostics and half-way house rehabilitation after hospital treatment, to ensure services are in place to return patients home while not using valuable hospital beds. In Rutland we have the facility available at the Memorial Hospital, so surely we should be using this to the fullest extent.

GP Services seem to be the area under the greatest stress, and many problems are traditionally taken there when other resources might well be able to provide a better service. A joint local professional initial appointment service, a buffer zone, could take the initial contacts, and direct the enquiry to the correct service. This might be GP, Practice Nursing Staff, Pharmacist, Social Services, Voluntary Sector, etc. Communication between all the services is vital if we are not to find several bodies all working in isolation on the same problems."

3. Primary and Community Care Services



We Discussed Both the Development of Primary Care Networks, Community Services and a Health and Social Care Hub

NHS Long Term Plan 2019: What Does It Say About Primary Care

Care Outside Hospital. The national long-term plan aims to improve care outside hospitals partly by dissolving the historic divide between primary medical and community- based services.

Resources. Encouragingly, the plan backs this goal with money. By 2023/24, funding for primary and community care will be at least £4.5 billion higher than in 2019/20 for England as a whole.

To avoid this money being assigned elsewhere, all CCGs are required to channel 100% of this money (and hopefully more) into primary, community and continuing health care services from April 2020.

General Practice will join together to form Primary Care Networks (PCNs) – groups of neighbouring practices typically covering 30 50,000 people

Practices will enter "network" contracts, alongside their existing "GP" contracts and will be expected to: -

- Assess and manage population health.
- Benefit financially from reductions in accident and emergency (A&E) attendances and hospital admissions.
- Encourage more personalized budgets and care.
- Digital. Within five years, all patients will have the right to access GP consultations via telephone or online.
- Primary care networks will also roll out enhanced health in care homes.

NHS Long Term Plan 2019: What Would Rutland People Like To See in Primary Care

People welcomed strongly the proposed improvement in health care provision outside hospital and the fact that funds had been allocated to achieve it. People in Rutland have supported the shift to care closer to home in principle for a number of years. They feel that is what Rutland needs.

The County of Rutland has one Primary Care Network made up of the four existing practices. It started work in July 2019. The Clinical Director is Dr Hilary Fox. This development was welcomed by the conference.

In 2017 Healthwatch Rutland asked about primary care services in the County and 750 (2% of the adult population) replied. People were positive about the quality of primary care received in Rutland and that support has continued both in the GP National survey in 2019 and at the conference which generally supported the concept of a Primary Care Network for the County. (Source- National GP Survey 2019)

| GP Survey 2019 | Uppingham | Oakham | Empingham | National |
|---|-----------|--------|-----------|----------|
| % patients who described their overall experience as good | 91% | 79% | 94% | 83% |

The main bugbear has for years been the issue of access in Oakham (ie both getting on a GP list and delays in getting appointments). In 2019 Rutland patients said of access: -

| GP Survey 2019 | Uppingham | Oakham | Empingham | National |
|--|-----------|--------|-----------|----------|
| % of patients who describe their experience of making an appointment as good | 81% | 55% | 85% | 67% |

Frustration among Oakham residents over access is real and conference delegates wrote afterwards to say so. People felt that the CCG must plan proper provision of practices to meet the growing population and that the primary care network should resolve the appointment access issues at Oakham before expanding its role further.

Being asked to travel further for a wider range of services:

The national plan believes a greater range of local services can be achieved if practices pool resources and employ a wider range of professionals.

While people hugely value continuity of care, in the 2017 survey residents said they recognised the pressures on primary care and indicated cautiously that they would be prepared to travel up to 10 miles for treatment; that they were prepared to see professionals other than doctors and, while they value face to face contact, they were prepared to consider the use of new technologies.

Below are some of the responses made by Rutland people both at the conference and afterwards which illustrate willingness to consider change if properly planned.

"Increased primary care for Oakham. This town has increased in size recently and is still growing. Primary care is now not just an "illness service" but is increasingly taking responsibility for early diagnosis of serious conditions, management of long term illnesses, palliative care and prevention. The only practice (in Oakham) is landlocked, has poor parking provision and it is increasingly difficult to make "non emergency" appointments. Moreover, in fragmenting care to a variety of different clinicians like pharmacists and, nurses it is difficult to get continuity of care. This disproportionately affects those who have complex needs, multiple conditions, mental health problems or dementia. Investing in a larger practice (or a new second practice) will enable better care to be given in Oakham, and also in the surrounding practices who are being overloaded with patients who decide to register elsewhere. "

"We have lived in Barleythorpe, Oakham for the last 4 years and are seriously concerned that the current GP practice is simply not able to cope with the significant increase of people linked the building of large housing developments in Oakham and surrounding areas.

We cannot understand why the Local/County Council did not stipulate to the various building contractors that planning permission for homes requires them to contribute towards the cost of building a new GP surgery:

Over the last four years waiting times to see a Doctor have increased dramatically and yes there is a national shortage of GP's but that should not detract from the overwhelming need for a new surgery to be built. Whilst I do not have statistical information it would seem that Oakham has an older demographic meaning that there is likely to be a greater demand on the GP services. "

Please review the situation and look at the logic of building a new surgery in the near future "

There was praise for the quality of care.

"We have been in Barleythorpe for nearly 3 years. When we enrolled at the Oakham Medical Centre, the Practice gave us both a health MOT and we were put under 2 different doctors. We had no major health concerns until December 2018 A cancer diagnosis was made and within a matter of a few weeks my husband had further x-rays, CT scan and sample taken. Following these results we were promptly seen at PCH whereupon treatment commenced. The Oakham Medical Centre and PCH were very well coordinated and we were kept well-informed throughout. "

"We seldom use the Medical Centre and have always managed to get a doctors appointment within a week - not necessarily with our appointed doctor. If we felt a problem was more pressing we have been able to speak over the phone with the Surgery Nurse, have attended the Cottage Hospital and have also spoken to a doctor for a prescription over the phone.

We are both confident in our care by the NHS in this area and feel happy with the service we receive."

The use of new technology was also discussed.

"The current generation of very elderly residents may not be IT savvy; but this will change massively over the next decade. We should be exploring how to utilize digital technology to improve services. Face to face internet consultations will save on time and convenience, for specialist and patient. However, it should be remembered that older people will relate best to familiar systems and cutting edge technology might well frighten people off!"

"Another issue of concern is that patients' records are not available to all relevant bodies. We heard any number of tales of hospitals not talking to each other, and the response of my doctor to a scan and diagnostic on a back injury while in France was appalling, since it involved the cost of having the whole thing done again in the UK."

NHS Long Term Plan 2019: What Does It Say About Community Care

Crisis Referral and Step Up/Step Down Care

There will be new key roles for primary and community teams working together: -

1. Preventing Hospital Admission And Speeding Hospital Discharge

Preventing Hospital admission and speeding hospital discharge via "intermediate " or " step up/ step down" care (NICE guideline 22 September 2017). These proposals aim to either prevent hospital admission or speed discharge from hospital to unblock beds and get people back closer to home more quickly.

The issue of delayed transfers of care is a serious one. In the month of July 2019 a total of 139,903 bed days were lost in the NHS of which 25,100 were as a result of patients awaiting further non acute NHS care (including intermediate care and rehabilitation) 15,603 were awaiting a care or residential home and 9030 were awaiting a package in their own home.

During the same period in Rutland a total of 88 residents had delayed discharges from acute and non acute hospitals of which 9 were awaiting further non acute care, 23 were awaiting residential/ care home placement and 7 were awaiting a care package in own home.

NW Anglia (Including Peterborough) had the highest number of delayed transfers among Leicester, Kettering and Peterborough (Source NHS England September 2019)

"Fully integrated community-based health care teams" will include GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites and will support getting people out of hospital. A central crisis referral service will direct the referral to the appropriate components of intermediate care.

The service recommended by NICE in 2017 will be required to respond within 2 hours and put arrangements in place within 2 days. It will consist of : -

- Reablement (to resume full functionality).
- Crisis response (county based referral system into "Step up/step down facilities) .
- Home based (Step up/down facilities which allow discharge from hospital direct to home with support from community teams for those who could cope.).
- Bed based (step up/step down facilities in community or other beds to allow discharge from acute hospital for short term stay in hospital for those who cannot go directly home).
- Over the next five years, all parts of the country will be required to increase capacity in these teams so that crisis response services can meet national response times.

NHS Long Term Plan 2019: What Would Rutland People Like To See in Community Care

Crisis Referral and Step Up/Step Down Care

2. Referral Service & Step Up/Step Down Support

The concept of a local crisis response service to help general practice prevent hospital admission or, if not possible, speed discharge from hospital was strongly welcomed.

Rutland people like the NICE national model of a crisis referral service and a range of possible responses ie Reablement, Crisis referral response, Home based and Bed Based intermediate care.

That the proposal would bring district nurses and other professions back working alongside general practice was also greatly welcomed. Said one person who had worked in the community:-

"Rutland community nurses are gold dust who provide the care that enables the frail and those at the end of life to remain in their own homes. They need to be supported. They used to being managed locally and interacted directly with local GPs. They were a happy, self-motivated, group. In my experience this is not so now. This needs to be built up again. "

LLR proposals to implement its community strategy & NICE guidelines are, as yet, incomplete. Phase 1 of the community strategy was taken to the three CCGs in August 2019. This new LLR

service is not quantified but appears to suggest that numbers of nursing and other staff might not increase but instead extra capacity will be created by more efficient use of staff.

It suggests that nurses will be organised on an area which includes part of Leicestershire rather than upon the Rutland PCN boundaries. It also seems to be proposed that the coordinating role for referrals within Rutland will be based (at least initially) in Leicestershire. This could defeat the objective of trying to integrate all local services including social care along county lines. Many delegates stressed the importance of integration with Social Care and several of their comments are included later in this section.

"NHS provision cannot be improved in isolation. It must go hand in hand with better social care provision and better public transport."

The new LLR strategy is silent on the provision of step down beds in Rutland Memorial but it contains ominous statements about underuse of beds being quantified for closure consultation. People are concerned at the implication that local beds might not be needed. NICE clearly states that community beds provide a different service from "Home First" because they support people who cannot go directly to home. This group is the largest group creating delayed transfers of care.

Delegates were reminded that not all patients go home. Within RMH is the Karen Ball Suite. It is a much valued facility providing end of life care and enabling families to stay with their loved ones at the end. It was provided by local subscription. Other groups were also identified and local provision needs to be made. They include :-

- Continuing Healthcare. The expanded use of personal budgets is a good way of reducing institutional care. We hope that the Draconian cuts proposed in the 2016 plan are dropped in order to keep disabled people in the community.
- Dementia. What can be achieved when patients, families and official organisations work together was highlighted eg Admiral Nurses but much remains to be done.
- Frail People. There was discussion of frail people in Rutland falling through the funding and care net between health and social services. This warrants thorough investigation.
- Care Homes. There was felt to be a need to plan future capacity for care homes in tandem with health and social care provision.

3. Conclusion.

We understand that engagement is planned on the new model and we look forward to receiving detailed proposals.

NHS Long Term Plan 2019: What Does It Say About Community Care Social Prescribing

Recognizing that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in an holistic way. It also aims to support individuals to take greater control of their own health.

Social prescribing, sometimes referred to as community referral, can involve a variety of activities which are typically provided by voluntary and community sector organizations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. This is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Access to social prescribing will be extended, with more than 1,000 trained link workers in place by the end of 2020/21. Although the National Institute for Health and Care Excellence does not provide guidance on social prescribing specifically, some of its guidelines relating to mental health include initiatives that could be described as social prescribing activities.

NHS Long Term Plan 2019: What Would Rutland People Like To See in Community Care Social Prescribing

People recognised that there are wider issues which influence peoples' health and they applauded the attempt to try to address them rather than look automatically to medicine as a solution.

There is some concern, however, that an untried concept like this is being rolled out nationally without an evaluation of the evidence or proper outcome measures. We urge the Primary Care Network to persuade NHS England to put such measures in place. A baseline for measurement is urgent before work gets underway

"While social isolation among the elderly in town is a growing problem, in a rural area, isolation and social problems are exacerbated by poor local transport, and fewer available accessible facilities. Looking at the changes in healthcare needs, we are looking at an increasingly ageing population with more associated long term health concerns. Mental health issues are coming very much more into focus in the current climate, as are long term health issues associated with poor lifestyle choices."

NHS Long Term Plan 2019: What Does It Say About Community Care

Health and Social Care Hub

The major thrust of the NHS Long Term Plan is to move care closer to home and provide services in an integrated way. Members of the audience had looked at such models in different parts of England and found them to be very popular and effective especially step up /step down units in similar rural areas.

NHS Long Term Plan 2019: What Would Rutland People Like To See in Community Care

Health and Social Care Hub

People said they specially like the Stamford and Corby hub type Community Hospitals.

Apart from housing the Step up/down services described above, there is a wide range of services which if Leicester General Hospital were closed, would need to be moved. The conference believed that as many services as possible should be moved closer to home and housed together to achieve maximum integration. The location and each service in it needs to be subject to a feasibility study which should include an environmental assessment of making patients travel an additional 20-30 miles to Glenfield for each appointment.

The conference felt unanimously that there should be a health and social care "Hub" for Rutland to house services together and thus promote integration. A schedule of suggested services is included at the end of this section. Rutland Memorial is a much valued and loved facility and is the favourite location for such a hub. People deplored the way activity has been suppressed at RMH and called time and again for a vibrant hub such as the model available in Stamford. People like that service very much. There were many follow up emails and letters on this topic.

"RMH is a much loved facility. It needs to be used more

- *a walk-in UCC with full facilities for longer hours so it is less confusing for patients who are having to decide if they have an injury or illness and what diagnostics (eg Xray) they might need*
- *more diagnostics to relieve the pressures on UHL*
- *a ward with properly staffed step-down beds and palliative care facilities - and incidentally helping cover the bed loss if LGH is closed*
- *other support services eg physio, OT, dietetics, chiropody, minor ops*
- *satellite consultant OP clinics "*

"The gathering was strongly in favour of the retention of the Rutland Memorial Hospital and would like to see it further developed (not allowed to wither away) as a vital resource in the county."

"I definitely support the continuation of the Rutland Memorial Hospital, in all respects especially, as far as our ageing population goes. The closure of such a resource in Oakham is madness; could I suggest that Alan Duncan is a possibility to drive this forward. The importance of Leicester General continuing as a centre of excellence is a must especially for those of us in Rutland. A Diagnostic Centre for Rutland would be invaluable, not only for rapid results but also rapid allocation to a Centre dealing with such problems."

"I could go on but I'm sure other participants' suggestions are just, if not more, equally important."

"While we need centres of excellence, where specialist treatment and services can be shared, presumably more cost effectively; it is recognised that keeping people longer than necessary in hospital is both costly and not in many patients' best interests. Transporting people long distances for hospital appointments is a growing issue, both in supplying and in funding transport; nor is this good environmental practice, an area of growing concern for the future. Local facilities surely should be used as much as possible, both for consultation, diagnostics and half-way house rehabilitation after hospital treatment, to ensure services are in place to return patients home while not using valuable hospital beds. In Rutland we have the facility available at the Memorial Hospital, so surely we should be using this to the fullest extent."

"Rehab beds at Rutland Hospital are a wonderful facility for local residents, we have visited very ill relatives in this facility and it is a godsend for both parties. This is a valuable community service if it is under used could this be promoted more."

"With the expansion of new towns in the area and the very large expansion they are talking about in the south part of Leicester we are concerned about the LGH closing."

"Where do we find out information about why the LGH is closing and the plans to replace the services and beds it has now?"

"My major observation is that while national health and social care are separately funded there will always be a reluctance for social care to be adequately/ promptly provided for those being discharged from hospital resulting in expensive bed blocking (ie in Peterborough) by patients who are ready for well supported home care or less expensive remedial/convalescent care in local hospitals ie RMH. This is something I have had personal experience with my late husband when social care was delayed by nearly 2 weeks.

- Not all homes can safely offer the 24 hour support for end of life or convalescent needs especially for a single person or the remaining spouse living alone and it is in these cases that a local small hospital close to friends can be invaluable in offering quality of life.*
- With diagnostics being increasingly done on line by hospitals (ie blood tests, x rays) small hospitals possibly do not need the staff and sophisticated equipment for analysis making small local hospitals a viable alternative to major regional hospitals in many cases.*
- Mental health is a major issue and I am relieved that is being viewed as vital as physical health in requiring treatment and that this should be treated as urgent in all cases especially the young before situations escalate to critical*
- A recent survey found residents of Rutland had roughly half the level of obesity of surrounding counties. There is still however a great need to establish proper eating habits in the young, reinforced in secondary schools and with young mothers that they may adhere to throughout life as being the best most cost-effective form of preventative health care*
- Many of us can remember when RMH was a thriving local hospital with day theatres performing cataract removals and other small operations and a busy and well used inpatient ward. To gradually strangle the life out of it to save a few pounds is disgraceful. I don't know anyone who likes travelling to LRH or attempting to park there. The outlook for the elderly (or young families come to that) who are unable to drive, or who have no family living close to transport them to hospital appointments, or little money for taxi fares is frightening. "*

4. Services That People Felt Should Be Included In The Health & Social Care Hub Are:

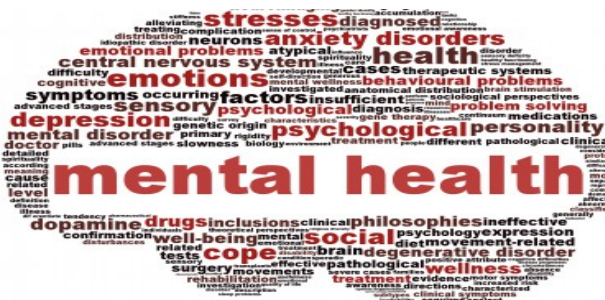
- Crisis referral unit & base for health & social care step up/step down teams.
- Out-patients for UHL transferred from LGH & Peterborough.
- End of Life Care Unit.
- Minor surgical and medical treatments + Long Term Conditions support Units eg dialysis and chemotherapy.

- Urgent care centre.
- Diagnostics (consider sharing across local urgent care centres to share capital and revenue costs).
- Voluntary organisation base including long term condition support groups.

There are many options for the hub. Rutland Memorial could be upgraded or a new build could be considered on the Oakham ring road or it could be included in the St George's development. There would need to be an economic option appraisal to get a clear picture of the best value. Whatever solution was chosen, there was an overwhelming view from those at the conference and afterwards that Rutland Memorial Hospital is the preferred location. We have been very heartened to see the project in Hinckley to develop a community hub. £8m capital has been allocated to make this happen and Rutland will also require capital.

"Strong emphasis was given to the need for a local place for respite-care, and for short-term care of patients vacating beds in the major hospitals. Perhaps this element of the care-package could become an insurance-responsibility? The care would be available, but strictly short-term only. Strengthening the links with local Care-Homes is going to be vital in our county. "

4. Mental Health Services



We Discussed, Funding, Adult Services, CAMHS, Learning Disability and Autism.

NHS Long Term Plan 2019: What Does It Say About Mental Health Services

1. Funding

The plan reaffirms that mental health funding – provided through a ring-fenced fund – will outstrip total NHS spending growth in each year. After 5 years, mental health investment will be at least £2.3 billion higher in real terms. The King's Fund has commented that ring-fencing of this funding is a welcome departure to ensure funding reaches the front line.

2. Adult Services

The long term plan aims to create a more comprehensive service – particularly for those seeking help in crisis – with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services. It also highlights the need for capital investment, as identified by a recent review of the Mental Health Act, to ensure suitable therapeutic environments for inpatients.

The King's Fund has commented that focusing on comprehensive support recognizes that mental health services work best when integrated with each other and the wider health and care system.

Improving core community mental health services has been neglected in previous plans and represents a significant commitment very relevant to Rutland.

3. Young People

Similarly, the plan commits to a significant expansion of services for children and young people in line with the proposals outlined in the Green Paper on young people's mental health – for example, the creation of "mental health support teams" in schools. To support these changes, the plan says investment in children and young people's mental health provision will grow faster than the overall NHS budget and total mental health spending.

4. Learning Disability And Autism

Commitments include increasing access to support for children and young people with an autism diagnosis, developing new models of care to provide care closer to home and investing in intensive, crisis and forensic community support. The aim is that, by 2023/24, inpatient provision for people with learning difficulties or autism will have reduced to less than half of the 2015 level.

NHS Long Term Plan 2019: What Would Rutland People Like in Mental Health Services

1. Adult Mental Health

In 2017 the population of Rutland was asked what it felt about mental health services (ref CCG/ HWR Survey of Community Services 2017).The community delivered a damning verdict.

44.4% of respondents said their experience of mental health services was poor or very poor. The CQC also said things were poor.

One of the main concerns among Rutlanders was that community services are very thin on the ground. The public recommended services could be improved by :-

- Increasing staff (especially community based local staff).
- Improving availability of services in Rutland.
- Reducing waiting times for appointments and treatment.

At the conference, discussion indicated that matters have not improved. The national plan's recommendations and in particular the application of ring fenced funding were therefore warmly welcomed. However, concern was expressed that previous promises based on recruiting extra staff have failed to materialise.

2. Young People's Mental Health

Following concern expressed in 2014 and subsequent years by the young people themselves about lack of support, especially early intervention, the Resilient Rutland project has been started. The aim of this is to improve mental health and wellbeing amongst the young people attending school in Rutland. The project, which is managed by a Community Interest Company, has been successful in securing a £500k Big Lottery Award.

The young people of Rutland said that mental health was and still is their most important priority (Ref HWR Survey 2015). Their solution was clear and in line with the evidence later produced by the Children's Commissioner that early intervention prevents later mental illness.

Our young people, local communities and schools are working with the local authority, the Clinical Commissioning Group, the Leicestershire Partnership Trust and various mental health

providers to implement the plan. The LLR Clinical Commissioning Group has been trying to implement a triage and navigation service and school mental health support teams, but it is disappointing that the tender exercise for provision of triage and navigation received no bids, and the application to be a trailblazer on mental health support teams was unsuccessful.

The model of early intervention is also the recommendation of the Long Term Plan and, when the lottery project is completed in 3 years' time, Rutland should be ready to absorb its share of the extra Long Term Plan funding.

Workforce capacity remains a key issue and there was considerable discussion of how to ensure counsellors are available when required. Participants said: -

"With regards to Mental Health, it is important to understand that a person faced with MH issues doesn't need the extra stress of having to travel outside of Rutland to access services; it would serve only to exacerbate their suffering. RMH as hub would have MH services?"

"Mental health provision in Rutland is abysmal. I know of a case of a girl waiting for a year to see a counsellor and then just seeing one for half an hour a month when she did get to the top of the list. It is assumed that until a suicide attempt is made that there is no emergency provision for mental health care. There should be MH triage capability in every A&E and drop in centre. Mental health issues in many sectors of the population is a growing and worrying problem and I can only see it getting worse. "

"The gathering was strongly in favour of the retention of the Rutland Memorial Hospital and would like to see it further developed (not allowed to wither away) as a vital resource in the county.

For the sake of frail, elderly; mentally ill, unsupported, and remotely-housed people, RMH in Oakham should continue to have senior clinical experts on rotation in several important disciplines so that Rutland residents can easily access expertise within the borders of this county. These appointments should be for assessment, with referrals to A&E city-based hospitals when it is clear that this is the next step. "

"Mental health is a major issue and I am relieved that is being viewed as vital as physical health in requiring treatment and that this should be treated as urgent in all cases especially the young before situations escalate to critical"

"Would it be possible to introduce a Training Scheme for volunteers to be able to help with young people's emotional and stress related problems similar to the Samaritans? The VAR would be a useful neutral place to use for a start to keep it away from a medical or hospital environment. Mental Health is a growing concern and as with LOROS, trained "Counsellors" could be a huge asset. I'm sure their advice as to how to run such a project could easily be sought "

5. Urgent & Emergency Services



We Discussed, Urgent Care Centres, 111, Accident and Emergency Access & Discharge Times and Ambulance Response Times

NHS Long Term Plan: What Does It Say About Urgent & Emergency Services

Urgent Treatment Centres

The Long Term Plan calls for urgent treatment centres (UTCs) across the country. The objective is to provide by 2020 a more consistent offer to patients.

Urgent Treatment Centres will be GP-led facilities and will include access to some simple diagnostics and offer appointments bookable via NHS 111 for patients who do not need the expertise available at A&E departments.

NHS Long Term Plan: What Would Rutland People Like in Urgent & Emergency Services

Urgent Treatment Centres

Most of us who use the local urgent care centres are satisfied with the clinical service when we get to it but we find the service difficult to locate and there is lack of clarity about services available. For example the public is meant to work out in advance whether they have a minor injury or minor illnesses which can cause confusion in the minds of many people. Corby is found to be much more straightforward by the public.

Standardising on the term "Urgent Treatment Centres" and on the range of services available could help boost local use. People said they often default to A&E instead of local centres to avoid being shuffled around between services. We recommend LLR urgent treatment centres provide the same service as Corby. People greatly appreciate the range and style of service offered at Corby (and Stamford) and ask that LLR adopt it.

We also recommend providing more public information about facilities and opening times and avoiding erratic staffing levels (eg radiography) which lead to unplanned closures.

"Thank you for a very informative session at the Museum. Our own experience of health care locally is excellent. We were particularly impressed by the Corby Urgent Care Centre when we needed it for a very nasty headwound early one evening when the RMH was shut. SO, we would urge that maximum use is made of the RMH for walk in/walk out services like that and indeed periodically dermatology; minor Xrays etc. We would be equally delighted if these were available somewhere else in Rutland, e.g. in one of the Gp's surgeries so the actual choice of venue is up to you.

"I cannot understand why I had to go all the way to a hospital in Leicester, simply to have a rodent ulcer removed under local anaesthetic. Can it be arranged for small operations such as this, to be done at Rutland Memorial Hospital? This would be better for everyone and much more environmentally friendly than using a vehicle to drive to Leicester and back."

NHS Long Term Plan: What Does It Say About Urgent & Emergency Services

Improve Advice for Patients & Staff

The plan aims to improve the advice available to patients over the phone and extend support for staff in the community by introducing a multidisciplinary clinical assessment service (CAS) as part of the NHS 111 service in 2019/20.

NHS Long Term Plan: What Would Rutland People Like in Urgent & Emergency Services

Improve Advice for Patients & Staff

The current 111 service was discussed but people feel it is still not meeting the Long-term plan's objectives. For Rutland in particular, 111 operators do not have knowledge of services in the East of England eg Peterborough so inappropriate advice is often given.

We recommend better cross boundary information sharing and training as well as a slicker way of accessing the service "without giving your life story" as someone put it.

NHS Long Term Plan: What Does It Say About Urgent & Emergency Services

Reduce Pressure on A&E

Measures such as better use of Urgent treatment Centres is aimed at reducing pressures on A&E departments

NHS Long Term Plan: What Would Rutland People Like in Urgent & Emergency Services

Reduce Pressure on A&E

People said that Ambulance drivers tend to take Rutland patients to Peterborough because of the long ambulance turnaround times in Leicester where they get stuck.

There is an above average level of appreciation with the three main A&E used by Rutlanders reflected in the July 2019 Friends and Family Test.

Despite this, people still find waits at both Leicester and Peterborough too long. At UHL only 72.% of patients were seen within 4 hours and Peterborough only 77% against the national target of 95.0%

NHS Long Term Plan: What Does It Say About Urgent & Emergency Services

Same Day Emergency Care

All major A&E departments will introduce same day emergency care (also known as ambulatory emergency care). This will see some patients admitted from A&E undergo diagnosis and treatment in quick succession so that they can be discharged on the same day rather than staying in hospital overnight. The plan estimates that up to one-third of all people admitted to hospital in an emergency could be discharged on the same day by rolling out this model.

NHS Long Term Plan: What Would Rutland People Like in Urgent & Emergency Services

Same Day Emergency Care

Avoiding admission to hospital was supported but with the caveat that the elderly are not sent back home late at night. Care Homes in particular find this confuses their residents.

NHS Long Term Plan: What Does It Say About Urgent & Emergency Services

Improve Operational Performance of Ambulance Service

Ambulance services are tasked with implementing the recommendations of a recent review of operational performance led by Lord Carter and will be subject to a new commissioning framework

NHS Long Term Plan: What Would People Like in Urgent & Emergency Services

Improve Operational Performance of Ambulance Service

In Rutland we have suffered for years from poor ambulance response times. These were revised nationally in 2017 but they have not improved for us.

Despite the CQC rating for EMAS being raised to " Good, a BBC News investigation In March 2019, concluded that " The most critically injured in rural areas are at risk due to the time it takes the ambulance service to reach them." For the most urgent cases response times should be 6 to 8 minutes. Current average response times are:-

Leicester - 6 minutes 50 seconds

Rutland -11 minutes 50 seconds

Other surrounding rural areas such as South Kesteven fare even worse at 13 minutes 40 seconds.

Rutland people have always praised the quality of service when it arrives but response times have been the main issue for years. In July 2019 71% of users said they would recommend the service compared with 91% nationally. This is the second lowest published satisfaction score for an ambulance service. We believe rural areas like ours deserve better.

"The ambulance service to Rutland is sometimes appalling; twice in the last 6 months I have rung 999 with a very sick patient and been told " there is no ambulance". Waits of > 1 hour resulted. First responder and paramedics can do no more than provide an extra pair of hands.

I know this is a multifactorial problem, ,with EMAS struggling with huge and poorly stratified demand , long delays in handing over at A&E etc but this is an unacceptable result. "

"The biggest difficulty to me is simply that we are well and truly rural All the emergency equipped places are at least 20 minutes away Nursing staff and doctors often take half an hour between visiting patients and they are short staffed"

6. Hospital Services



NHS Long Term Plan 2019: What Does It Say About Hospital Services

1. Acute Hospitals

Bed Numbers. Unlike some previous NHS strategies, the long-term plan does not assume that moves to strengthen primary and community care will reduce demand for inpatient hospital care. This conclusion removes many the financial pressures that drove the draft STP. Plans for hospital bed numbers and staffing will instead grow broadly in line with the past three years.

Redesign outpatient services over five years. The aim is to avert up to a third of face-to-face consultations to provide a more convenient service for patients, free up staff time and avert £1.1 billion a year nationally if appointments were to continue growing at the current rate.

Targets. The plan is light on detail of targets while awaiting the clinical review of standards. Over five years, the volume of planned activity will increase year-on-year to reduce long waits and cut the number of people on the waiting list (currently more than 4 million). There will be fines where patients wait 12 months or more.

Delayed Discharges. Reducing delayed discharges from hospital remains a major priority. The plan aims to cut the average number of daily delayed transfers of care to around 4,000 and maintain that level over the next two years before reducing it further. Changes to primary and community care may help here, although investment in social care will also be crucial.

Configuration of hospital services. Splitting services into "hot" and "cold" sites (for emergency and planned work respectively) is recommended. Further consolidation of specialist stroke services and there is a commitment to a standard delivery model for smaller acute hospitals serving rural populations.

2. Maternity Services

The maternity and neonatal section builds on the National Maternity Review with the aim of halving still births, maternal mortality, neonatal mortality and serious brain injury in newborn babies by 2025.

Among a range of commitments, continuity of care during pregnancy, birth and after birth will be improved, bed capacity in intensive neonatal care will increase in areas where this is currently lacking and mental health services and other support for pregnant women and new mothers will be improved.

3. Specific Conditions

The plan sets out a number of actions to improve detection and care for people with cardiovascular disease (CVD) and respiratory disease, prevent diabetes and improve stroke services. The aim is to prevent up to 150,000 cases of heart attack, stroke and dementia over the next 10 years. In addition to the focus on maternity and neonatal services, specific commitments are included to improve outcomes for children with cancer, increase support for children with learning disabilities and autism and improve children and young people's mental health services (see below). A new children and young people's transformation programme will oversee the delivery of the commitments relating to children and young people.

NHS Long Term Plan 2019: What Would Rutland People Like in Hospital Services

1. Acute & Maternity

Rutland still sits under the threat of removal approx. 400 beds as well as the Maternity Units at Leicester General and Melton with approx. 4000 births per annum and the loss of all beds at Rutland Memorial. (There is some lack of clarity because there are two wards at RMH one of which has been temporarily closed because LPT could not staff it but that ward was never officially closed.)

Maternity services were not discussed in detail. It is unrealistic to expect young mums and dads to come out to discuss future services. The current STP says it would consider a bid to establish a midwife led unit on the vacant LGH site but people fear it smacks of a token offer.

Anecdotally they have said that if Leicester General closed they would go to Peterborough because of the travel issues and its good reputation. One of the delegates who works in Peterborough has however pointed out that this highly rated service is already full. Some

concern has also been expressed by women at the proposed size of the unit at LRI which would become the largest maternity unit in Europe and is another reason for mothers suggesting they will vote with their feet.

"Rutland is a watershed county getting secondary care from UHL, PCH, QMC, Kettering and (less now) Grantham. The different hospital IT systems and clinical teams do not talk to each other. In addition there is a plan to shut LGH, our most local UHL hospital. LRI is difficult to travel to and park at. GGH has no public transport from Rutland.

- Frail elderly and other "frequent flyers" must be admitted to the SAME hospital (this must come from the emergency services)*
- GPs should ensure that if under a hospital for one condition, referrals for other conditions go to the same hospital*
- Before LGH closes, extra bed provision should be commissioned at other hospitals especially PCH and Maternity:*
- There needs to be public education about UHL; it has some excellent departments and is also a centre for very specialised care such as cardiac surgery, stroke thrombolysis etc. PCH has better parking and access, but refers its most complex patients to Addenbrookes, leaving families even worse off".*

The following comment was made by someone working in Peterborough NHS.

"If LGH does close then it is imperative that RMH does NOT close, this would leave Rutlanders even more isolated from health services.

RMH has the potential to be a really great health Hub for Rutland and I think should be strongly considered

Re maternity - If LGH does close and women choose to go to Peterborough City Hospital, then there will be a knock on impact as PCH is often at capacity in maternity and would struggle with the extra demand

With regards to Mental Health, it is important to understand that a person faced with MH issues doesn't need the extra stress of having to travel outside of Rutland to access services; I would serve only to exacerbate their suffering. RMH as hub would have MH services

Rutland must keep the ambulance station with services manned 24/7, made up from onsite ambulance crew /1st responder etc. Time is crucial. Ambulance staff could help support a RMH urgent care centre when not out on calls?

With regard to A&E we as Rutlanders can help reduce demand on A&E at PCH, LRI & KGH by educating about using A&E correctly: It is Accident and Emergency not Anything and Everything! A diagnostic urgent centre in Oakham would serve to reduce pressures on A&E".

2. Information Technology

There was great concern about the organisational inefficiency created by lost notes and the failure of the system to move with the times. People would like to hold health " smart cards" or, if that proves impossible then at least take charge of their own notes.

"Further digitisation of patients' Medical records makes sense. Under a numerical system, individuals could still guard their details from all but those permitted. This should lead to sharing of data between medical professionals within the NHS to save time and the duplication of effort and expense. Encrypt the data, and make it available to all of us as our passports are. "Health" is a national, public issue (think of measles epidemics for instance, and "fake" news) and people should show why they would need to opt out of the scheme. "

3. Conclusions About Hospitals

The conference recommended that : for hospitals -

1. The practicality of closing LGH be examined again before the Long term is finalised. It is the only site with expansion capacity for the future.
2. Many Rutland residents have said they would vote with their feet for In and outpatient care if LGH closed. These people would be on top of the increasing number who are choosing to go to Peterborough each year anyway.
3. If closure of LGH acute and maternity beds are put forward for consultation, the impact upon Rutland residents will have to be assessed and alternative provision offered including enlarged capacity at Peterborough and Rutland Memorial Hospitals.
4. Rutland people get very frustrated that control of access to RMH is not in local hands and resent the suggestion that they do not use the facility.
5. The conference felt strongly that LGH ambulatory services which serve Rutland which includes out patients, renal dialysis, surgical and medical treatment services, chemotherapy and Out Patients be transferred to Rutland Memorial where possible.
6. During the conference there was reflection on the fact that Peterborough Hospital and UHL are not equivalent. Patients do need guidance that often a referral to Peterborough could result in onward referral to Cambridge because Peterborough has a smaller range of specialties on site.
7. Chapter 3 describes how services transferred from Leicester General to RMH could be located in the Rutland " Hub".
8. Maternity services were not discussed in detail at the conference because our mothers and fathers were at home with their children. Anecdotally they have said they would go

to Peterborough because of the travel issues and its good reputation. Some concern has also been expressed by women at the proposed size of the unit at LRI which, as the largest maternity unit in Europe at that point, and is another reason for mothers deciding to go to Peterborough.

9. IT especially across borders be urgently improved.

" I with CLL for 8 years, am most appreciative with the treatment but using public transport can take all day My appointment is usually around midday The bus from Uppingham goes at 9.30am the next time is 11.30am and would not get me there for midday. Often I can wait as long as 2 - 3 hours and then need a prescription which takes at least a half hour The last bus to Uppingham is at 6.39pm and is often the one i catch

It also eases the transport of less critical cases and helps those who must have door to door aid because they cannot walk to their nearest bus stop or station

"We notice patients are now not able to leave hospital unless they have a copy of their discharge letter – this is a good communication tool if another service is needed at any time. We have access to our computer records from home – ie giving the patient much more responsibility for their own health which again aids communication.

Perhaps this could be promoted more and asking relatives or carers of vulnerable patients to put these somewhere easily accessible. At one time there was a small plastic container patients were advised to keep in the fridge with communication details of their medications"

7. Workforce, Capital and Revenue

We discussed some of the issues which can make or break a plan

1. Workforce.

People wondered if ambitions could be delivered while the state of recruitment to the NHS remains dire.

"Offer inducements to staff to work in Rutland particularly in care of the elderly either in their homes or at centres in or within 10 miles of Rutland. "

"The other problems are more political ,such as frightened people who have not acquired a British visa although they may have lived here for many years. Some have already gone This includes doctors and nurses who are in short supply already and cannot be trained in a short time

Perhaps more people may be considered for medical and nursing who were trained abroad Many such refugees are employed in positions for which they are not fitted It is most important that they can speak English as patients who are sick and disturbed are very upset when they cannot understand their doctors and carers. Thank you for the opportunity to voice my opinions I was a pharmacist in hospitals and in community and my interest in medicine is still with me "

2. Capital

It was noted that current plans would require a huge amount of capital. People questioned whether the estimated sum of approximately £400m was likely to materialise en bloc and whether plans should be recast in smaller capital chunks.

While reconsidering, people felt that the rationale for suggesting Leicester General should be examined especially as it has potential expansion space for the future which would be lost if the site were sold.

3. Revenue

Both major trusts (UHL and NW Anglia) have recorded major underlying deficits of £41m and £38m respectively in their 2018-19 accounts and require borrowings to continue as going concerns.

In 2014 we were told that the LLR economy faced cumulative losses of the order of £400m over five years. Things have gone quiet but clarification is needed on projections which have now changed from a draconian loss of beds at UHL in 2014 to the addition of around 50 beds overall now

The services proposed in this plan to enhance primary, community and mental health services for Rutland do, however, have the benefit of falling within new budgets that are ring fenced. This

should help Rutland secure the additional resources it requires - apart from increased acute and maternity capacity in Peterborough.

Economies of scale are always an issue in a small county like Rutland and residents know resources need to be used carefully.

Rutlanders are both pragmatic and innovative in finding solutions and would welcome open discussion of cost benefit planning issues. There needs to be a reconciliation between ambitious national plans and delivery in a small rural community. We would welcome that dialogue.

Cost benefit analysis includes consideration of hidden costs such as travel costs and stress for the elderly and the impact on the environment of making residents travel extended distances.

8. Next Steps

This conference was one of the largest and most lively held on the topic of health in Rutland in recent years. The resulting report is weighty but we hope you will find it useful in describing the health issues which face us in the future and Rutlanders' views about them.

The breadth and depth of topics covered was huge and the public contribution both in debate and in letters afterwards covered a very wide range of complex issues.

The issues affect us all so it will be distributed widely not only to Rutland people but to our colleagues in health, social care and transport and Healthwatch.

At the time of publication we do not have the proposed dates for engagement by the Better Care Together Team our colleagues in Healthwatch will be publishing them when available.

Healthwatch Rutland can be contacted as follows

Website: www.healthwatchrutland.co.uk

Email info@healthwatchrutland.co.uk

Telephone : 01572 720381

Thank you again to all the conference participants for your constructive and positive contributions.

The Rutland Health & Social Care Consortium is a group of non-aligned local people skilled in reviewing health and social care policy and who are concerned to see it applied effectively in Rutland.

Judith Worthington, Christine Stanesby, Janet Seden, Kathy Reynolds, Hilary Gammell, Jennifer Fenelon & Miles Williamson Noble attending in his capacity as Chair of Rutland First.

Queries about this report should be sent to rhscpc@icloud.com

A HEALTH PLAN FOR RUTLAND