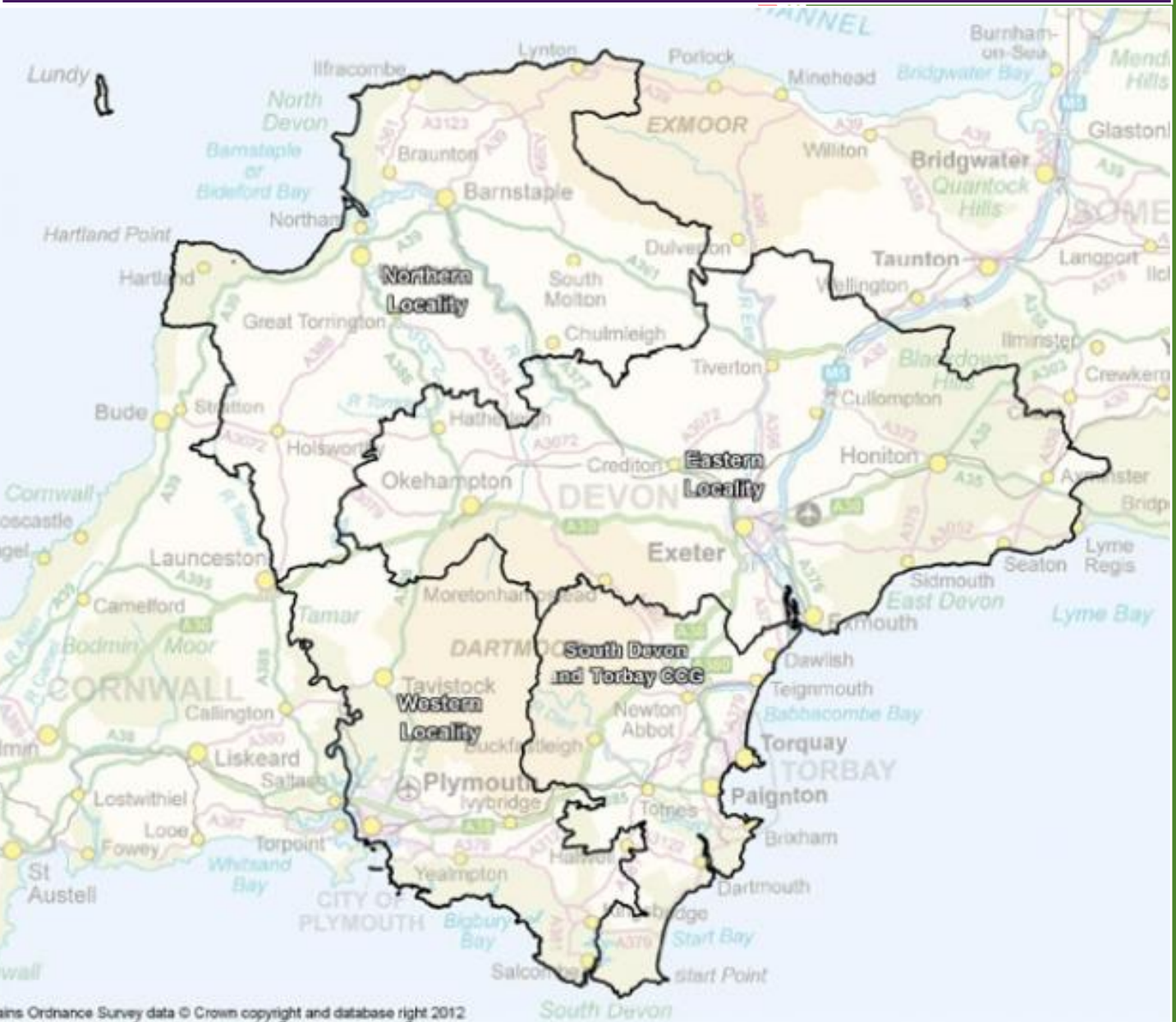
UNISON
the public service union

October 2016

Proposed Closure of Community Hospitals in East Devon



Richard Bourne

Proposed Closure of Community Hospitals in East Devon

Compiled: October 2016 for UNISON

Author: Richard Bourne

UNISON South West
UNISON House
Emperor Way
Exeter Business Park
EXETER
EX1 3QS
01392 442650
www.southwest.unison.org.uk

Report on the Proposed Closure of Community Hospitals in East Devon

This paper is written on behalf of UNISON by Richard Bourne.

UNISON is the major trade union in health and social care and the largest public service union in the UK. UNISON represents more than 450,000 healthcare staff employed in the NHS, and by private contractors, the voluntary sector and general practitioners. In addition, UNISON represents over 300,000 members in social care. The union's community and voluntary sector has an expanding membership of more than 60,000 and UNISON has a large retired membership of more than 165,000 with a particular interest in the future of health and social care. In addition, there is a wider interest among our total membership of more than 1.3 million people who use, or have family members who use, health and social care services.

Richard Bourne has conducted many reviews into major projects and programmes for UNISON. He has also been part of over 70 Gateway Reviews, mostly in health, but also in local and central government. Until recently was a Gateway Programme Director at the Department of Health. He has extensive knowledge and direct experience of the care system and has worked on policy development at local and national levels.

He has worked as a Consultant in the public sector for 15 years mostly on case preparation, evaluation and assurance of major and high risk projects. He has also held executive and non-executive posts within the NHS and DH at Board level. Richard has experience in local and central government working as a Consultant and was a Councillor for 13 years.

Summary

The proposed changes to the provision of out of hospital care in East Devon are an important part of a much wider programme of changes to the care system in Devon. The case for change is strong since, apart from many others factors such as demography, parts of Devon are already subject to intervention by regulatory authorities. A large part of Devon (North, East and West Devon) is already part of a Success Regime – a scheme applying to only 2 other locations in England and applicable only when there are major systemic issues.

In response to the imposition of a success regime, a model of care is being designed with the objective of delivering clinically and financially sustainable services throughout the area (Devon as a whole) and achieving:

- Improved clinical outcomes for patients
- Improved experiences for patients and carers
- Improved experiences for staff.

We are told that over 80 clinicians and health and social care professionals worked together to shape the model of care. It is designed to help people stay well and at home and further strengthen care outside of hospital with comprehensive assessment, a single point of access, and rapid response as core foundations of the future service offer. It is also focused on reducing the over-reliance on inpatient beds and in this context proposes change to community hospital inpatient services, specifically in Eastern Devon. UNISON supports such developments whilst acknowledging that transition is complex, requires investment and needs sufficient time and management resources to have a realistic prospect of success.

This new model of care is already in various stages of implementation elsewhere in Devon and so the subject of an imminent public consultation is the closure of Community Hospitals in East Devon.

Whilst UNISON accepts the case for change to improve clinical outcomes and the experience of care there is an overwhelming sense that the changes are driven by financial imperatives and the response to chronic underfunding locally and nationally.

UNISON also has serious reservations about the approach to the crucial workforce issues.

Service reconfigurations of this kind, where “cuts” will be alleged, are always highly contentious. All too often consultation ends with a failure to implement as the system bows to pressure – leaving the initial identified problem unresolved. Changes also inevitably impact on the workforce and there is a major responsibility on all those involved in planning changes to consult with the representatives of the staff.

Experience over many years shows that reconfiguration only succeeds when there is a clear credible case which is consistently communicated over a long period with a high level of involvement by leading clinicians. Similarly early open and transparent engagement with staff representatives is also a key indicator of success.

Put the other way a failure to engage with public patients and staff will almost certainly lead to failure, wasted effort and expense. If staff representatives join forces with a vocal and disgruntled public then the campaign that results will prevent even necessary changes from happening.

UNISON therefore seeks the proper engagement in developing proposals, evaluating options, planning changes and in overseeing implementation which it believes it has been denied to date.

Scope of Consultation

This is a consultation about which community hospitals stay open and which close in East Devon, as from early next year. It is not about whether or not some close. It is not about the new model of care (described later), which the changes rely upon. It is not about changes taking place in South Devon to close Community Hospitals there. Not about closures that have already been implemented in North Devon or about likely future changes in West Devon. It is not about the wider plans for health and social care across the whole of Devon we are told is being progressed through the Sustainability and Transformation Plan.

In that sense the consultation is relatively straightforward, but it is soon clear that the reduction in beds in Community Hospitals is simply an enabling part of a much bigger set of changes and that the new model of care requires significant changes in almost every part of the care system. It also depends entirely on major changes in the roles of staff, the locations they work in and even their terms and conditions.

It is set out in the documents that the changes are about improving care through using a new model of how care is provided, but it is also strongly connected to the need to made huge financial savings over the next 3 years as the expected funding for care services is not keeping pace with rising demand.

The consultation is about choosing between 4 possible options as to which Community Hospitals close. It is suggested that there is a genuine choice between the 4 although one option is preferred.

Requirements for Consultation

Within the NHS there is considerable guidance about how changes to services can be made. Given how important NHS services are to so many people this is right. There are also some legal requirements that have to be met before changes can lawfully take place, and as has been seen many times, failure to follow the right process can lead to legal challenge.

Multiple references in the documentation shows that there is a proper awareness of these requirements and the intention to comply. One requirement is for proper public consultation

which can only take place once a Pre Consultation Business Case (PCBC) has been prepared and considered. The contents of such a PCBC are well established. In almost all cases the PCBC I subject to some form of external expert evaluation before it is finalised. The agreed PCBC should be made public but it also shapes a more accessible public document which is the main basis for public consultation.

Examination has been made of the details about the process that has been followed (over 3 or perhaps 4 years) as set out in the PCBC, of the case for change and the proposals to introduce a new model of care. There has also been sight of the contents of the (draft) consultation document. Whilst there are some criticisms as discussed later there does not appear that there are any sound grounds for challenging the process which is planned to commence public consultation on 10 October[1].

Workforce Involvement in Proposals

Whilst trade union members are also members of the public, the trade unions also have expectations about their involvement in developing proposals for change and in consulting about them. This comes from the numerous statements and guidance within the NHS about partnership working but also from the NHS Constitution. Failure to properly work in partnership with trade unions is a strong indicator of a likely failure to achieve the necessary outcomes. **UNISON officers and local representatives do not believe that they have been involved in the manner required and certainly not in the spirit of partnership that is reasonably expected.**

Comments on Process to Date

From the standpoint of UNISON the changes in care model look to have a sound basis in evidence and in local experience in North Devon. UNISON does not claim the clinical expertise to actually comment on clinical aspects but notes that over 80 local clinicians have given time to develop the proposed model and appropriate external expert assurance of the model is planned.

What is obvious is that if the public is told that the changes will be beneficial than there is an obvious slant to any consultation. Would you like something better? Gets the expected response. The difficult nuance that the consultation will not address is that change is also driven by chronic underfunding and that there will be unexpected and unpleasant consequences.

The plans for the consultation look to be sound and comprehensive and the promise to have an independent assessment of the outcome is good practice. UNISON will respond as appropriate to the formal consultation after fully engaging with its members.

[1] NHS England which has the role in overseeing these processes has indicated it is generally happy with the work so far, although it has set out 4 requirements to be met before the public consultation can take place. It is assumed this will be done.

Whilst a comprehensive process with defined criteria was applied to evaluate options the process is not fully described and appears to have involved only clinicians, although wider groupings did get to look at the outcomes.

There appears to be little about Public Health and also little about inclusion of mental health despite current interest in delivery of parity of esteem. Almost nothing is set out about the actual role of social care professionals, how their role(s) might change and the financial impact on the local authority.

The outcome being sought is not clear – is it a better model of care, financial savings or both? What success would be like is not clear – mainly as the key importance of this part of a much larger programme is to enable much bigger savings elsewhere.

The benefits are purely descriptive; the savings are largely drawn from limited information on marginal costs; and costs are only mentioned (even in PCBC) at very high level[2]. A well-known particular problem is how to convert changes like reductions in length of stay or reduced attendances at A&E to actual savings on a whole system model; cost reductions in an acute setting are strongly stepped not usually marginal or linear[3].

A further problem for whole system changes is tracking and allocating benefits to avoid multiple counting - for example reducing length of stay (LoS) depends on many changes not a single change and the total overall gain can only be counted once. There is nothing to describe how benefits realisation responsibility will be assigned across the system, how gains can be tracked and how dependencies can be managed.

Because of the above points there is neither a cost benefit analysis nor any calculation of value for money either for the options or for the preferred solution. This would be a fatal weakness for a standalone project but the view in this case appears to be that this is an enabling step in a larger programme. Even so, it is surprising more analysis was not required since the key aim is really about bringing sustainable finances into the system.

It is stated without anything in the way of supporting details, that there are risk management processes in place and being actively used. Similarly there is mention of equality impact assessments but not yet the actual assessments.

Key Concern

UNISON does however have major concerns over staff engagement, despite many references in the documents to staff involvement in various ways.

Obviously workforce changes are fundamental to any change programme in the care system and a crucial part of the business case. In that regard the most telling part of the whole business case is at 7.3 of the PCBC:-

[2] No doubt greater clarity at least on some of this exists somewhere but it is not in the documents that have been seen.

[3] In very general terms real savings only come about through reducing staff numbers, using less consumables and facilities. To fully gain savings in an acute setting staff are made redundant, buildings closed down and the site sold.

7.3 Workforce

"We have a large and dedicated workforce delivering care to the people and patients of NEW Devon. They work hard to provide good care and high quality services. However, in order to deliver future transformation, significant changes in the workforce will be required. Changes to how and where care is delivered will require additional staff and new roles, as well as requiring existing staff to work in different ways and potentially in different places. There will be particular emphasis on working together in an integrated way, building on the good practice which is already evident in parts of NEW Devon. There will be more seamless working across places of care with a focus on preventing admission to hospital, and supporting rapid discharge after appropriate periods of in-hospital care.

More people will work in person in the home, remotely in the home (using technology to communicate with people) and in health and social care facilities outside the home. However, the focus will become more towards caring for people in their own homes. The overarching objective is to create a modern workforce fit for a 21st century health and care system.

A key point from previous consultations raised by members of the public, staff and scrutiny, has been how the workforce will be supported and engaged in delivering new models; how recruitment challenges will be addressed and how proposals and strategic plans will translate into reality for patients and the population.

To make sure we get this right workforce experts from all of the organisations involved have been meeting to consider not only recruitment and retention of staff, but the learning, development and support that will be needed to create new opportunities for staff and quality services for patients. Their assessment is that there is sufficient staff to deliver the improvements proposed and there would be no need for compulsory redundancy."

Despite its significance UNISON has not been involved in the expert discussions referred to and has not been involved formally in the breadth of discussion described. UNISON would not disagree with these remarks about the importance of the workforce which makes it more frustrating that there has not been the necessary level of staff engagement. Looking forward there is no understanding yet of how UNISON and other staff groups will be involved in evaluating the outcome from the consultation or of being included in the governance structures that will oversee implementation.

Workforce Changes

As set out above the changes to the workforce are highly significant. The PCBC sets out some detailed analysis of the scale and nature of the changes and this is valuable. It is however unclear to UNISON how the analysis involved staff representatives.

Despite some useful information in the PCBC there is no workforce strategy either for this change in East Devon or for the far more extensive changes across the whole of Devon. This is acknowledged in the PCNC:-

> *A detailed workforce strategy will be developed to support the further implementation of the new model of care. This will include a more detailed analysis of the staff, roles, skills and training required. This strategy will form part of the final decision-making business case. We recognise that the successful implementation of the new model of care will not move pressure from one point in the system to another. We will work to ensure that existing pressures and new demands on existing workforce through new model of care are mitigated by actively redeploying workforce from bedded care to new model of care delivery.*

So far the involvement of UNISON in developing this workforce strategy is unclear.