Torrington Community Cares: Meeting local needs

Public, staff and stakeholder engagement and involvement report Version 3.0

Version Control
Version 1.0: 8 week evaluation – 13.1.14
Version 2.0: 4 month evaluation – 4.4.14
Version 3.0: 6 month evaluation 5.6.14

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SUMMARY OF ENGAGEMENT

Summary of involvement and engagement activity

- **350** (approx.) people attended the public meetings in November 2013 (600 people came through the door, but some of these we noted attended twice).
- The *Meeting Local Needs* document was distributed widely across the Greater Torrington area, given out at the weekly drop-ins, published on websites, referred to in all press articles and hand-delivered in some areas.
- **15,500** households received a mail-drop with information on the dates and times of the drop-ins and public meetings
- The public meetings were also advertised in the local press.
- **16** weekly drop-ins were held between 8 August 2012 and 22 November 2013.
- Up to 25 people attended each drop-in to discuss concerns with NHS representatives. As well as Torrington, the drop-ins were also arranged for the surrounding parishes.
- **5 -** NHS representatives attended five Parish Council Meetings.
- **13 -** The NHS responded to thirteen Freedom of Information requests about Torrington containing over 60 individual information and data requests
- **61** - the NHS responded to 61 items of formal correspondence from residents, councillors, MPs and STITCH. Where consent was granted, our responses were posted on www.torringtoncares.co.uk
- **4 workshops** - Recurring themes of feedback from people were identified and explored in four bespoke focussed workshops.
- A special website was set up in August – www.torringtoncares.co.uk – so support easy access to information and feedback mechanisms.
- **41** stakeholders and members of the public attended a Tour and Talk session organised as an opportunity for in-depth conversations with clinicians and managers from NDHT and the CCG about the project

The main points raised during the involvement and engagement exercise were:

Critical

- Name of project
- Fears about the sudden loss of beds from Torrington Community Hospital
- Engagement process
- Transparency about decisions and evaluation
- Availability of Out of Hours nursing
- End of Life Care
- Feedback that communication and information sharing had been poor
- Date and time of the first public meeting

- Accessibility of engagement events to those residents from surrounding parishes

Positive

- Ideas for new services based at Torrington Community Hospital
- Feedback from patients receiving the home-based care
- The evaluation
- The oversight group
- Tour and Talk

The NHS response to these issues is contained in section 8 of this report.

This document outlines how the feedback gathered during the involvement and engagement exercise shaped the approach taken in Torrington and influenced decisions. It also provides a full record of all the engagement activities undertaken to ensure public awareness and promote engagement in developing plans for future services in Great Torrington.

1. Background to *Meeting Local Needs*

The Northern Devon Healthcare NHS Trust (NDHT) and NEW Devon Clinical Commissioning Group launched a test of change to trial a model of care that focused on supporting people to live safely and independently in their own homes as well as ideas to make best use of Torrington Community Hospital in the longer-term.

The test of change, called *Torrington Community Cares*, shifted the emphasis away from people being admitted to Torrington community hospital to people being supported to live healthily at home.

The NHS supported the test of change with a series of engagement and involvement events and activities which gained focus in July 2013 and continue to the present day. The purpose of these activities was to ensure the community understood the test of change.

The community-based health and social care teams replicate the inpatient nursing care previously provided by the inpatient services in Torrington Community Hospital. These community teams provide intensive and regular support and treatment for people in the comfort of their own homes and are currently supporting 180-200 Greater Torrington residents, safely in their own homes.

The NHS's clinical and professional leaders were confident the time was right for this test of change because the enhanced clinical infrastructure had been in place since early 2013 and was working well. We could also see that the activities of the community teams were reducing admissions to Torrington hospital by 15% each year.

The trial was launched in recognition of the imperative to avoid the unsafe situation occurring where clinical services at the hospital 'wither on the vine' because fewer and fewer patients are treated. Too few patients would de-skill the clinical workforce presenting an unacceptable risk of poor care and patient safety.

On accepting that the admissions to this clinical space had significantly decreased, the CCG and NDHT also wished to review the use of the NHS building in Torrington. In all our engagement, we involved the Torrington community on the following question:

What should the role of Torrington Community Hospital be in the future for the greatest benefit of people in and around Torrington?

2. Compliance of engagement approach against national guidance (NHS England)

There were several layers to the engagement and involvement to ensure that as many stakeholders and members of the local community as possible could have their say. In addition to the weekly drop-in sessions to which all were invited, we attended meetings of community groups, presented to council meetings and kept everyone informed of updates via these meetings or media articles.

In accordance with the 2013 NHS England guidance on Planning and Delivering Service Changes for Patients, the following table outlines how our engagement work met NHS England's robust engagement criteria.

Robust Test Criteria	Summary of evidence from engagement approach in Torrington
Proportional representation	An oversight group was set up to oversee the process of the test of change and the evaluation at each key milestone. This group contained wide representation from multiple individuals and groups in the community, including: League of Friends, STITCH, District, Town and Parish Councillors, Healthwatch, GPs, nominated members of the public, community clinicians and hospital nurses and doctors as well as executive directors and leaders of both NHS organisations and an independent rep from Torridge OSC As part of the TCC engagement plan, the NHS ensured that the views of a wide variety of people and stakeholders were canvassed. The majority of the voices we heard were from people of Caucasian background who were elderly and retired; we did ensure however that there were opportunities for the younger population and also those from minority backgrounds to feed into the evaluation. In addition, we also ensured that the patient voice was heard, as these were people who were often housebound and unable to attend events. It should be noted that demographic of Torrington largely falls within the demographic of those who were engaged. All opportunities were circulated through the Involving People Steering Group which has representatives from BME, learning disabilities, mental health, SeeHear centre, LGBT and other minority groups.
Appropriate representation	Our endeavour was to ensure we were engaged with all those who would be impacted by the proposed changes. We spoke to: • People who had been an inpatient in Torrington Community Hospital

	• People receiving the enhanced model of care at home • People who may use these services in the future • People who utilised new services coming out of Torrington Hospital and North Devon District Hospital
Use of various involvement activities	**Information sharing:** • Press releases • Flyer drop • Articles in local newsletter (Crier) • Public meetings • Website www.torringtoncares.co.uk • Public board papers • Tour and Talk **Involvement and feedback:** • Drop in sessions • Focused workshops (at the hospital or virtualy) • Patient stories and interviews • Stakeholder meetings (Parish Councils, rotary / Torrington Care Forum, voluntary sector, Town Council) • Freedom of Information requests and publication of responses • Publication of all correspondence with formal stakeholders • Open message board on www.torringtoncares.co.uk
Proactive	The involvement activities outlined above were carried out to proactively seek the views from and engage with the communities in Torrington and the surrounding parishes. Advanced planning ensured we submitted information to the Crier (local, widely-read newsletter) to maintain regular updates and news to the community. A website was developed specifically for the project in order to increase the ease of accessing information and giving feedback: www.torringtoncares.co.uk
Accessible and convenient for the local population	We actively sought the views of many by holding drop in sessions not only in Torrington but also in the surrounding parishes. We requested invitations to local groups to talk about the project and hear feedback at times and places that suited them. We held two public meetings at two different times in an attempt to make the sessions convenient for as many as possible.

	The engagement and involvement document was delivered to individual homes to members of the Trust and distributed to public places across the Parish and in the town itself.
Use of different communication needs and preferences	The engagement and involvement document was available in hard copy or online. It was also available in easy read, brail, audio and in different languages. A website was set up specifically for the Torrington test of change. Online versions of all feedback opportunities were available as follows: • Feedback form • Private message (to individuals or corporate mail boxes) • Letter to the Chief Executive • Freedom of Information • Focused workshop We also held weekly face-to-face drop-ins to allow members of the community to express their views and receive immediate answers to questions.
Clinicians being involved in engagement	The Northern Devon Healthcare Trust is an integrated acute and community NHS provider and was therefore able to quickly involve NDDH's Care of the Elderly consultant in the clinical reviews and discussions with local GPs. In addition our senior local community healthcare professionals were available to local residents to ask questions and provide feedback. • The NDDH Care of the Elderly consultant is a member of the operational steering group, has attended the Oversight Group and was also involved in the case note review with local GPs to assess the quality of care of the Torrington patients referred to the NHS • The project coordinator is a hospital matron, who is a senior nurse. • The CCG representative leading the trial of home-based care is a practising GP from northern Devon • The community matron for Torrington worked with the engagement team to support the patient stories • The community matron and therapy teams participated in BBC radio and media interviews
An engagement plan that outlines how patients, the public and stakeholders will feed into the decision making process	The engagement and involvement document clearly outlined that we would be asking the community "*What should the role of Torrington Community Hospital be in the future for the greatest benefit of people in and around Torrington?"* It was clarified that the trial of home-based care would assess the need for the inpatient beds in Torrington.

	The evaluation is based on the clinical need for the beds and the quality and safety of the alternative. It was continually reinforced to local residents and stakeholders that any plan on the future use of the hospital would include their feedback on services they felt would be of benefit to access locally. We did not restrict these ideas to be just health and encouraged people to consider what the voluntary sector, partner organisations and charities could offer. The initial extra clinics were launched once the beds closed at Torrington. Details can be seen in the Torrington clinic timetable and include: • Weekday midwifery clinics (antenatal) • IV and blood transfusion clinics
Involvement of Healthwatch	Healthwatch Devon offered facilitation and support to the local protest group STITCH (*Save The Irreplaceable Torrington Community Hospital*) to formulate a questionnaire. The NHS was given limited opportunity to offer professional support in designing the questionnaire. Healthwatch Devon analysed and reported this questionnaire which has been included in the six-month evaluation. Summary of the recommendations our response can be found in appendix 10. There was Healthwatch Devon representation on the oversight group (the group set up to oversee the engagement process and process of the evaluation) The CCG and NDHT also asked Healthwatch Devon to independently validate the patient stories. This was to assure the public that the patient stories were an accurate record of the patient's experience of being served by the enhanced health and social care teams in Torrington. There are six patient stories in total and each patient signed their consent against each story.

3. Timeline of the public involvement and engagement exercise

The details of other engagement meetings and events are contained in section 5.5

July to September 2013	Views of residents and stakeholders gathered through the Torrington Community Cares engagement programme including drop-in sessions.
July to September 2013	Torrington Community Hospital inpatient clinicians redeployed to local vacant posts across the Trust.
8 August 2013	Weekly drop-in meetings commenced to ensure local residents had regular access to NHS representatives to ask questions and air concerns. These meetings were held in Torrington and

	surrounding villages and continued until 22 November 2013.
17 August 2013	Public meeting – cancelled (see section 8 page 22X for more detail about this decision)
12 September 2013	Public meeting
14 September 2013	Public meeting
1 October 2013	Launch of eight-week period of involvement whilst six inpatient beds remained open
1 October 2013	Start of six-month evaluation into home-based model of care
October – November 2013	Focused workshop series was launched, to explore in detail the key themes presented by the public
22 November 2013	Six inpatient beds were closed for the remaining four months of the home-based care trial.
31 March 2014	End of the six-month trial of home-based care, inpatient beds remain closed while the final evaluation data is collated.
End of May 2014	The full six months of data will have been validated and included in the final evaluation report. Then published.
May – June 2014	Continued engagement carried out through Tour and Talk session which were arranged as an opportunity for stakeholders and the public to meet with clinicians and Managers from CCG and NDHT to discuss the project in more detail
June 2014	Torrington Community Cares six month evaluation and engagement reports are presented to the Devon Health and Wellbeing Scrutiny Committee
June 2014 (tbc)	Plans are in place to host a third public meeting to discuss the data evaluation resulting from the six month test of change.

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5. Parameters of the involvement and engagement exercise: *Meeting Local Needs*

The NHS conducted a thorough involvement and engagement exercise to support a six month trial of home-based care in Torrington. This was not a formal consultation.

At the end of six months, should the model of care being tested be judged to provide the best healthcare service for Torrington, the NHS will review its next steps to ensure that every effort has been made to involve users in the future provision of services.

The relevant legislation which covers this engagement approach is outlined in the Health and Social Care Act 2012. In 2012 and 2013 there was a strengthening of national policy to ensure the NHS fulfilled its duty to engage and involve people in the future direction of its services. The Health and Social Care Act in 2012 and the NHS Constitution 2013 state that patients and the public must be provided with information and offered support to be involved in:

- The planning and provision of services
- The development and consideration of proposals for changes in the way those services are provided
- Decision being made that affect the operation of services

As NHS organisations, we have a legal obligation to consult when proposing changes to the way local services are provided, operated or developed in two ways; they are:

- The duty to consult and involve patients and the public in an on-going way, not just when major changes are proposed.
- A duty to consult with Local Authority Overview and Scrutiny Committees on proposals for substantial changes

It was our intention to therefore provide a strong platform where the views and experiences of patients, carers and the public could influence the decision making process and improve the quality of health and social care services for the people of Torrington and the surrounding parishes.

In December 2013, NHS England published it's guidance on Planning and Delivering Service Changes for Patients. Although this was mid-way through the six month evaluation, the engagement and involvement work that we had carried out was steered by this guidance, ensuring it meet NHS England's robust engagement standards.

5.1. Publication of the *Meeting Local Needs* document – Appendix 1

In September 2013 the NHS produced a document called *Meeting Local Needs* which set out the reason for the trial and the potential benefits of reviewing healthcare services in Torrington. The document also contained full contact details to enable people to respond with their feedback. In addition, the document was also hosted on the www.torringtoncares.co.uk website.

Full document in hard copy	Yes
Summary document in hardcopy	Yes
Web-based documents	Yes
Talking book/audio tape/DVD	Available on request
Large print version	Hardcopy available on request Option to increase font size on web version
Versions in ethnic languages	Available on request
Easy-read version	Yes, available on website

5.2 Distribution of *Meeting Local Needs* document

Local Authority	Devon County Council North Devon District Council Torridge District Council
MPs	North Devon (Nick Harvey) Torridge & West Devon (Geoffrey Cox)

NHS Organisations	Internally to NDHT staff NDHT sites: community hospitals, resource centres, offices Internally to NEW Devon CCG Devon Doctors Ltd Devon LMC Devon Partnership Trust GP Forums, Mid and North South West Ambulance NHS Foundation Trust
General Practitioners	All General Practitioners in northern Devon via email, with hardcopies sent to each practice in Greater Torrington.
Voluntary Sector	Be involved Devon Great Torrington & District Care Forum Northern Devon Healthcare Trust Leagues of Friends Senior Council for Devon
Others	Healthwatch Devon North Devon Hospice Town & Parish Councils across Northern Devon Involving people Steering Group (NDHT host) At various locations across Greater Torrington, ie shops, post offices and town halls.

5.3 Public meetings to discuss *Meeting Local Needs*

Both public meetings were attended by senior clinical leaders and managers of the Northern Devon Healthcare NHS Trust and NEW Devon Clinical Commissioning Group.

Date	Location	Attendance
17 Aug 13	Cancelled due to pause and revision of engagement approach.	0
12 Sept 13	The Plough Arts Centre, Torrington	250 (approx)
14 Sept 13	The Plough Arts Centre, Torrington	150 (approx)
TOTAL		**350 (approx)**

5.4 Staff meetings and engagement

Question: How have staff (clinicians) been given ample opportunity to play an active part in dialogue and deliberations in the Torrington Community Cares project?

The idea for the new model of care came from the ideas and suggestions from our front-line clinicians supporting patients in Torrington, over many years. Until 2012 it was an iterative process as we started shaping the local teams to start successfully supporting patients to live independently and healthily in their own homes.

In addition to the extra investment, this direct clinical involvement in developing the model of care provided sufficient confidence and demonstrated that the infrastructure was in place to proceed with the six month trial.

We interviewed frontline staff to give them a public opportunity to describe what they do and how they support their patients.

Question: How did the organisation ensure effective staff involvement and participation in shaping service development and delivery and in embracing social partnership in its broadest sense?

The dates of the staff meetings and workshops are detailed below.

A Torrington project group, made up of front line health and social care clinicians, member from the private sector, GP's and a commissioner monthly. The group meets monthly to discuss the model of care and staff experience of delivering care. The meeting is chaired by Nikki Kennelly, Cluster Manager or Emma Bagwell, Modern Matron.

Over time, these front-line clinicians set up subgroups to look at specific aspects of the model of care to ensure it continually evolved and improved to fully meet the needs and expectations of patients. For example, a sub group looked at the best way to extend the hours the community nursing service was available, and one looked at the most appropriate way to support IV in the community.

At the point at which the six-month trial of home-based care was announced, the Northern Devon Healthcare NHS Trust instigated a programme of staff support to guide the hospital staff through the process of temporary redeployment. This support was provided jointly by the Trust's HR team and staff-side representatives. Staff-side has provided feedback that the process was extremely positive and that staff had ample opportunity to express their preferences, in accordance with their career plans.

In terms of the on-going operational meetings with front-line clinicians in Torrington, a weekly core group is held where the multidisciplinary cluster team meet to discuss the current case load. The chair of this meeting also takes the opportunity to ask staff their views on the home-based model of care.

Question: How has the organisation engaged with clinicians in determining the future direction of service provision and how have the outcomes of such discussions been analysed from a cost/benefit perspective and integrated into the service development plans outlines in the business plan?

In addition to asking the public what services they felt would be beneficial to offer closer to Torrington, we also asked our staff and clinical stakeholders, such as GPs.

The suggestions from staff, clinicians and the public are currently being analysed for feasibility and whether they met demand that is not currently being met. Examples of this are increased outpatient clinics, therapy clinics as well as other suggestions from the voluntary sector.

Frontline staff and clinical leaders, such as the Care of the Elderly consultant at NDDH, are also members of the Oversight Group.

The outcome of this analysis will be included in the eventual service specification for Torrington.

Meetings with staff took place as below

Date	Meeting
April 2013	IV project meeting

9 May 2013	IV Project meeting
19 June 2013	IV Project meeting
3 July 2013	Staff meeting with all inpatient Torrington Community Hospital staff
5 July 2013	Torrington Project Group
17 July 2013	IV Project Group
1 August 2013	Extended District Nurses working hours team
8 August 2013	Extended District Nurses working hours team
9 August 2013	Torrington Project Group
3 Sep 2013	Extended District Nurses working hours team
10 Sep 2013	Single Point of Access
13 Sep 2013	Torrington Project Group
4 Oct 2013	Extended District Nurses working hours team
8 Oct 2013	Staff engagement meeting
11 Oct 2013	Torrington Project Group
15 Oct 2013	Staff engagement meeting
5 Nov 2013	Extended District Nurses working hours team
5 Nov 2013	Unregistered Workforce development
5 Nov 2013	Staff engagement meeting
11 Nov 2013	Torrington Project Group
21 Nov 2013	Meeting with Staff side
3 Dec 2013	Extended District Nurses working hours team
13 Dec 2013	Torrington Project Group
17 Jan 2014	Torrington Project Group
10 Feb 2014	Single Point of Access
14 Feb 2014	Torrington Task Group
10 March 2014	Unregistered workforce development
25 March 2014	Leg Club meeting
4 April 2014	Leg Club
11 April 2014	Torrington Project Group
14 April 2014	Unregistered workforce development
30 April 2014	Leg Club
16 May 2014	Torrington Project Group

5.5 GP engagement

Engagement with the local GPs

The NEW Devon CCG worked to engage the local GPs in this project via the GP forum, Board GP Meetings, and continuous correspondences with the two practices in Torrington. We acknowledged that the reaction of the local community, specifically STITCH placed the local GPs in a difficult position with

regards to engaging with or seen to be supporting the project.

The local community had asked us the views of local GPs to the model of home based care. To help them come to a view, we arranged a meeting with frontline clinicians (GPs, NDDH geriatrician, community health and social care) and the CCG to go through the case notes of patients who had been referred into the community health and social care team in Torrington. Details of this session can be found in the Evaluation report.

Meetings were held with the GP surgeries on 3 July 2013 and 7 February 2014.

We asked the practices – Castle Gardens and Torrington Health Centre for a 'position statement' and the letter was received by New Devon CCG on 17th March 2014. Appendix 2 are the full letter received as well as our response - a summary of their views and our response are as follows:

A summary of the points raised by GPs	A summary of our response
Sadness at loss of beds.	We understand that the loss the community feel about the beds and we have responded by engaging the public on alternative uses for the building to ensure it is well used by the community in future.
Acknowledgement that the functionality of the beds has been impaired in recent years.	NDHT and CCG clinicians also concur with the clinical consensus on the improper use of Torrington CH inpatient beds.
Increasing workload of GPs causing problems with provision of medical cover.	Once a patient has been admitted to TCH from NDDH, they transfer from the care of a consultant to local GP. The GP is required to supervise the medical care provided to the patient whilst in the community hospital (or home). We recognise the GPs point of view that they find this duty onerous.
CCG explore how best to spend the finite resources serving these services.	We acknowledge the GP support for this test of change.
Concern that the true cost of provision (alternatives) has not been provided.	Agreed to share the FOIs where this information has already been put in the public domain.
Disingenuous to claim that the "Closer to home" project is able to replace the hospital beds.	We agree, there will always be a need for community hospital inpatient beds. However, the six months trial was to test whether there was insufficient medical need amongst Torrington residents to warrant a 9-bedded unit.
GP workload has not been impacted by trial of home-based care.	Agreed to keep this under review to avoid capacity issues.
We believe that the closure of the Torrington hospital beds is a financially driven proposal and should be acknowledged as such. We remain concerned that the money which has been invested in the "Care closer to home" project will be vulnerable to future cutbacks within the NHS.	We acknowledge that there is always a financial aspect to any decision about service change as we must get value for taxpayers in these straightened times. However, as you acknowledge, there is also a clinical consensus behind this model which makes the clinical rationale more important than the financial.

5.6 Drop-in meetings (public)

Date	Location
2 Aug 13	Torrington Community Hospital
9 Aug 13	Torrington Community Hospital
16 Aug 13	Torrington Community Hospital
6 Sept 13	Torrington Community Hospital
13 Sept 13	Torrington Community Hospital
20 Sept 13	Umberleigh Hall
27 Sept 13	Torrington Community Hospital
04 Oct 13	St Giles in the Wood
11 Oct 13	Torrington Community Hospital
18 Oct 13	Dolton Village Hall
25 Oct 13	Torrington Community Hospital
1 Nov 13	Weare-Gifford Village Hall
8 Nov 13	Torrington Community Hospital
6 Nov 13	Beaford
15 Nov 13	Clinton Hall, Merton
22 Nov 13	Torrington Community Hospital
	The themes arising from each drop-in were published here: www.torringtoncares.co.uk

5.7 Stakeholder meetings

The oversight group

In November 2013 we established the Torrington Oversight Group which had representation from the League of Friends, STITCH, District, Town and Parish Councillors, Healthwatch, GPs, nominated members of the public, community clinicians and hospital nurses and doctors as well as executive directors and leaders of both NHS organisations and an independent rep from Torridge OSC.

The group offered feedback on data from the model of care, and the impact on Torrington and the surrounding area. It sought assurance about the possible development of Torrington Hospital as a health and social care hub and as a base for the voluntary sector.

All recommendations of the oversight group were received by the Torrington working group, which in turn referred to the executive Boards of the two NHS organisations.

Terms of reference can be found in appendix 3.

Date	Location	Attendance
3 July 2013	John Womersley briefed Torrington GP practices	NHS + GPs
10 July 2013	Torrington Care Forum	NHS invited to local mtg
15 July 2013	Hatchmoor nursing home	NHS staff

Appendix 3. Clinical Board. 23.07.14

15 July 2013	Woodland Vale Residential home	NHS staff
5 Aug 2013	Q Care	NHS Staff
8 Aug 2013	Torrington Memory Café, The Plough Arts Centre	NHS+ local stakeholders
12 Aug 2013	Sanctuary	NHS Staff
15 Aug 2013	Homelife carers	NHS Staff
29 Aug 2013	Torridge District Council briefing meeting	NHS + Torridge Cllrs
29 Aug 2013	Involving People Steering Group, NDDH	NDHT + pt reps and grps
11 Sep 2013	Torrington Care Forum, Torrington	Community group
26 Sep 2013	Senior Voice AGM	Community Group
10 Oct 2013	Mulholland	NHS staff
23 Oct 2013	Network Action Group, Bideford	Community group
29 Oct 2013	Be Involved Devon: Coming Together meeting, Barnstaple	Community group
31 Oct 2013	Involving People Steering Group, NDDH	NDHT + pt reps and grps
5 Nov 2013	Oversight Group Meeting, Torrington Community Hospital	NHS + stakeholders
5 Nov 2013	Mulholland	NHS Staff
5 Nov 2013	Q Care	NHS Staff
5 Nov 2013	Sanctuary	NHS Staff
5 Nov 2013	Homelife Carers	NHS Staff
5 Nov 2013	Hatchmoor	NHS Staff
8 Nov 2013	Meeting with Torrington League of Friends, Torrington	NHS + charity
14 Nov 2013	Involving People Steering Group, NDDH	NDHT + pt reps and grps
18 Nov 2013	Oversight Group Meeting, Torrington Community Hospital	NHS + stakeholders
25 Nov 2013	Meeting with Chairs of all North Devon Leagues of Friends	NDHT Chair, CE & charity
10 Dec 2013	Torridge Voluntary Service, NDDH	Community group
16 Dec 2013	Involving People Steering Group, NDDH	NDHT + pt reps and grps
9 Jan 2014	Cheriton Bishop Memory cafe	Community Group
13 Jan 2014	Hatchmoor	NHS Staff
28 Jan 2014	Be Involved Devon Coming Together meeting	Community Group

24 Feb 2014	Oversight Group Meeting, Torrington Community Hospital	NHS + stakeholders
5 Feb 2014	Torrington Care Forum	Community Group
25 Feb 2014	Torrington Rotary Club	Community Group
5 March 2014	Meeting with PenCHORD/CLARCH	NHS and evaluators
7 March 2014	Meeting with GP practice managers	NHS and GP practice managers
12 March 2014	Torrington Care Forum	Community Group
26 March 2014	Hatchmoor	NHS Staff
3 April 2014	Half day meeting with local GPs from both practices	NHS and GP's
9 April 2014	Torrington Care Forum	Community Group
24 April 2014	Involving People Steering Group	NDHT + pt reps and grps
14 May 2014	Torrington Care Forum	Community Group
20 May 2014	Tour and Talk	NDHT + CCG + members of the public
22 May 2014	Tour and Talk	NDHT + CCG + members of the public
22 May 2014	Hatchmoor	NHS Staff
29 May 2014	Oversight Group Meeting – Torrington Hospital	NHS + stakeholders
3 June 2014	Tour and Talk	NDHT + CCG + members of the public
4 June 2014	Tour and Talk	NDHT + CCG + members of the public
4 June 2014	Torrington Rotary Club	Community Group
10 June 2014	Tour and Talk	NDHT + CCG + League of Friends

5.8 Council and Councillor meetings (in addition to stakeholder)

Date	Location
2 July 13	NDHT meeting with Cllr (Mayor) Harold Martin, Cllr Andy Boyd and Town Clerk Michael Tighe
14 Aug 13	Meeting between NHS and Geoffrey Cox, MP, Cllr Margaret Brown, Cllr Harold Martin and Cllr Andy Boyd to discuss engagement process

22 Aug 13	Greater Torrington Town Council
29 Aug 13	Torridge District Council
16 Oct 13	Greater Torrington Town Council
23 Oct 13	Sheepwash Parish Council
5 Nov 13	Frithelstock Parish Council
5 Nov 13	Holsworthy Parish Council
13 Nov 13	Buckland Brewer Parish Council
14 Nov 13	Weare Gifford Parish Council
14 Nov 13	North Devon District Council briefing, Civic Centre
6 March 14	CCG with Cllr Andy Boyd
26 March 14	CCG with meeting with Cllr (Mayor) Harold Martin and Town Clerk Michael Tighe
4 April 2014	MP Geoffrey Cox visits Torrington hospital

5.9 Other meetings/conversations with the public

Date	Location
10.10.13	Specially convened meeting with one local resident with NHS representatives at Torrington Community Hospital to discuss particular concerns about model of care
Jan 2014	Direct contact with Cluster Manager from member of public to query care of particular patients. Respecting the patient confidentiality, we were able to provide reassurance that this patient was receiving excellent care.

5.10 Focussed workshops (see Appendix 4 for the full report)

Date	Topic and Location	Attendance
29.10.13	Home-based care model, Torrington	2
07.11.13	End of life, Torrington	7
14.11.13	Opportunities for using the hospital	8
21.11.13	Inpatient beds	8

5.11 Interviews with patients to assess patient experience

- **Appendix 5: Patient Story report**
- **Appendix 6: Patient experience report**

Date	Location	Number
14.08.13	Patient under the care of the Torrington community teams	2
27.08.13	Patient under the care of the Torrington community teams	4
7 Feb 2014	Patient under the care of the Torrington community teams	2
10 Feb 2014	Patient under the care of the Torrington community teams	1
4 March 2014	Patient receiving rapid response service	1
7 March 2014	Patient receiving rapid response service	1
7 March 2014	Patient receiving parish nursing services	1
12 March 2014	Patient under the care of the Torrington community teams	1
Various	On discharge from the home based care service patients were given a questionnaire to complete with a free post envelope in which to return it – see appendix 6 for the patient experience survey report Stories are posted on the www.torringtoncares.co.uk website	6

5.12 Direct contact with the public

Method	Number
Number of unique visitors to www.torringtoncares.co.uk	1,193
Number of page views to www.torringtoncares.co.uk	5,927
Number of TCC message board comments	57
Replies to message board comments	45
Letters to NDHT and NEW Devon CCG	51
Replies to involvement and engagement questionnaire in *Meeting Local Needs*	211
Number of Freedom of Information requests	11
Number of questions within 11 FOIs	57
Number of responses outstanding to FOI	0
Healthwatch Devon questionnaire responses	177
Please see appendix 7 for the Freedom of Information request	

5.12 Tour and Talk (see appendix 11.v for the flyer)

Tour and Talk was launched following the productivity of the meeting held with Cllr Cox, and in line with his recommendations. The exercise proved very useful both as an opportunity for the NHS to explain the evaluation and engagement process in detail, and as an opportunity for Cllr Cox to raise any concerns he had about the project. We wanted to offer this out to the wider Torrington Community.

Tour and Talk was the opportunity for members of the public and stakeholders to meet the clinical teams providing health and social care in and around Torrington as well as managers form the CCG and NDHT and talk in detail about the six month evaluation and the possibilities for the future role of Torrington Community Hospital. To allow for in-depth and productive conversations, sessions were provided by appointment only, for 4-6 people at any one time and will lasted approximately one and a half hours. Attendance was arranged via a booking system.

Four days were originally arranged based on the availability of the clinicians; however we were flexible and keen to work around the needs of the community, so separate meetings were arranged for the rotary and the League of Friends based on their needs. A total of 41 stakeholders attended a Tour and Talk session on the dates below:

20 May 2014	Four attendees
22 May 2014	Five attendees
2 June 2014	12 attendees
3 June 2014	15 attendees
10 June 2014	5 Attendees

6.0 Media Coverage

- **Appendix 9: Full list of media coverage**

At the beginning of the engagement project, we asked the community their preferred means of hearing updates about the trial of home-based care in Torrington. This question was again asked in the Healthwatch Devon questionnaire. The answer from the community was the local media and word of mouth.

As a result, and in addition to the regular face to face meetings and formal correspondence, the NHS prioritised regular updates via the two local newspapers (North Devon Gazette, North Devon Journal), BBC Radio Devon and the monthly Torrington Town Crier newsletter which was delivered to c.5000 homes.

When it was important that information appeared in full and on time, the NHS paid for advertorial space in the key newspapers.

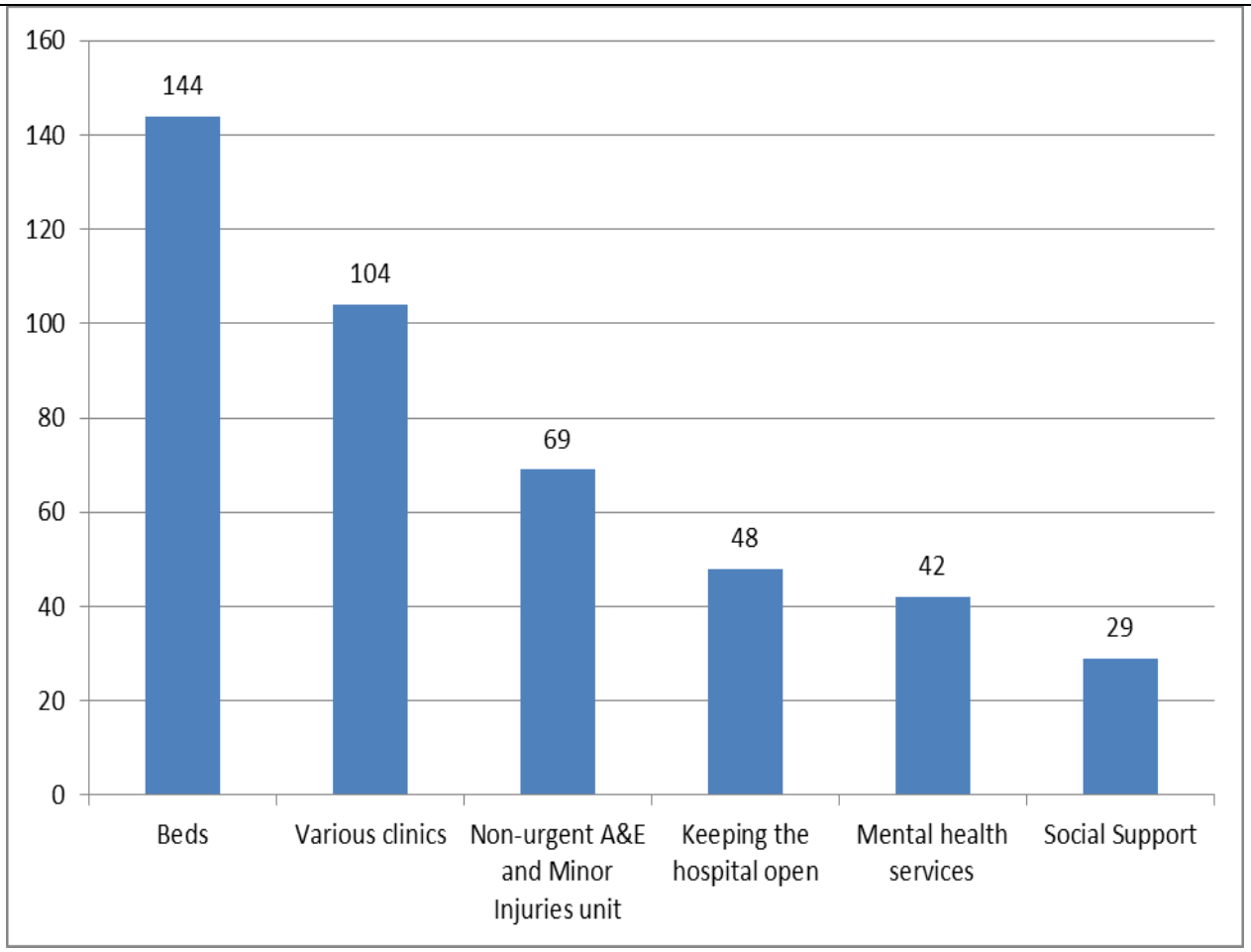
Media approach	Advertorials were placed in the following papers ahead of the beginning of the six-month trial of home-based care: - North Devon Journal - North Devon Gazette and Advertiser The adverts contained details of the public meeting and drop-ins. Both newspapers supplemented the advert with editorial articles. In addition to the above advertorials and initial press release to promote the

	launch, additional features were run throughout the involvement and engagement period. The local community newsletter, The Town Crier was asked to include regular articles in each edition. It is published bi-monthly and is delivered to 5000 homes. All local press were contacted prior to public meeting dates to further publicise those meetings and encourage attendance. Reporters from the North Devon Journal attended the public meeting. The list of media is up to date at the time of writing and is being continuously updated.
Radio	BBC Radio Devon interviewed Dr Chris Bowman at several points throughout the trial. Launch information sent to BBC Radio Devon.
Website/Intranet	Full details were placed on the dedicated website at www.torringtoncares.co.uk This included engagement documents (Meeting Local Needs), online feedback form, message board, dates of meetings and contact details for further information, correspondence, key facts, press releases, patient stories, patient experience data and a summary of the frequently asked questions. The documents were also made available in other formats such as easy read. Other websites agreed to link to the www.Torringtoncares.co.uk website, including the Northern Devon Healthcare NHS Trust, NEW Devon CCG and Greater Torrington Town Council website.
Posters	Posters and engagement documents sent to all NDHT sites for display in public areas such as outpatients or reception, and placed on all wards at the acute Trust to promote the meetings held there. At various outlets such as supermarkets, libraries, in towns where involvement meetings were due to take place.
Internal 'All Staff' emails	NHS staff were kept informed via internal newsletters
Other	Article sent to each Greater Torrington parish newsletters and the Torrington Crier on regular basis

7. Responses received to the *Meeting local Needs* questionnaire

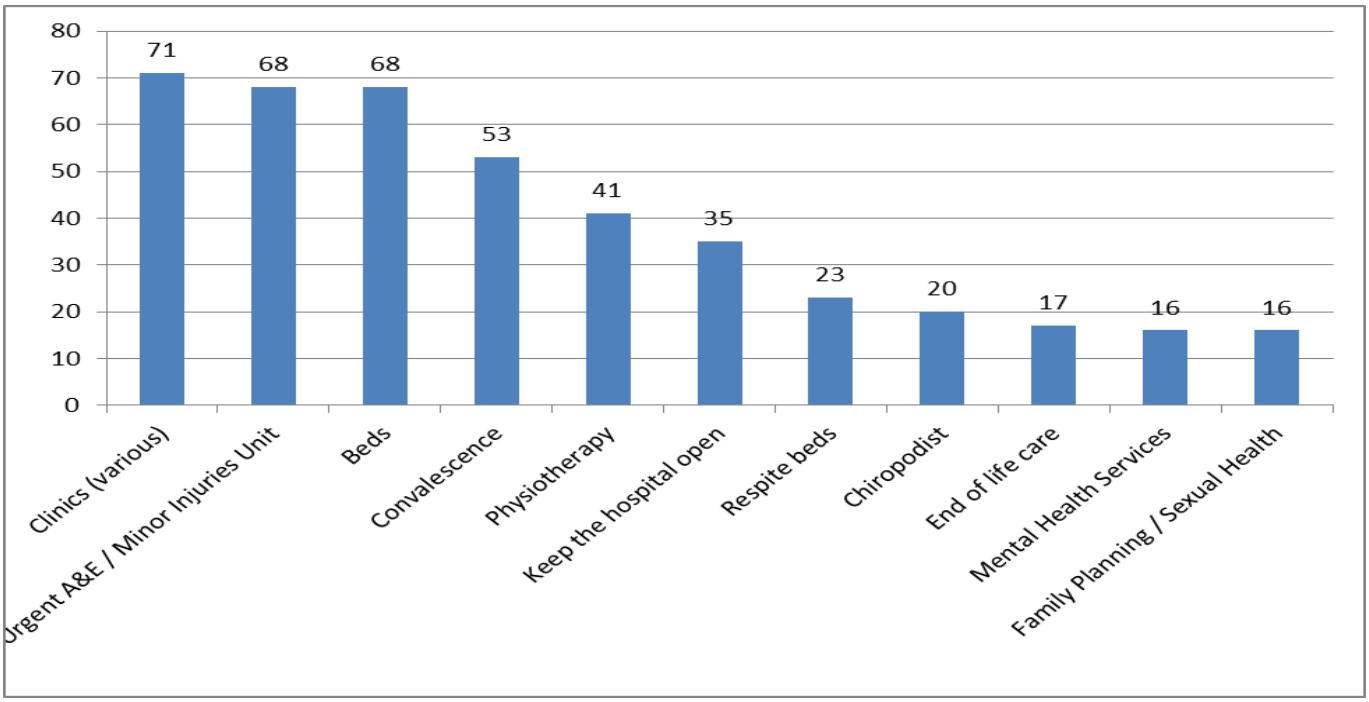
Questionnaires were distributed widely within Torrington and in total there were 211 responses to the questions. The following findings resulted from the survey:

Question 1: What services and support would you like to see provided at the Hospital?



There were 144 individuals whose responses stated they would like to see beds available at Torrington Hospital.

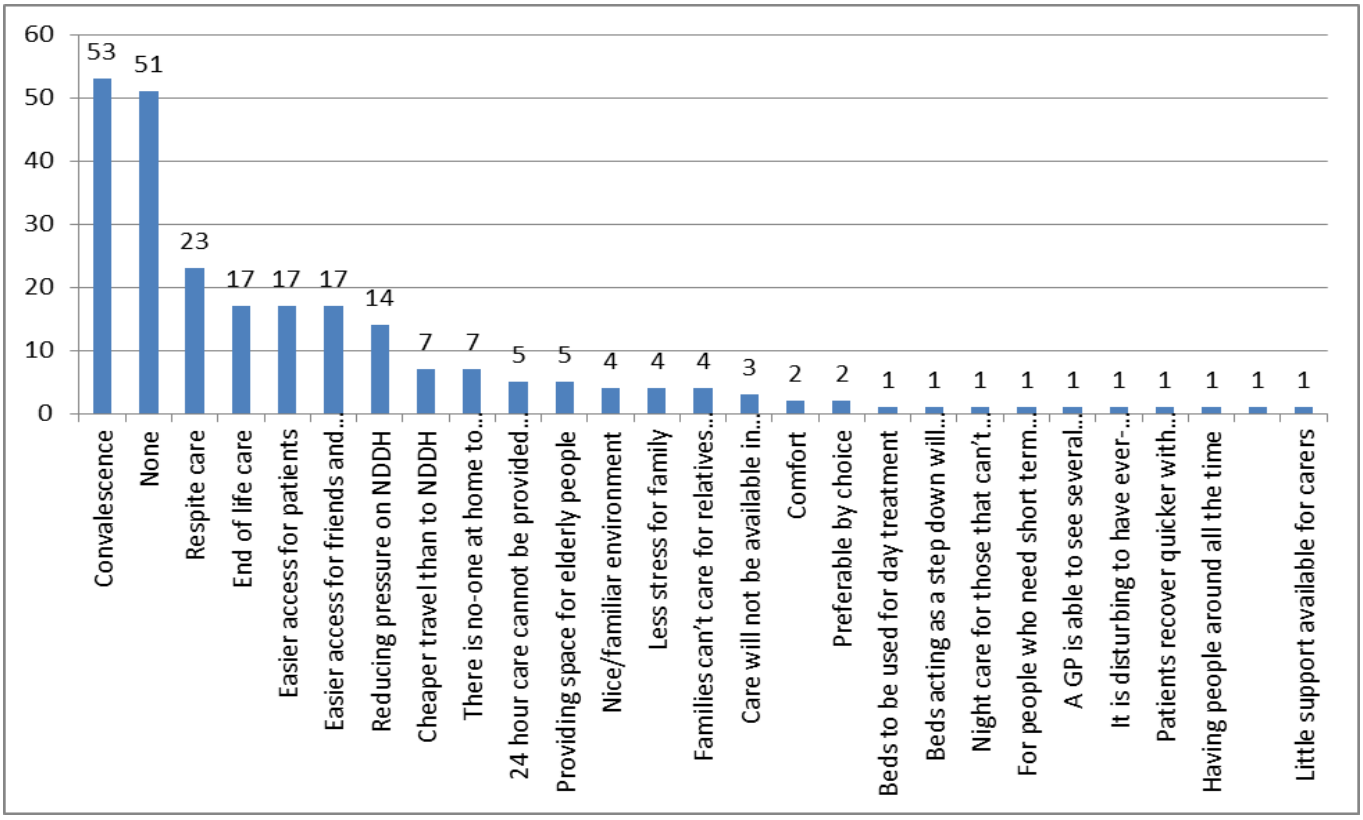
The graph below shows the number of responses that have not been themed, but respondents highlighted from the open-ended question.



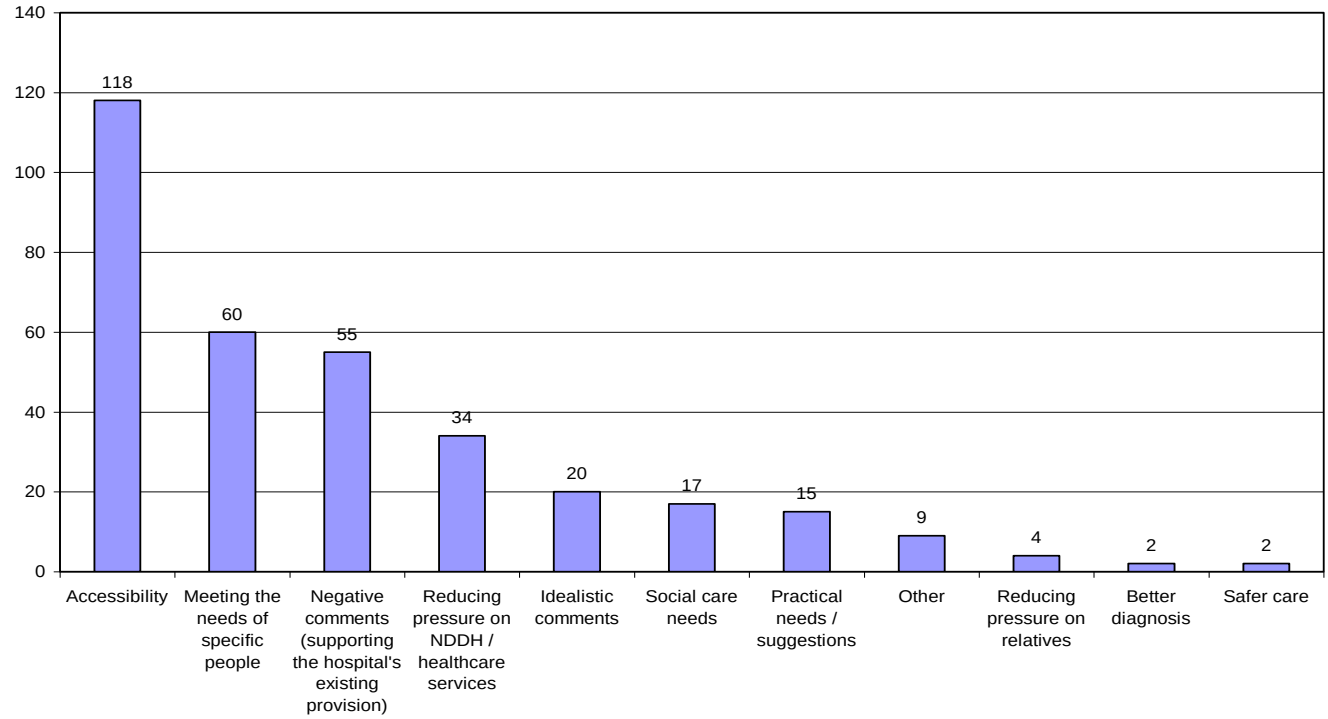
The following graph splits out the reasons given for beds being required according to respondents. The main reason people give for needing the beds in Torrington is 'convalescence'. Throughout the

engagement process the NHS tried to understand what people meant by convalescence and explored some of the other themes such as respite and end of life care.

None of the reasons stated below represent a medically justified reason for an admission to Torrington Hospital.



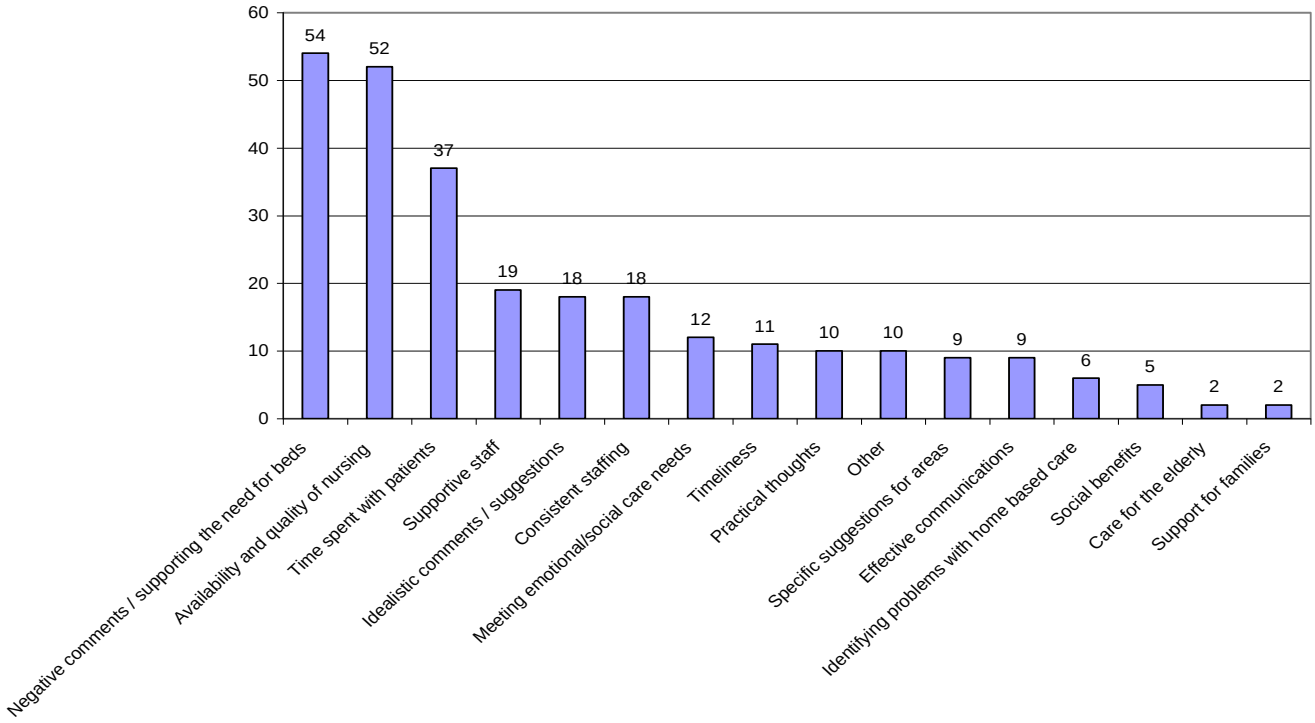
Question 2: What needs would these meet?



The chart above shows the key qualities that Torrington services (suggested in question 1) would need to meet

This highlights a need for health services to be accessible, meet the needs of certain parts of the population (such as the elderly or those who have mobility issues) and to reduce pressure on the District Hospital. There were 55 responses that built on the view that there is a need for inpatient beds.

Question 3: What in your view would successful home-based care be like (generally and for individuals) in the Torrington area?



The responses to Question 3 broadly focused on nursing care, with comments on the need for nursing to be available when needed (at night when necessary), the right staff being available to spend enough time with patients and with the right attitude. There were comments about the consistency of staffing to ensure people did not have different care staff regularly and people know them. The negative comments (54) which supported the need for beds appeared within the responses to the question, but do not answer the question that was asked.

These questionnaire responses have been included in the ideas for developing new services Torrington Community Hospital, particularly availability of nursing and meeting social needs. This process ensures the public's feelings have been considered and acted upon.

8. Was the pattern of responses to the engagement and involvement exercise in line with the demography and geography of the area? Were there any areas or groups that were not adequately represented in the responses received?

The pattern of responses was in line with the geography and demography of the area.

We were aware that through our engagement approach there would be some groups or patients who would be underrepresented via traditional approaches. To mitigate this risk, we proactively and consistently sought the views of people who were elderly, infirm, house-bound and/or with dementia.

With a response rate of 35% of patients receiving home-based care, the patient experience

questionnaires are considered representative of the population served.

Responding to the communication and engagement needs of the Torrington Community was an on-going process – we were flexible in our approach, and adapted our communication and engagement in response to feedback we received from members of the community.

9. How did the engagement inform the development of the project

Issue	Trust's response
Name of project: The project was originally given the name *Transforming Torrington Together*. There was considerable local concern that this name was too similar to an existing local group called – Torrington Together Project, which meets bi-annually.	The project was swiftly renamed Torrington Community Cares and a new website url established.
Fears about the sudden loss of beds from Torrington Community Hospital.	Whilst we had anticipated that local residents would be concerned that the inpatient beds were being closed for the duration of the trial, levels of anxiety were such that we agreed a change in our implementation plans with key stakeholders (on 14 August 2013) at a meeting with the leaders of both NHS organisations. This change was to delay the start of the trial by one month from 1 September 2013 to 1 October 2013 and keep six of the nine inpatient beds open for the first eight weeks of the six month trial. The community leaders referred to this as a safety net. The NHS also undertook to explain more fully the exact clinical capabilities of the community teams to ensure that the public were aware of the full range of illnesses and diseases that could be treated by this highly skilled nursing and therapy workforce.
Judicial Review and the engagement process: There was concern from the community that the Trust had not followed the required engagement and involvement procedures regarding the temporary closure of the inpatient beds at Torrington Community Hospital.	The NHS paused to review the engagement process and openly apologised for the mistakes we had made around the engagement process. We clarified that the six-month test of change was a trial. If, at the end of the trial, permanent service change was shown to improve services in Torrington, then we would look at whether consultation was required. Simultaneously, members of a campaign group STITCH obtained the support of Torridge District Council in requesting a Judicial Review into the decision to temporarily close the beds. Whilst we reviewed the engagement process we cancelled the first planned public meeting because we needed to consider the feedback from the community before proceeding. The public meeting was rescheduled quickly for September. To demonstrate that we had heeded the significant public concern to the proposed trial, the NHJS agreed

	to re-open six of the inpatient beds for the initial eight weeks of the engagement and involvement exercise. This approach is compliant with the legal requirements of involvement and engagement with communities when embarking on service development, as set out in the Health and Social Care Act 2012
Transparency: Concern that the Trust was not being transparent in its processes and that the decision to close the beds had already been made.	It was important to re-build the relationship following the pause in the engagement process and demonstrate that the NHS was listening to the community and adjustments to our approach were taking place in response to feedback and concerns. FOI requests were welcomed and responded to in a timely way, and individuals were invited to have 1-1 meetings with members of the Project group. Following the closure of the beds, provision of new services from the hospital was based directly on feedback from the public about the gaps in services.
End of Life Care	A workshop was run specifically to explore the issues around end of life care (see appendix 4). This explored the role of the inpatient beds in people's plans for end of life and looked at the possible end of life care services there could be for the community within the new model of care. We also engaged in direct discussion with the Hospice, local nursing homes and clinicians regarding the delivery of end of life care. We made this a specific issue to interrogate through the data in each of the evaluation reports and will ask the staff about their experiences at the end of the 6 month trial.
Availability of Out of Hours nursing	The Out of Hours Nursing service was not within the scope of the Torrington Test of Change and remains unaltered. However, provision of Out of Hours Care was clearly an important issue raised by the public. Out of Hours is organised on a Devon wide basis, so we have committed to review the whole Out of Hours provision across the CCG as a whole. This includes and encompasses the existing GP out-of-hours service (DDOC),111 service, Minor Injury/Urgent care centres, Ambulance Service developments and Out of Hours Nursing.
Feedback that communication and information sharing had been poor.	We accept that we faced challenges to ensure the correct media platforms were being used to ensure the community was kept informed. One of the key premises of establishing the Task Group was to ensure those stakeholders attending the meeting kept their respective organisations informed of developments. This proved an unreliable communication channel for

	some of the members/stakeholders. The dedicated website is well used and has proved to be an invaluable as a source of feedback and central repository of information. 79 FAQs feature on the website here:http://torringtoncares.co.uk/questions/faq/ In response to the concerns that not everyone could access the internet, representatives from the NHS personally visited the library, town hall, garages, post offices, pubs, village halls and shops to request that information was displayed. We were dismayed that some of these venues refused the leaflets and documents, thus denying local residents the chance to become involved and informed. Through relationship building, we learned that the most widely read publication was the Torrington Town Crier; once this had been identified regular updates were featured in this newsletter. A very fruitful communication route was via the parish councils. We have been able to publish articles in their monthly newsletters.
Concerns were raised about the date and time of the first public meeting.	The Trust arranged two public meetings at different times (after work and day time) to ensure the meeting was accessible to those who wanted to attend.
Concerns were raised that people from surrounding parishes could not input to the workshops as it was difficult for them to get to the hospital.	Drop in sessions were held in the surrounding parishes to aid easier access. The NHS also requested invitations from local community groups so that we could attend their meetings. We were delighted to receive invites to many meetings.
Response to all concerns.	Through the weekly drop in sessions, several themes emerged as the key issues concerning the public about the proposed changes, namely: • Lack of understanding about home based care • End of Life care • Opportunities for the hospital building • Inpatient beds • And latterly, support to carers (particularly those caring for dementia patients) Focused workshops were developed to explore these four topics further. Members of the public were invited to attend one or all of the four workshops. The 2.5 hour sessions consisted of in-depth discussions about the specific area, followed by an information sharing session with people from the health and voluntary sectors invited to talk about the relevant topic areas
Ideas for new services	Each idea for a new, local services to be launched in Torrington was investigated for feasibility and clinical

	benefit. These ideas came, primarily, from the drop-in sessions. Our response has been to set up the following **new** services in Torrington (using the space previously occupied by the inpatient beds) - Antenatal and postnatal clinics - IV day treatments In the planning stages (i.e. the feasibility study suggests that these services would meet a local health need) - Voluntary services and advice - Medicines for older people - Leg club - Ultrasound See appendix 11.iv for new clinic timetable
Positive feedback from the patients receiving home-based care	Friends and Family score of +67 Each patient being discharged from the community team in Torrington was asked to complete a questionnaire about their experience. The full report can be found in Appendix 6.
Critical feedback from patients receiving home-based care	Through our patient stories we heard that better coordination was required in order to ensure patient felt safe when being looked after at home. We developed a band 4 coordinator post to address these concerns.
The evaluation	The evaluation reports, published at 8-weeks, 4-months and 6-months have been well understood and vigorously challenged by the lay-Oversight Group.
Oversight group	Members of the public wanted to have the opportunity to oversee the evaluation process. Accordingly, we developed an Oversight Group (members previously outlined) to carry out this function. Appendix 3 offers the Terms of Reference for this group
Tour and Talk	Tour and Talk was launched following the productivity of the meeting held with Cllr Cox, and in line with his recommendations. It provided an opportunity for members of the public and stakeholders to meet the clinical teams providing health and social care in and around Torrington as well as managers form the CCG and NDHT and talk in detail about the six month evaluation and the possibilities for the future role of Torrington Community Hospital

10. Contact with Devon Health and Wellbeing Scrutiny

As part of the involvement and engagement process, Kate Lyons, Director of Operations and Jac Kelly Chief Executive at the Northern Devon Healthcare NHS Trust and Caroline Dawe, Managing Director and

Dr Chris Bowman, Vice Chair of the Northern locality of NEW Devon CCG attended the following OSC meetings:

Devon County OSC

6 September 2013 (Attended by Caroline Dawe, Kate Lyons and John Womersley)

21 November 2013 (Attended by Caroline Dawe, Stephen Hudson and Chris Bowman)

16 March 2013 (Attended by Jenny McNeill (CCG) on behalf of both organisations

28 May 2014 (informal) (Attended by John Womersley, Kerry Burton, James Wright, Caroline Dawe, Kate Lyons and Chris Bowman)

16 June 2014 (Attended by John Womersley, Kerry Burton, James Wright, Kate Lyons and Chris Bowman)

North Devon District Council meeting

14 November 2013

Torridge District Council meeting

29 August 2013

11. Does the NHS have any comments about the general tone of responses received? For example, were those opposing the proposals expressing fundamental objections or picking up minor (possibly technical) issues

Very early on in the engagement exercise, we realised that we had over-estimated people's awareness and knowledge of the existing services, not only what medical services the community hospital could appropriately offer but also the enhanced level of intervention that was possible by the community teams in people's own homes.

Despite previous public relations and awareness building of the capabilities of community teams, it is clear that the community were not ready to accept the clinical wisdom and evidence behind this model of care without more evidence. Instead our focus was on the social and community aspects of the care services provided in Torrington, some of which by the NHS.

Whilst these are important, we didn't start the exercise by asking people what was important to them. We assumed we knew and therefore the engagement exercise was launched on the public a step too far ahead and required us to go back and re-engage when we realised that we had the wrong focus.

12. What worked well, what we could have done better?

What worked well	What could we have done better
Flexibility – A flexible approach enabled the Trust to respond quickly to the needs of the community, and learn how to best to engage with them.	Having a clear engagement process – from the start – that was in line with legal requirements. Having to alter the process as a result of potential judicial review resulted in dis-trust amongst the community, which caused significant challenges in

	public engagement.
At all times we demonstrated a genuine desire to be led and informed by the public with regards to both the project and engagement. Despite the initial challenges we worked in partnership with the community to ensure we were engaging and informing in ways that worked for them. We also provided as many feedback platforms as possible so that new services could be influenced by as many members of the public as possible.	Appreciating the importance of the Town Crier would have greatly aided communication with residents. However, we feel fairly confident that we did all we could to ensure people were aware of the opportunities to be involved and engaged in the process. In hindsight, if we had started talking to the community earlier, before the idea of bed closures had been mooted, this would have aided greater public understanding of the choices in how NHS resources are deployed and benefits of community clinical services. We regret the feedback we received that people expressed shock at the decision to temporarily close the beds. This was not our intention and this is something we have learnt. The reason this is important is that we felt that people's reaction to the 'shock' was to refuse to engage in the process in a positive way.
Responsive – following the closure of the beds, new service provision was based on feedback received from the public during the involvement exercise. This helped to demonstrate a genuine desire to work in partnership with the community and helped to re-build trust which had been damaged in the earlier stages of engagement. We also did our best to provide timely responses to all correspondence, some of which required huge amounts of data and all of which we published on the TCC website to aid information spreading across the community.	We feel we could have more clearly outlined which aspects of the project the public would be influencing and better communicated this to the community.
Learning from the public what the key issues were for them via the drop-in sessions, and then exploring these issues in more detail through the focused workshops. The focused workshops enabled the Trust to not only gain a deeper understanding about what mattered to the public, but also provided an opportunity to further inform the public on the issues they were concerned about.	Communication could have been: - More accessible - Directed to the right people - More timely
Developing a working relationship with the editors of the Town Crier resulted in a regular slot in this newsletter to ensure we continue to keep the public informed.	Improved planning – the drawback to being responsive was that we were not able to give very much notice to the community about the engagement events, such as the focused

	workshops. Whilst the focus workshops were extremely feedback, this caused frustration amongst the community as well as a low attendance to some of the events.
Working in partnership with the voluntary sector and the League of Friends helped us to develop a deeper understanding of the needs of the community.	Increased emphasis should have been placed on informing the public about the details of home-based care. A significant lack of understanding led to high levels of anxiety amongst those members of the community who had not experienced this type of care. This contributed to the difficulties we had in engaging productively with some groups.
Devon Health and Wellbeing Scrutiny Committee – we ensured the committee members were kept informed of progress. All documents were submitted to this committee in a timely fashion and reports prepared accordingly.	Challenging STITCH. The NHS chose not to respond to the majority of claims and accusations from STITCH. This was because there was little to gain from a tit-for-tat and we were conscious of the impact this would have on current patients, our staff and our partners. Our aim was to not fuel this fire, and instead chose high-impact statements which were targeted at some of the most excessive incorrect claims. There were significant challenges – especially with STITCH - in building relationships with a community who stated they were 'wounded' by the way we initially engaged.

12.1 Examples of the impact of inaccurate statements and accusations from STITCH

Inaccurate statement / accusation	Impact
'Save our hospital' 're-open our hospital'	This implied that the hospital was closed. Significant work had to be done to ensure communicate that it was the inpatient beds that were temporarily closing and not the whole hospital
£1 Million removed from Torrington's NHS budget	This was untrue and resulted in the community feeling that significant financial resources were being taken away from Torrington that they had to fight.
Accusations of 'massaged figures'	This was entirely inaccurate, and resulted in increased mistrust from the community based on false accusations. All of the data that we published was accurate. As a public body we are required to uphold stringent standards relating to the accuracy of the information that we share. Indeed we are held to

	account by NHS England, the Care Quality Commission, the Care Standards Agency and the Government with regards to our data.
The Parish Poll – 99% of Torrington want the beds re-opened	This was not accurate because: 1. The results referred to 99% of the 32% of those turned out from Torrington town 2. The question being asked did not represent the trial as no alternative was offered. **3.** Residents of Great Torrington and surrounding parishes were not allowed to vote.

13. What have we learnt?

Focused and earlier engagement
Putting the time in to work closely with communities – specifically key groups and stakeholders (eg Care Forum) - to build relationships so that people feel part of any changes that happen and not done to.

In future we would launch an engagement and involvement exercise well in advance of any proposed service reviews or change and be very clear about the scope of the engagement approach. Since the start of this project, NDHT have recruited a full time engagement and involvement lead to ensure the resource is in place to ensure this happens in future.

The importance of context

a) Ensure we communicate the national and local context within which the project sits
b) Clarity of the nature and use of the health services in question be explained to ensure misconceptions be addressed early.
c) Clarity on the purpose of the engagement activities and how the public can influence the outcome or decision

In terms of the Torrington project, we could have aided greater public understanding had the initial Section 256 investment been more widely communicated since 2011. Instead we waited for the evolving model to become established and 'perfect' before engaging people in the benefits of the emerging model of care.

Engaging on aspects where the opportunity for public influence is clearly described
Given the universal clinical support for the home-based model of care in Torrington from community frontline clinicians and NDDH's geriatrician, we could have been clearer about what we were engaging on.

We were not engaging on whether the model of care worked or whether the inpatient beds should be reinstated. We were engaging on what services the residents of Greater Torrington would benefit from being able to access from Torrington hospital rather than NDDH.

Again, this issue relates back to the importance of setting the context from the start.

Information and data
Feedback from Torrington was that the information document and evaluation data was very difficult to understand. This lack of understanding fuelled the mistrust about the figures.

Healthcare data is complex and difficult for the vast majority to understand however we will continue to work, via the reader's panel and other patient and public groups to address this challenge to ensure that we provide information to people in ways that they can understand it.

There will always be a need to develop a keen stakeholder group who represent the community and wit whom we can ensure understandings that can be feedback to the community.

14. Conclusions

Throughout this process (and into the future) we have had a genuine desire to work with the local community in commissioning and providing health care services that meet the needs, wants and aspirations of the Torrington Community and its surrounding parishes. To support this project, ensure we could hear many different voices in many different ways, and really work in partnership with the local community, we provided a total of 12 different types of engagement and involvement opportunities. These included:

- 34 events
- Two films
- Four leaflets/posters
- One supporting document
- Three published evaluations
- Four Oversight group meetings
- 17 press releases.

We were continually flexible designing these opportunities based on feedback we received.

We are very proud of the efforts and successes across the vast majority of the engagement and involvement work we carried out on this project, as outlined in section 13. However we acknowledge that things did always go as well as we would have hoped.

In response, we were continually flexible in our engagement approach to address the feedback we received.

It was this feedback that led us to pause our early engagement to address the criticism from STITCH. The combination of a change in legislation around the duty to engage, a lack of understanding about home-based care, and a genuinely emotive change for the community were also key factors that led to a change our engagement approach.

We are committed to heed the learning from our experiences in Torrington and use the lessons learnt to intrinsically shape any possible future plans which may also involve these difficult changes in different communities.

We must be prepared for high levels of anxiety and possible anger, messages that are complex to understand and communicate and even protest groups when we look into service reviews in the future. However our learning from Torrington will help us to mitigate the impact that these have on our engagement, involvement and evaluation process and improve our resilience and ability to face these challenges.