

Labour Local Members Response to the Health Overview and Scrutiny Committee

On 15th January 2020

Community Services in Ashby: A Response to the Concerns Raised by Ashby Civic Society

This paper is a joint response to the West Leicestershire Clinical Commissioning Group's paper to HOSC regarding the concerns raised by Ashby Civic Society and comes from Labour Group Members Cllr Terri Eynon and Sean Sheahan, in consultation with District Council Member David Bigby and the wider LCC Labour Group.

1. As local members both of this authority and of North West Leicestershire District Council we share the concerns raised by Ashby Civic Society regarding the level of healthcare that people receive at home and in the local community and wish to specifically address the issues raised Ashby Civic Society regarding the provision of care in community hospitals noting that this frequently involves discharging patients to beds that are significant distances from Ashby.
2. We note the background information provided by the CCG and are aware that the CCG consulted with the community in 2013 regarding the clinical case for change. We note that, since 2014, integrated working between health and care services has continued to 'evolve'. We welcome the evidence of iterative engagement as the CCG have worked, since 2013, to redesign community services.
3. It is disappointing that, in their response to concerns raised by Ashby Civic Society, the CCG are not able to offer any evidence to substantiate their claim that, since 2013, 'enhanced and expanded community services' have been firmly embedded in practice as were promised. It appears that they are moving swiftly on to the latest stage of 'Community Services Redesign' without reflecting sufficiently on the current state of affairs.
4. According to data provided by Ashby Civic Society, when extra-Leicestershire hospital discharges are included, only 58 of the 233 patients (25%) admitted to Community Hospitals between November 2014 and October 2018 were accommodated in either Coalville or Loughborough Hospitals. The CCG response contains a section entitled 'Community Hospitals and Care Homes -significant distances from Ashby' but the sections 14 and 15 that follow do not refer to the data under discussion.
5. It is 14 minutes by car from Ashby to Coalville. It takes 45 minutes by two buses. This makes Coalville Hospital the nearest 'community' hospital for Ashby residents and for the majority of urban dwellers in North West Leicestershire.
 The table below makes it clear that, for patients and their visitors, especially those reliant on public transport, 'community beds' in any other of the hospitals commonly used by Ashby patients should not be imagined as recovering those patients to the comfort of their community.

Hospital	By Car	By bus	#buses
Coalville Community Hospital	0.14.0	0.45.0	2
Loughborough Hospital	0.28.0	1.04.0	2
London Road Community Hospital, Derby	0.29.0	1.23.0	2
Samuel Johnson Community Hospital, Lichfield	0.40.0	1.38.0	3
Hinckley and Bosworth Community Hospital	0.30.0	1.48.0	4
Sir Robert Peel Community Hospital	0.26.0	2.08.0	4+train

6. Whilst supportive of the concerns raised by Ashby Civic Society, Local Labour Members are concerned that discharge from acute hospital to a 'community' bed far from their home community is likely to be an issue not just for Ashby residents but may well affect patients and their families in Measham, Coalville and possibly the whole of Leicestershire.
7. The CCG mentions the 'principle of Home First' in paragraph 14. Time spent in hospital, both in acute and community beds, is associated with poorer outcomes. For this reason, the CCG claims that beds in community hospitals are only used if it is not possible to discharge people to their home immediately following a stay in an acute hospital.
8. Discharge to rehabilitation at home may include an element of means tested social care. This can provide a perverse incentive for patients and their relatives to request a community hospital bed.

Local Labour Members would like the Health Overview and Scrutiny Committee to ask the CCG the following:-

9. What proportion of patients with significant reablement needs are discharged directly home after an acute hospital stay? What issues in social care provision impact on the CCGs ability to maximise discharges to home?
10. What proportion of patients discharged to a 'community' hospital might reasonably be said to have been discharged to their nearest community? What needs to change in order for more patients to be discharged closer to home?
11. To what extent are 'community' hospital bed being used as 'step-down' beds, to expedite discharge from acute care, with the objectives of 'home first' and 'care closer to home' taking a lower priority?

S106 Developer Funding – request for joint working

12. Labour Members are also concerned that, despite clear evidence of community need, s106 developer funding is not being used in a timely manner to meet this need. We share Ashby Civic Society's concern that developer funding is being directed primarily to GP practices and not being used to improve other community NHS services. We also share their concern that



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the relocation of the majority of GP services to the Castle Medical Group's out of town surgery, combined with closure of the remaining town centre practice at North Street has led to access and cost implications for residents, especially those with medical conditions who are unable to provide their own private transport. We ask the HOSC to work with District and Borough Councils to address this concern.

Cllr Terri Eynon (Coalville North)

Cllr Sean Sheahan (Forest and Measham)

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