'It ain't what you do it's the way that you do it': lessons for health care from decommissioning of older people's services

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What is known about this topic

- The financial challenge facing health and social care services means that tough resource allocation decisions need to be made.
- There is currently very little research and evidence on disinvesting/decommissioning in health and social care.
- Over time, local authorities have started to develop significant experience of closing care homes. Many of the themes and lessons from this area are relevant to those making disinvestment decisions across health and social care and other public sector services.

What this paper adds

- Key emergent themes, experiences and lessons from those who have undertaken disinvestment and decommissioning activity in social care.
- Difficult decommissioning decisions require strong leadership and wider stakeholder engagement and support.
- Having supporting evidence and information was integral to home closures.
- A clear transparent decision-making process was important for legitimisation of decisions.

Abstract

Public sector organisations are facing one of the most difficult financial periods in history and local decision-makers are tasked with making tough rationing decisions. Withdrawing or limiting services is an emotive and complex task and something the National Health Service has always found difficult. Over time, local authorities have gained significant experience in the closure of care homes – an equally complex and controversial issue. Drawing on local knowledge and best practice examples, this article highlights lessons and themes identified by those decommissioning care home services. We believe that such lessons are relevant to those making disinvestment decisions across public sector services, including health-care. The study employed semi-structured interviews with 12 Directors of Adult Social Services who had been highlighted nationally as having extensive experience of home closures. Interviews were conducted over a 2-week period in March 2011. Results from the study found that having local policy guidance that is perceived as fair and reasonable was advocated by those involved in home closures. Many local policies had evolved over time and had often been developed following experiences of home closures (both good and bad). Decisions to close care home services require a combination of strong leadership, clear strategic goals, a fair decision-making process, strong evidence of the need for change and good communication, alongside wider stakeholder engagement and support. The current financial challenge means that public sector organisations need to make tough choices on investment and disinvestment decisions. Any such decisions need to be influenced by what we know constitutes best practice. Sharing lessons and experiences within and between sectors could well inform and develop decision-making practices.

Keywords: decommissioning, disinvestment, lessons for health-care, older people's services

Introduction

As demand for health and social care continues to spiral, public sector services are facing one of the toughest financial crises in years, with the size, scale and speed of the financial savings across health and social care being unprecedented. This financial challenge means that difficult choices about *how* and *where* resources should be deployed need to be made. Research shows that local National Health Service (NHS) decision-makers think that disinvestment and service re-design are key to making savings, but that the processes to support this are not very well developed (Robinson *et al.* 2012a,b). Much of the evidence to date suggests that savings are being made through implicit, rather than explicit

means. For example in health-care we are seeing more ad hoc means of reducing pressure via the relaxation of waiting targets and reductions in certain services (Donnelly 2010, Health Service Journal 2011, Daniels *et al.* 2013).

Quick fixes to such a major and long term financial challenge could well impact on the quality and safety of service provision and leave decisions open to legal challenge. Taking a more explicit and transparent approach to priority-setting could well improve priority-setting processes and help in the legitimacy of rationing decisions (Daniels & Sabin 2002, Klein 2010). However, cutting services is both a painful and difficult aspect of public sector decision-making.

There is not much formal evidence around the processes and outcomes of decommissioning work in health and social care, although some large scale initiatives have been attempted in the past (such as the closure of long-stay hospitals in the 1960s and 1970s) (Glasby *et al.* 2011, Le Mesurier & Littlechild 2011). In health-care there has been much debate and discussion around priority-setting and a number of technocratic approaches devised to help decision-makers (Daniels & Sabin 2002, Robinson *et al.* 2011, Williams *et al.* 2012). Although the current economic climate means there is lots of rhetoric around reduced funds and 'doing more with less', there is little evidence on how disinvestment decisions should be made in practice. The problem of priority-setting and rationing tends to be seen as one of resource scarcity and heavily influenced by the discipline of economics. Dickinson *et al.* (2011) note that much of the priority-setting literature treats priority-setting as a tame problem which 'relate[s] to decisions that can be implemented in a linear, administrative fashion' with such problems being best suited to technical management solutions. However, when decisions, such as those around disinvestment, are more complex, decisions can face higher resistance and conflict and should be treated as 'wicked' problems which require a different approach and style of leadership (Dickinson *et al.* 2011).

Over time, local authorities have started to develop significant experience of closing care homes. This has sometimes been an individual care home, which has experienced a major incident of some sort, or where a local authority is closing its own homes and commissioning alternatives from the independent sector. This is the result of longstanding changes in the care home market following the social security reforms of the mid-1980s and the community care reforms of the early 1990s (Means & Smith 1998, Netten *et al.* 2005, Scourfield 2004, see also annual reports by analysts Laing & Buisson (2010) for a summary of key trends over time). Over time, the care home sector has become increasingly dominated by independent providers, with some local authorities transferring residents from in-house provision and exiting the care home market altogether (Holden 2002).

Against this background, this article focuses on the closure of care homes by local authority social services departments (as a case study from which the NHS may be able to learn). Over time, local authorities have started to develop significant experience of closing care homes, reassessing residents and resettling them in alternative services – albeit that the sensitivities involved in such situations mean that such processes often happen at local level and are not widely publicised for fear of media criticisms or legal challenges. In contrast, the work reported in this article was commissioned by the Directors of Adult Social Services and formed part of a wider project that was commissioned to develop guidelines for those tasked with undertaking care home closures (Glasby *et al.* 2011) so that emerging good practice could be shared more openly. Prior to this, there had been no formal guidance to help English local authorities in such a complex task. We believe this is one of the first studies to have explored disinvestment in this way and to have shared best practice guidance with local authorities to help with future closures. Furthermore, we believe that many of the lessons and best practice relevant to care home closures, could well be relevant to other public sector disinvestment and decommissioning decisions (including the NHS) – and as such it was felt that the findings would be of importance to decision-makers across health and social care.

Methods

Design

A number of local authorities have begun to develop significant experience of managing care home closures. To gain insight into such practice-based knowledge the Association of Directors of Adult Social Services identified approximately 10 organisations and Directors who had extensive experience of home closures and had demonstrated good practice in this area. We then approached each director individually via email to request permission to conduct an in-depth telephone interview. Semi-structured interviews were used as they allow for a balance between free flowing and directed conversation which allow for a more in-depth exploration of the topic area

(Berg 2003). Interviewers were interested in exploring respondents' experiences, beliefs, feelings, knowledge and perceptions of the decommissioning and closure of older people's services and lessons learned about what does and does not work.

Interviews were conducted using an interview guide to ensure that all of the areas were covered with each participant, and the ordering changed to follow the natural 'flow' of discussion required for rapport. The full interview schedule can be obtained from the authors but in brief it focused on the following:

- Directors' personal experience of managing care home closures and that of their local authority.
- The nature of the closure programme (in terms of scale and whether planned or an emergency).
- The mechanisms they used and the principles they tried to incorporate into local processes.
- Whether or not they had local guidelines and how helpful/current these seemed.
- What impact the closures seemed to have on residents, relatives, care staff and assessors and whether/how these were formally evaluated.
- Lessons they learned about what constitutes good practice.
- Key barriers and success factors.
- Any advice they would give to other authorities and colleagues facing a similar situation (including their top three priorities for others).
- What would help in terms of future policy or resources.

Data collection

All interviews were carried out over the telephone and typically lasted between 30 minutes and 1 hour, interviews were tape recorded. Following interviews, the researchers met to analyse the data and discuss emerging themes. Themes were examined by repeatedly revisiting data to build up conceptual links and test emerging hypotheses (Miles & Huberman 1994). In addition to interviews, documentary information relating to home closures was analysed where it provided a formal account of closure processes and as context to data derived from interviews. Verbatim ('raw') interview data are reported where they exemplify salient points and key themes within the inductive analysis, either due to their typicality, or where they provide an alternative perspective. To maintain confidentiality all data are reported anonymously.

Although this study explored a range of different issues relating to decommissioning of older people's services we report selected findings within this article that relate to themes we feel will be helpful in informing future disinvestment processes in both health and social care. Further results from the extended study are available in the final good practice guide (Glasby *et al.* 2011). This study was classified as service evaluation and as such did not require ethical approval.

Results

A total of 12 participants were interviewed from nine authorities. While some directors took part in person, others also suggested interviewing a senior colleague from the authority who had led the home closure process. All participating authorities had been involved in a number of home closures which had taken place over a number of years (in some instances over 10 years), and all had been involved in both planned and emergency closures (see below). Authorities included a mix of urban and rural authorities and two-tier and unitary authorities from different parts of the country. Overall the following four key themes emerged from the interviews:

- Decision-making policies and procedures.
- Communication and information.
- Stakeholder involvement.
- Leadership.

Respondents' discussed their experiences of either planned and/or unplanned (emergency) home closures. Typically, planned closures had tended to take place when authorities had developed an explicit modernisation strategy and embarked upon a series of home closures to develop newer more cost-effective services which more fully meet the needs of service users (e.g. see Glasby *et al.* 2011). Such programmes could often be large scale, but take place over a number of years, with significant scope for pre-planning, consultation and engagement.

Unplanned or emergency closures were often due to breach of contracts and related to issues around safeguarding (quality and safety) or financial issues. A further type of unplanned closure could be due to the owner or proprietor deciding to close a care home and thus give the council and other private residents notice of closure. In terms of unplanned closure, the majority of experiences from those we interviewed tended to be around closure due to quality and safeguarding issues. Such closures tended to be smaller scale in nature and tended to happen much more rapidly and with less scope for detailed preparation and involved appropriate regulatory bodies.

One of the key concerns regarding home closures is around trying to limit or avoid negative impact on key stakeholder groups including: residents; families and staff members. Although we were not able to collect direct data relating to the impact on these

groups, we did explore this with respondents and comments on home closures related to respondents views (which we report below) on what needs to happen to lesson any negative impact on key stakeholder groups.

Decision-making policies and procedures

Due to the lack of national guidance around home closures, local authorities had developed their own local policy guidance. As one respondent notes:

> We developed our guidance because we had a couple of home closures due to quality issues and wanted to capture the learning – it is that thing about sharing information and making sure you learn from your experience. I am not saying we did everything right the first time but capturing our learning and have a procedure helped us the next time. (ID5)

Local policies and guidance were designed to set out good practice, minimise risk and ensure that authorities are acting within the law. Having a clear and transparent decision-making process that led to the development of robust strategic policy and procedures, which focused on quality of care and well-being of residents, was seen as a key aspect in relation to successful home closures. Legal support was also crucial and the active involvement of local authority legal teams was fundamental (in an area many perceived to be something of a 'grey area' legally):

> The document is written to respond to any changes, but the reason we had it done is because we are changing a lot of our services for older people and [a] number of care homes are closing. We wanted to make sure that the way we are doing it [is set out] clearly, …, minimising risk for people. In addition, we have been subject to numerous legal challenges from a local solicitor, who is fairly notorious in this field. We wanted to make sure primarily that we were protecting individuals, but also that we wouldn't fall foul of the law. (ID2)

Authorities who had been through a high profile legal challenge also suggested that it was important to have good links with local media – being ready to comment and respond to media contact and coverage.

The importance of time

Although there were different policies and procedures across localities, most participants seemed to adopt similar mechanisms and principles for both emergency and planned closures. A recurrent theme during interviews was that this is a complex task and doing it well takes time. Clearly, the process for planned closure operates within longer time frames, with more time to consult, plan and work with key stakeholders. In contrast, emergency closures tend to be quick and reactive (i.e. due to a quality or financial issue) rather than planned. Often planned closures involve local authority-run centres, while emergency closures tended to involve the independent sector.

Respondents suggested that once the decision to close a unit has been made, it is important to get on and implement the decision, sticking to agreed timescales and not drawing out the closure process unnecessarily. Thus, the key things for local authorities were around having enough time to prepare and plan a closure in detail, and then to achieve the implementation of the closure in the time initially allocated without allowing this to become too extended (unless the needs of individual service users required it). Respondents noted that agreeing timelines is much easier for planned closures which tended to take between 6 and 12 months – variation was usually due to the length of time taken to consult and engage with stakeholder groups. Respondents noted that the timescales for emergency closures varied depending on the reason for closures, but in all instances the process was much shorter than that of planned closures – often being a matter of weeks rather than months or years.

Communication and information

Respondents noted the importance of having a strong evidence base to support the closure decision. Respondents suggested that effective communication and information helps stakeholder groups understand the reasons behind the decommissioning decision. For example, when evidence around ineffectiveness or inefficiency of an area or service could be demonstrated this helped reduce the fallout from unpopular decisions. Respondents noted that drawing on evidence (including financial, quality, and outcomes-related evidence) to explain why there is a need to close services can help stakeholders to understand and come to terms with the decision. As one respondent notes, *we need to take people with us make them understand why we are doing this*, other respondents suggested the following:

> Closing services is stressful for all concerned so making sure that information is accurate, clear and communicated well is really key, I don't think I can stress this enough really. (ID1)

> Robust evidence to support closure is important – it can help residents and their families understand why we need to close care homes and it's crucial should you face legal challenge. (ID6)

Throughout interviews, a key issue was the need for honesty, openness and a commitment to making

sure that individuals get a chance to express their views and can genuinely influence the consultation and/or closure process:

> Honesty, transparency and integrity are really important – [it's] no good trying to hide something because it is not popular or negative. You need to be clear and transparent about the reasons you are doing this. (ID5)

Respondents suggested that local authorities need to be clear around the messages they give and organised in how these messages will be communicated to different stakeholder groups. A key person here was the manager of the home in question, who might be a home owner angry at the decision to close the home. What became apparent during interviews was the need to be aware of individuals who could potentially block the implementation process or go off policy and message:

> We have also learned not to rely on the message given by home owners – no matter what the circumstances are, we… need to be clear and have clarity about what our message is as a local authority – because it often gets skewed by home owners and people managing homes. Making sure that the manager is on board with the message, making sure there is a clear message and a clear line of communication [is crucial]. (ID10)

An aspect relating to information was around having clear details on the impact that home closures could have on other services. Respondents spoke of the *knock on effect* that decommissioning had on other health and social care services and that this needs to be given prior thought and planning with involvement from the relevant provider groups. In relation to home closures the availability of other services was crucial – making sure there is capacity and space locally to take on residents when the home in question closes. This may well mean that hospital discharges are delayed (especially during unplanned closures), thus communication with acute trusts was a key aspect:

> You do really need to have an alternative in place that is really key … So we work with the hospital trust and we recognise that discharge from hospital might be delayed because the placements are needed as a priority by other people that are at risk in the community. (ID3)

Stakeholder involvement

Although it was clear that most local authorities thought they needed to lead on the closures, there was acknowledgment of the need to take a multi-agency partnership approach to home closures (both planned and unplanned). There was a clear message from respondents that engagement with a variety of stakeholders at an early stage was important – this included engaging with service users themselves, their families, care staff, partner agencies and external advocacy agencies:

> Prior to the closures we commissioned a national charity to do listening events … Using an independent organisation that is well known and linked into older people's forums gave us a high response and was a valuable source of impartial information. (ID1)

> To aid the assurance process we set up a sub-committee right at the beginning of the programme (of local authority home closures). It involved [an] elected member, representatives from older people's community groups and relatives of people in the homes that were closed, in the process of closing or were going to be closed in the future … It gave a kind of assurance that somebody is keeping a track of this. It was very helpful to have an outside challenge. (ID12)

Engagement involves consultation and communication with a variety of stakeholder groups. Figure 1 (below) highlights the different stakeholder groups that respondents suggested they work with during care home closures. What became apparent during interviews was the number of different stakeholder groups that need to be involved in the closure process.

Respondents suggested that it was vital that all the different local authority departments are aware of the process and communicating the right message at the right time. As one interviewee noted '*you need to make sure that all parts of the council are aligned.*' This is difficult at the best of times, but becomes even more complex if a home closure involves out of area placements (and hence other local authorities/localities). Local authority teams included the press team, human resources and the legal team.

Leadership

Home closures are a difficult and anxious time for a number of different stakeholders and strong leadership and direction from senior leaders was seen as vital to the success and smooth operation of home closures. Respondents felt that having direct access to the senior management team, especially the Director was important and helped service users, family members and assessors to feel supported. Respondents also suggested that inputs from senior leaders help with legitimacy. Examples of senior leader inputs included the following: making key decisions and cascading information to stakeholders; having regular contacts with senior team members and being visible in the care homes and wider community. This was achieved through regular meetings with stakeholder groups such as service users, families, staff and the wider community (including media and interest groups), and individual one to one meetings with stakeholders. The

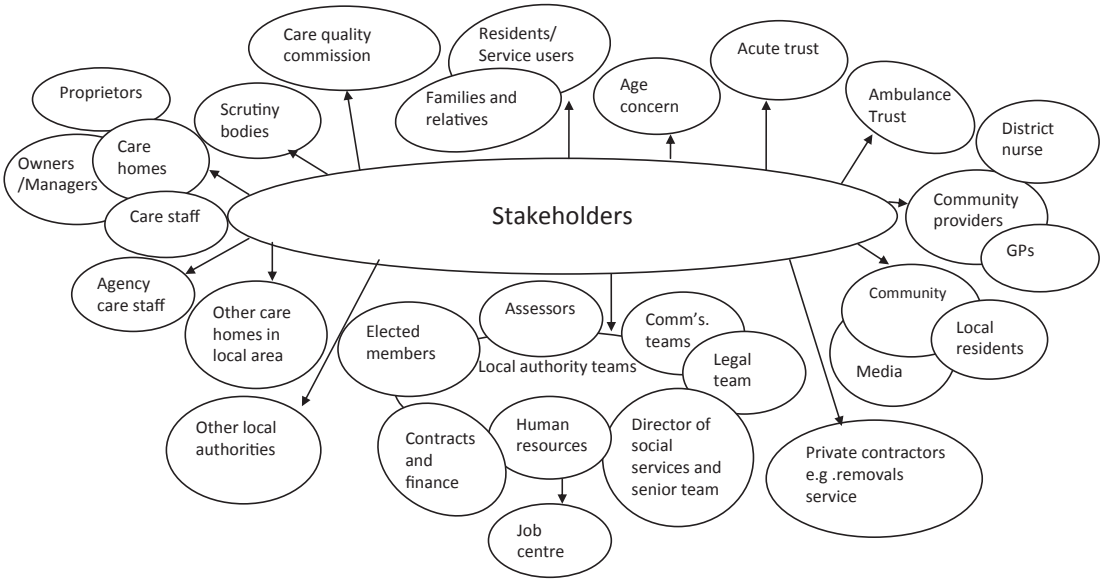

Figure 1 Key stakeholders.

majority of leadership tasks pertain to more complex, relationship-based issues (influencing others, engaging key stakeholders etc.), and this involves skills such as creating alignment between stakeholders, fostering vision and mobilising support for change.

In addition to strong senior leadership around decision-making processes, effective leadership and management in the implementation of the decision was also highlighted as an important aspect. This often involved a very active role for the assessment team who are crucial to leading and managing the implementation of home closures. The role and duties of the assessment team ranged from more simple managerial activities such as project management and organisational duties, others involved more complex relational activities such as negotiation and dialogue with a variety of stakeholders.

With this in mind, participants were clear that choosing the right assessors was crucial:

> Assessors are really important. We have through the years identified certain people in certain teams – who are highly skilled and willing to go and talk to people – I'm not saying we don't have a very good work force but I think there are certain teams we go to first to hand pick people to lead on closure. (ID4)

Respondents stressed the importance of separating the assessment process from any prior consultations or discussions about home closure so as to enable the assessment team to carry out its work effectively:

> We kept that team [assessors] at arm's length from all the initial announcements and consultation. We didn't want them to be perceived as part of this. They could then come in and do their job objectively, rather than being the 'men-in-suits. (ID2)

Despite maintaining this professional distance from the political context of closures, assessment staff were seen as central to communication. Many respondents regarded basing an individual assessor (or assessors) in a closing home as good practice. The availability of a dedicated member of staff to discuss concerns with residents and family members was seen to significantly reduce anxiety for all concerned. They can also act as a conduit between residents and staff and senior management teams:

> The way we have found most successful is to have a care manager based in the home over a 9 month period. Responsible for making sure all the arrangements are in place, she holds at least twice weekly surgeries where relatives can just drop in … if they have questions. She also sees relatives by appointment, she'll go to their homes if needed, as well as arranging advocates for residents. (ID8)

Staff support

Respondents noted the negative impacts closure and changes to services could have on care home staff and how this had the potential to impact on quality of care:

> Change is always difficult for staff and it is important to try to understand the impact it has on the care they provide. Hmmm, what learning have we had on this, well I would say we deal with this straight away, staff welfare is key you can't leave it till later in the process you need to think

about it up front – if they are stressed or unhappy then they can't do their job and that's no good for anyone. (ID5)

Respondents identified a number of strategies to help support staff. These included: communication and involvement; leadership (see above); drawing on relevant support systems and mechanisms to help staff during closure. If closure did equate to job losses then authorities used a number of internal and external services to provide support to staff, including human resources, local job centres and careers services:

You need to have contingency plans and staff ready to take up positions if staff leave which inevitably happens when services are closing. We also provide additional staff support at any point if necessary, sometimes the sheer stress of change can mean that staff are not able to perform at their usual level, this is not a criticism but a reality of the impact and uncertainty of home closure. (ID7)

Respondents noted that staff retention during closure was problematic and could impact on service users and families who had built relationships with existing staff members and also impact on the morale of staff who remained at the care home. Respondents talked about 'bringing in additional staff from agencies or other care homes in the area'. There was a sense that this strategy needed to be undertaken fairly early in the process.

Discussion

This is one of the few studies to have collated evidence around the process of decommissioning and closure of residential care homes (Glasby *et al.* 2011). Although these results are of interest to those working in social care, we believe that the findings will also be of interest to decision-makers in health-care. In this section, we reflect on knowledge and lessons relevant to resource allocation decisions around disinvestment in health and social care settings and identify areas for future development.

While there is a dearth of literature on disinvestment and legal obligations of public sector, respondents in this study referred to the need for effective procedures and planning to meet legal obligations. The 'Human Rights Act 1988 emphasise the responsibilities of local authorities to place service users' needs and wishes at the heart of care plans and to implement preventive strategies where possible (Glasby *et al.* 2011, p. 22). In terms of home closures this means that authorities have a duty to consult with stakeholders and provide appropriate and responsive care. Work by Daniels & Sabin (2002) suggests that legitimate rationing calls for accountability for reasonableness. In this study having a clear transparent decision-making process was important for the legitimisation and defence of the decision should it be challenged legally or through other outlets such as the local media. Thus, part of the drive to develop fair processes was to help increase legitimacy and avoid legal challenge. However, while avoiding legal challenge was important to respondents, there was also a sense that paying attention to areas such as communication, transparency, involvement and consultation were also important in terms of minimising the impact of care home closures on stakeholder groups – especially service users, families and staff.

Having supporting evidence and information was integral to care home closures. For example, if there are inefficiencies in the current model of care or issues around quality then evidence to demonstrate this was seen as important. Respondents placed significant emphasis on being honest and open with stakeholders about why the decision to decommission a service is taking place and providing evidence to support the closure decision. A criticism of recent priority setting work in the NHS related to the communication of information and the inability of senior leaders to 'reach' lower tiers in the organisational hierarchy (Robinson *et al.* 2012a,b).

In social care as in health, decisions to disinvest in a service can have a 'knock-on' effect on other services. In our study closing care homes meant that residents had to be re-homed, which in some instances led to a delay in the discharge of older people from acute settings. Respondents noted the importance of working with other provider groups to reduce the impact of service change on patients and service users. A recent study that explored local priority-setting in health-care suggested that when commissioner and provider organisations are re-designing pathways or reducing services they did not seem to have really considered the impact that changes would have on the demand (and subsequent cost) for other services (Robinson *et al.* 2011).

A recurring theme throughout the interviews was the need to engage with wider stakeholder groups. As Moore (1995) notes the pursuit of public value requires the support of key external stakeholders including government, interest groups and citizens. Our study seemed to support the requirement of public sector agencies to manage their 'authorising environments' – that is the key stakeholder groups whose support is required if rationing and disinvestment decisions are to be considered legitimate. Dealing with the authorising environment involves thinking about factors such as clinical and public engagement, media and social marketing and creating a 'coalition of support' for disinvestment decisions. While some

commissioners in health-care have got better at working with clinicians on service re-design and decisions around new investments – they have struggled to engage them in disinvestment work (Robinson *et al.* 2011, 2012a,b). In terms of the public there has been limited work around public engagement in local priority-setting and rationing processes (Robinson *et al.* 2011, 2012a,b, Daniels *et al.* 2013).

Although disinvestment in one service is often prompted by the desire to invest in another, it can nevertheless be a difficult and emotive process, and is often portrayed by the media and the public as 'cuts'. Cast as a programme of change, however, there is a need for a shared commitment to both the disinvestment decision and subsequent implementation. In respect of disinvestment in health-care Cooper & Starkey (2010, p. 605) note 'we lack a common language, a vocabulary, and a narrative of change for discussing the subject. Without this an integrated policy of disinvestment will be difficult to introduce'. The need to construct a 'common language' and a 'narrative for change' highlights the need for effective leadership in relation to more complex tasks around relational, adaptive and political leadership dimensions (Williams *et al.* 2012). Our study suggests that the process of leadership needs to be driven from the senior top tier of management – respondents felt that home closures needed to be led and owned by the senior management team. As others have found the role of leaders in rationing is not simply in the application of hard power over followers, but instead in appealing to others on an emotional level and encouraging them to engage with particular agendas (Glasby *et al.* 2011, Robinson *et al.* 2011). Furthermore, like other studies respondents also noted the importance of the clinicians and practitioners (in this case, assessors) who play an important role in overseeing the implementation process. Thus, our study highlights the distinct roles of leaders around policy development and engagement, and for clinicians around overseeing a range of implementation or process issues.

Although the impact of care home closures on service users is the subject of a separate paper (Glasby *et al.* 2011) there is an extensive body of literature, which suggests that mass organisational change and downsizing can impact on employees health and wellbeing (Bohle *et al.* 2001, Kalimo *et al.* 2003, Vahtera *et al.* 2004, and Bourbonnais *et al.* 2005). Increases in job security and reductions in job control, along with lack of opportunities to participate in decision-making were seen as having the most negative impact (Amenta *et al.* 1984). Some studies have suggested that individuals are often able to adapt to extraordinary and even traumatic life circumstances and that organisational change or downsizing causes acute emotional reactions, which reduce over time (Grunberg *et al.* 2008). However, employee's attitude to change does depend on the level of change and the process of change management. Cooper & Pearce (1996) suggest that trauma is not inevitable in relocation, but that effective relocation processes require careful planning. Respondents' in our study suggested that focusing on the needs of staff was crucial to effective home closures and was important in terms of health and wellbeing of staff, service users and families. The strategies offered by respondents included the following: engagement and involvement of staff in decision-making and implementation phases along with supporting staff in succession planning – drawing on other services such as human resources and careers support was seen as helpful here.

Limitations

Although the findings of this study provide some useful insights into the experiences of disinvestment work in local authorities, we have identified some limitations in its design. The research focused on a small sample of Directors of Adult Social Services in England who had demonstrated best practice in this area. Responder bias could impact on the results and widening the study to include the views of a larger sample of Directors and other stakeholder groups may provide some important additional insights. The interview method allowed respondents to provide retrospective views on care home closures. This approach allowed respondents to reflect, deliberate, and draw on experience of the processes, procedures and lessons learned over a number of years. Although this provided some rich and informative data, other methods such as case studies or observational work may well have been able to provide more real-time data on actual events and processes as they occur and how such events impact on stakeholder groups.

Conclusions

Rationing and disinvestment of health and social care services are very emotive and political topics, but as the strain on public resources increases the need to ration and disinvest in services will become even greater. If public sector leaders and managers are tasked with the difficult job of disinvesting and decommissioning services then sharing best practice guidance and policy around what works is important. As the public sector faces increased pressure to redesign and reduce services there is the potential for increased

(negative) media coverage and legal challenge – and working with the authorising environment will be key to the legitimacy of rationing decisions.

The closure of older people's services highlights some of the challenges facing decision-makers when they undertake decommissioning activity, including the need: to develop and adopt fair decision-making processes; to work with the authorising environment; to have strong senior leadership that can build coalitions and negotiate the political hazards and fallout associated with the withdrawal of services; and clinician/practitioner support, especially during the implementation phases. With the NHS facing one of the biggest and most sustained financial challenges in its history, it is crucial that any decommissioning decisions that are taken are influenced by what we know about what constitutes best practice. Where we lack detailed knowledge about what works within the NHS itself, there may often be similar examples and significant expertise in other sectors – and we neglect this at our peril. If Prime Minister, David Cameron, is right that 'we're all in this together' (Cameron 2010), then learning from each other about what works when decommissioning services seems crucial.

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