

WEST CORNWALL HEALTHWATCH

the finger on the pulse of local health services

Health and Social Care at risk in Cornwall

Is the Sustainability and Transformation Plan really a programme to Slash, Trash and Privatize the NHS?

There is a plan on the way to reorganize health and social care in Cornwall. It will be called the Sustainability and Transformation Plan, or STP. A draft *Outline Business Case* for the STP was submitted to NHS England in October 2016, and now the 'Transformation Board' has published a lavishly illustrated and colourful summary of that document. It is called *Taking Control, Shaping our Future*, subtitled 'Cornwall and the Isles of Scilly Health and Social Care Plan 2016-2021', and it is accompanied by a survey questionnaire for members of the public to fill in and return. This is part of a so-called 'engagement' exercise, an opportunity 'for you to have your say'.

West Cornwall HealthWatch, a voluntary campaigning 'watchdog' group centred on Penzance in the far West of Cornwall, has examined these two documents, along with their 'easy-read' versions, and compared them. We have a number of concerns, which we highlight here.

1. The 'plan' is so far from a blueprint for action that it doesn't deserve to be called a 'plan'.

In normal usage, the word 'plan' means a proposed course of action, but the documents provided are extraordinarily vague and in places confusing about the concrete actions that would follow. The 'easy read' version of *Taking Control*, ... makes this clear. On p.14 we read 'Change some community hospitals into community hubs - maybe on fewer sites' and on p.16 'Maybe close some Minor Injury Units so we can save money and make better urgent care centres'. Maybe? The draft *Outline Business Case* actually says 'We propose to replace the current Minor Injury Units' with (fewer) urgent care centres. (p.47) We are being told 'have your say' without being given examples of what could actually happen on the ground, without the information we need to make a considered judgment.

We want to see examples of how the proposals, including alternatives, might be put into practice. In particular, we want to be able to see what the implications could be for West Cornwall Hospital in Penzance and Edward Hain Hospital in St Ives, the one remaining community hospital in Penwith.

2. There are plans for transforming Urgent Care, but we aren't being told what they are.

Taking Control ... says: 'We want to provide high quality services in a timeframe people need them to prevent unnecessary visits to the Emergency Department ... This will probably mean changing the Minor Injury Unit service into Urgent Care Centres but on fewer sites.' Probably? A close reading of the draft *Outline Business Case* reveals that something much more drastic is being planned. Among all the vague references in the text to consolidating and enhancing, we find

(on p.28) a table entitled 'Our health and care system geography' which shows *that just three Urgent Care Centres are proposed*, one each in the north east, central and west areas of Cornwall.

So 'probably changing the Minor Injury Unit service into Urgent Care Centres but on fewer sites' actually means reducing the number of locations for treatment from thirteen to three – a reduction of more than three-quarters! – inevitably resulting in longer and more difficult journeys for patients. *Taking Control ...*, the document for public consumption, hides this proposal.

We want the Transformation Board to be honest with us. If the Board is genuine about us having our say, it needs to come clean about the proposals that it has in mind. We want to see them, and the alternatives that are being considered. We also want to be assured that 'repackaging' the minor injuries service is not being done with an eye to creating units that will be ripe for privatization, attractive to companies with cash to spare.

3. The facts presented are very selective and incomplete.

Taking Control ... contains a miscellany of 'facts that support the need for change'. For example: 'By 2019 1 in 4 of our population will be aged 65 or over', '46% of health spend is on people aged 65+', '62% of hospital bed days are occupied by people over 65 years old', 'Around 60 people each day are staying in an acute hospital bed in Cornwall and they don't need to be there', 'Older people can lose 5% of their muscle strength per day of treatment in a hospital bed', '35% of community hospital bed days are being used by people who are fit to leave', and '£820 m is an estimate of the gross cost per year to the NHS of older people in hospital beds who are no longer in need of acute treatment'.

No fewer than half of all the 'facts that support the need for change' are to do with hospital beds and/or the elderly. It appears that these facts have been selected to support proposals for bed closures.

It is of course well known that Cornwall's main hospital at Treliske experiences large numbers of 'delayed discharges' of older people no longer in need of acute treatment, but *Taking Control ...* includes no facts at all about the current under-provision of beds in community hospitals where those people can convalesce with re-enablement therapies provided or about the availability of social care provision in people's own homes. No facts are given about the costs of social care.

Importantly, we are given no figures comparing the needs for health and social care provision and the current and projected costs of such provision with those in other parts of the country. Any plan for the future is, among other things, a claim for resources from a national pool, and it is a dereliction of duty on the part of the Transformation Board not to stake this claim loudly and clearly.

We want to see the STP reworked to present the facts about social care in Cornwall as well as those to do with health, and to put forward a claim for the additional resources that Cornwall's population needs.

4. There is a mystery about figures that are given for 'estimated savings'.

Taking Control ... presents figures for 'estimated savings from the overall budget by 2020/21' amounting to £81m. These figures are not to be found in the draft Outline Business Case, so we don't know how they were arrived at and who did the calculations and what assumptions they made. For all we know the figures were plucked out of the air and chosen to support the proposals in the STP. This lack of transparency is simply not good enough.

We want to see all the calculations and assumptions behind estimated savings and other projections shown in the STP made clear and exposed to public view. Huge sums of public money are entailed, and there will be a huge amount of upheaval in services. There must be accountability to the public, and it is imperative that decision-making should be transparent.

5. There are major proposals for 'virtual' facilities that are being hidden from us.

The draft Outline Business Case contains proposals for 'virtual wards', 'virtual clinics', 'virtual consultations' and 'virtual hubs', but these don't appear in *Taking Control ...* Have they been dropped? Or are they regarded as too contentious to unveil to the public at this stage, but being held in reserve? We have never been told what is meant by a 'virtual' facility, but no doubt it will cost less than the real thing.

We want to know what is meant by 'virtual wards', 'virtual clinics', 'virtual consultations' and 'virtual hubs', and what the thinking behind them is. And we want to know what the status of these proposals is. Again, there needs to be transparency of decision-making: we are well aware how ideas floated behind closed doors can 'harden' so that by the time they are exposed to view the decision-makers are so committed to them that their minds are closed to input from the public.

6. The proposal for 'Integrated Community Hubs' has not been properly thought out.

Taking Control ... says: '[We] want to adapt community hospitals so that they become community hubs which offer multiple services and prevent or reduce acute hospital visits. This may mean a reduction in sites and concentrating services in better locations because we expect changes in community services to reduce the need for community hospital beds. We also need to address the significant cost of community hospitals with many in a poor state of repair and needing major investment.'

The draft Outline Business Case is more explicit and definite on this subject. 'In Cornwall, we have high numbers of delayed transfer of care where people remain in hospital even though they are medically fit to leave. ... 35% of community hospital bed days are being used by people who are clinically fit to be discharged ... 85% of admissions are from acute beds, and have become the default discharge from [acute] hospital rather than going home. ... [There are] major health and safety issues at some sites and considerable investment [is] required ... [The] small scale of some sites is not economically viable going forward.' Consequently it is proposed that the community hospitals will be 'repurposed' to become Integrated Community Hubs, which will be nursing and therapy led ...'. 'It is anticipated that the Integrated Community Hubs will be co-located with Urgent Care Centres [which would be] strategically located ... across the spine of Cornwall.' (pp.41, 42, 47).

This proposal completely fails to address the issue of how to provide places where patients can recover and receive re-enablement therapy after surgery or other in-patient treatment – convalescent homes, in fact. Patients may indeed be medically or clinically 'fit' but still need to recuperate, and if that requires therapy it may well be more cost-effective to provide this in one place than to have therapists spending time travelling around with their equipment from one patient's home to the next.

Crucially, this proposal amounts to an experiment, one which will take a period of time to implement. Accordingly it should be carried out in stages, so that lessons can be learned from the initial and subsequent early stages. In particular, we want to be assured – having witnessed the recent closure of Poltair and Edward Hain community hospitals, which have undoubtedly contributed to the problem of delayed discharges at Treliske – that no more community beds are lost before alternative provision is in place and working well. And can we be told whether experiments along these lines have been carried out elsewhere in the country?

7. Taking Control ... has all the hallmarks of a public relations exercise rather than a plan.

The document is profusely illustrated with photographs and pictograms and has a cover that would not be out of place on a holiday brochure. Worryingly, attempts have been made to make the document look more authoritative than it actually is. For example, we are told that there were 3000 responses to the survey carried out in January-February 2016, but in fact only 2450 were from members of the public, so from a population of half a million we have a tiny response rate, a mere 0.5%.

And we are told that the report on the survey has been 'reviewed by the University of Exeter': that reference is not, as one might think, to the high-powered Collaboration for Leadership in Applied Health Research and Care (South West Peninsula), part of the National Institute for Health Research, but to a three-person team of geographers with an interest in volunteering in communities who are based at the University's Penryn outpost and not in fact constituted as a research unit within the University's Geography department.

Furthermore, *Taking Control ...* contains numerous statements beginning 'People told us they want ...'. Not only are we not told *which* people made those statements: given that they are mostly couched in 'management-speak' – e.g. 'More focus on prevention with better use of technology ...' and 'Reduction in management overheads and duplication' – they hardly seem to draw on anyone's real-life experience of receiving health and social care. In short, *Taking Control ...* is basically a PR job. No doubt it started off from a serious attempt to grapple with the problems of health and social care, and especially their financing, but it has been taken over by a public relations exercise so crass as to cast doubt on the integrity of all the work that has been done.

We want to see Taking Control ... rewritten to be an honest, straightforward document that sets out the thinking of the planners and how they reached the conclusions they have come to so far.

The contribution of public relations specialists should be limited to ensuring that it is written in plain English intelligible to all. It should not be their job to 'sell' the STP to the public.

8. 'Engagement' is being carried out in a way that is amateurish, to say the least.

We continue to be very disturbed by the lack of professionalism with which 'engagement' on the STP is being conducted. This is particularly apparent in the design of the questionnaire attached to *Taking Control ...*. As with the Health and Social Care Integration questionnaire published in January 2016, questions are difficult to understand and respond to. Questions such as 'To what extent do you agree with each of our priorities?' (Q.1) are essentially asking the respondent to view the proposals from the standpoint of a manager. First of all you have to take on board the concept of 'priority' and then you are asked to rank the extent to which you agree with each. This kind of exercise is not something we consciously undertake when going about our normal lives. If a crisis occurs at home a quick response from the ambulance service is our top priority, while on another day getting a same-day appointment with our GP may be our prior concern, but these are not managerial desk exercises.

It is, of course, because the 'plan' fails to set out possible concrete actions that it doesn't begin to answer the first question that will come into people's heads: 'How will this affect my family and me?' Which rather makes a nonsense of 'engagement', does it not?

It needs to be borne in mind that what people know about – indeed, what they are experts in – is their own experiences. It follows that questions put to them should be ones that they can answer from those experiences. Seemingly those responsible for designing STP questionnaires are unaware of this basic principle. If the Transformation Board cannot find capable staff we would be prepared to offer our services. There is of course a certain logic to inviting the public to participate in designing questionnaires that they are expected to complete. But we would underline how important it is to us that the STP brings benefits to the people of Cornwall.

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