Deputation from Rutland Health & Social Care Policy Consortium - Access to Hospitals

Thank you Madam Chairman, I am Kathy Reynolds, I speak for the Rutland Health & Social Care Policy Consortium we welcome Report 80/2021 and note in particular paragraph 2.6.6 “Around 7% of Rutland's Households have access to a Hospital within 15 minutes by Car. The England Average is 30% of all Households (SHAPE Place 2019)”. We are concerned that the Reconfiguration of University Hospitals Leicester makes an already bad situation worse.

On 8th June 2021 the Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLRCCGs) approved proposals outlined in the Decision Making Business Case (DMBC).

While we welcomed the Government’s investment in new facilities for UHL it was always clear that a wholesale shift of acute services to the West would penalise residents in the east of LLR.

The move towards an integrated care system could offer the opportunity to the Rutland Health and Wellbeing Board to work with the CCGs to resolve some of the issues that Rutlanders face, but we have a concern that sufficient funding will be available.

We have three major concerns

1) failure to deliver care closer to home for Rutland people

2) failure to consider those with Protected Characteristics under the Equality Act 2010, and

3) the lack of clarity over Revenue and Capital funding.

1 Care Closer to Home

The DMBC does not deliver for Rutland the Department of Health’s flagship policy contained in the 2019 NHS Long-term Plan which must drive capital schemes like UHL . This policy makes much of providing care “closer to home”, but directly conflicts with the DMBC with its centralisation of such provision within the city of Leicester. The consequences for Rutland residents are plain.

We recognise that the CCGs have struggled to avoid a bad situation from getting worse when the round trip from Rutland extends from around 40 miles to LGH to around 56 miles to Glenfield. They have discussed joining up bus connections between LGH and Glenfield and also offered a temporary Park-

and-Ride at LGH. Such measures will provide only minimally for the frail elderly who generally find public transport difficult to use whilst adding hours to travel times. ‘Care closer to home’ addresses that problem but there are no proposals in the DMBC, it is completely silent on this issue, despite the requirements of the NHS Long-term Plan.

2 Protected Characteristics

Legislation requires services for groups in Rutland with ‘protected characteristics’ (such as disability, and pregnancy) should continue to be offered at the same level of service as now available at a minimum? Examples of our concerns are:-

1 People with Disabilities

We are particularly concerned by the closure and transfer of the Regional Neuro-rehabilitation Unit to Glenfield without the necessary purpose-built hydrotherapy pool and full rehabilitation facilities being re-provided on site.

Hydrotherapy is vital and it is now suggested that people from the regional centre and others be sent out to use pools in the community, although at last Tuesday’s decision making Board meeting officers could not identify where these facilities were situated.

If this approach of using outside pools is to be followed, CCGs and local authorities who provide such pools, will need to cost this approach vis-a-vis the alternative of re-providing the pool at Glenfield that has the required levels of heating, equipment and space for such a pool. (The Aquatic Therapy Association of Chartered Physiotherapists can advise)

2. Pregnant women and nursing mothers also have protected status and equality legislation requires they should suffer no worse a service.

St Mary’s Freestanding midwife-led unit (FMLU) will be relocated to LGH on a 3 year trial basis with a trajectory to achieve 500 deliveries a year. LLR women disagreed with the proposed changes overwhelmingly: in Rutland out of 269 responses only 16% agreed and 56% disagreed.

The Royal College of Midwives tells us in their report **Freestanding Midwifery Units - Local, high quality maternity care** that

- On average, FMUs in England provide care for 200-300 births per year
- About 2% of women have their baby in FMUs in England.

So a target of 500 deliveries per annum for LLR women is setting a very high goal for a unit undergoing a trial and with the threat of closure. Is the unit being set up to fail?

3 Revenue & Capital Funding

The DMBC (and PCBP) proposes to transfer 20% of its acute work elsewhere (eg Peterborough or Kettering) but makes no mention of how services in other hospitals or interim care in the community (revenue and capital) would be funded. The CCGs have admitted they need extra capital money to implement the UHL plan but have remained silent on how they propose to fund the operational revenue requirements. The public is entitled to see whether other healthcare services will have to be cut to offset revenuer capital shortfalls at UHL.

We ask Rutland Adult and Health Scrutiny to consider

Inviting the CCGs and Rutland Health and Wellbeing Board to describe how care will be brought closer to home and what range of services will be provided locally in future so mitigating the reduced service levels created in the DMBC (especially for the elderly)?

Monitoring and scrutinising the CCGs work to correct failure in equality?

Will the Rutland HOSC ask the Rutland H&WB to prepare a Health Plan for Rutland which, including the necessary capital and revenue funding schedules?

Seeking clarification on where capital and revenue funds will be drawn from and will it involve closure of existing services provided in Rutland? Delete

We urge the Rutland Health and Oversight Scrutiny Committee (HOSC) to address the shortcomings for Rutland residents in the DMBC before it progresses further. We look forward to receiving assurance from you as Chair of Rutland Scrutiny that steps will be taken to ensure that these issues are addressed.