Torrington Community Cares Engagement and Involvement Final Report

Summary

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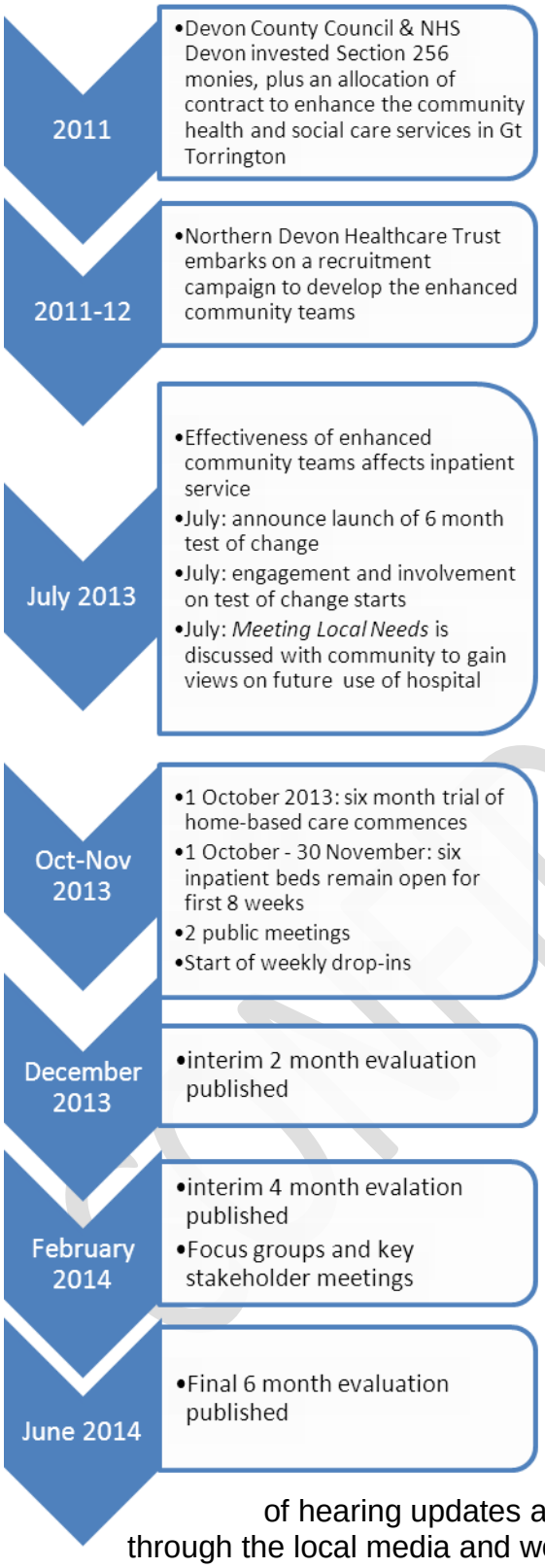
www.torringtoncares.co.uk

Timeline



Background

On the 4th July 2013 the Northern Devon Healthcare NHS Trust (NDHT) and the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) launched an involvement and engagement exercise to support a six month trial of a new model of care in Torrington called home-based care.

The aim of the trial was to test whether the residents of Great Torrington could be better served by community teams delivering care in their own homes than by inpatient beds in the cottage hospital.

Please refer to the full engagement report for comprehensive detail on how we engaged and involved the community in the journey of the trial. On the left are the key activities relating to this trial.

In response to the significant concerns from the local community, we paused the engagement and involvement activities and put back the start of the trial by one month to October 2013 and reinstated six of the inpatient beds for eight weeks as a 'safety net'.

Although this was a trial, and not a permanent change, we were keen to listen to the community and respond to their concerns.

For the second phase of the trial (26 November until 31 March 2014), the inpatient beds remain closed at Torrington Community Hospital.

Ensuring effective and responsive communication

We asked the community their preferred means of hearing updates about the trial. They informed us that it would be through the local media and word of mouth. This preference was supported by the results of the Healthwatch questionnaire.

The NHS prioritised regular updates via the two local newspapers (North Devon Gazette, North Devon Journal), BBC Radio Devon and the Great Torrington Crier.

We also submitted the same updates to newsletters in the other surrounding parishes of Great Torrington.

A special website was set up in August – www.torringtoncares.co.uk – to support easy access to information and feedback mechanisms.

Engagement and involvement activities

A variety of engagement and involvement activities were carried out; all of which designed to inform the public about the new model of care and provide a platform for feedback. With the full description of our engagement and involvement activities contained in the Engagement Report, a summary follows:

- **Meeting Local Needs document (Appendix 1)**
  15,500 households received a mail-drop with information on the dates and times of the drop-ins and public meetings.

- **Development of the Oversight Group (Appendix 3 – Terms of Reference)**
  In November 2013, the Torrington Oversight Group was established to oversee the process of the evaluation. The group received data regularly and steered the involvement and engagement approach.

- **Public meetings**
  Approximately 350 people attended two public meetings were held at the Plough Arts centre in Torrington during the early part of the engagement work. 600 people came through the door of these meetings, however it was noted that some attended twice.

- **Drop in sessions**
  16 weekly drop-in sessions were held from 8 August 2013 to 22 November 2013 at Torrington hospital and the surrounding parishes. Up to 25 people attended each drop-in to discuss the trial with NHS representatives.

  We also asked people to tell us what services they would like to see offered from the hospital. Each suggestion and idea was collated and checked for feasibility.

  The outcome of the drop in sessions was the development of the focused workshop series

  All questions and comments were noted at during the public meetings and focus groups and developed into a Frequently Asked Questions section on the website. This can be found by at the following link: http://torringtoncares.co.uk/questions/faq/

- **Focused workshop series (Appendix 4)**
  Four key themes emerged from the drop-ins as the main areas of concern for the community. We ran a focused workshop series on each topic to gain a deeper understanding of the issues.

- **Patient Stories (Appendix 5)**
  We also recorded the stories of patients receiving the home-based care.

- **Direct correspondence with the public**
  At the time of writing we had responded to a total of 61 items of formal correspondence from residents, councillors, MPs and STITCH.

- **Freedom of Information (Appendix 7)**
  We responded to over 13 Freedom of Information requests about Torrington which contained over 60 individual information requests.

- **Meetings with elected members and Devon Health and Wellbeing Scrutiny**
  During the engagement phase, NHS representatives attended:
  - Five Parish Council meetings
  - Five District and Town Council meetings
  - Five meetings of the Devon Health and Wellbeing Scrutiny Committee

- **Involvement with Healthwatch**
  Healthwatch Devon offered facilitation and support to the local protest group STITCH (Save The Irreplaceable Torrington Community Hospital) to formulate a questionnaire. The analysis of this survey is included in the six-month evaluation.

  There was Healthwatch Devon representation on the Torrington Oversight Group. The CCG and NDHT also asked Healthwatch Devon to independently validate the patient stories.

- **Trip to Budleigh**
  We arranged a trip to Budleigh for a small group of stakeholders so they could visit another town in Devon where the model of home-based care was also working well.

  The aim was to enable the visiting party to have an open and honest discussion with member of the teams involved with both the Exmouth Hospital at Home Scheme and also the Budleigh Health and Wellbeing Hub.

- **Tour and Talk**
  'Tour and Talk' of Torrington Hospital was launched following a visit to the hospital in May from Geoffrey Cox MP. During the visit we shared the evaluation, the engagement activities and the new clinics being run from the hospital. It was also an important opportunity for Geoffrey Cox to ask questions.

  We extended the same opportunity to the rest of the community and a total of 41 individuals and stakeholders attended a Tour and Talk session.

How did the engagement inform the development of the project?

Throughout the engagement activities, we received feedback about the style and content of the communication. The following table outlines all the ways in which the public influenced the engagement approach:

Feedback from Engagement	Actions taken
Name of the project	The project was originally named Transforming Torrington Together however there was considerable local concern that this was too similar to an existing group so the project was re-named Torrington Community Cares
Judicial review and the engagement process	Upon claims that we had not followed due process, we paused the exercise, cancelled the first public meeting and restarted the process one month later
Fears about the sudden loss of beds	Six of the 10 beds were re-opened for the first eight weeks of the six month trial
Concerns about the date and time of the first public meeting	Two public meetings were arranged at different times and dates to ensure the meeting was accessible to all those who wanted to attend
Concern about a lack of transparency	FOI requests were welcomed and responded to in a timely fashion. We also invited members of the community to 1-1 meetings to discuss their concerns.
Members of the public to be involved in overseeing the evaluation	We developed an Oversight Group (members previously outlined) to oversee the evaluation process
Concerns that people in the surrounding parishes could not attend the drop-in session at the hospital	Drop in sessions were held in surrounding parishes and we offered to replicate all subsequent opportunities in the surrounding parishes or within other local groups.
Response to issues raised during the drop-in sessions	Four key emerged during the weekly drop-in sessions. A workshop series was developed based on these four themes as an opportunity for further feedback and information. Community organisations were invited to present at these workshops in order to provide further information on the specific subject area. EG the local hospice presented on end of life care.
Confusion on issues of end of life care, funding, use of beds	We wanted to explore the issues in more detail so designed the workshop series based on the feedback we received during the drop in sessions
Communication	The public told us they wanted to receive messages via the Crier and word of mouth, we built a very positive relationship with the editor at the Crier ensuring that we had updates in every edition.

Data and the way the trial was evaluated	We asked the public to suggest data they would like us to collect that would suggest whether the trial had been a success or not.
Ideas for new services to be delivered from the hospital	All new services that developed during the test of change were based on feedback we received from the community
The views of patients	We produced a patient story booklet with the experiences of 6 patients. To ensure this was accessible to all, we also created a short film of three of the stories. http://torringtoncares.co.uk/patients-say/feel-receive-care-home-torrington/
Critical feedback from patient stories	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.
OOH	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 and there is a commitment to review Out of Hours provision Devon wide.

What worked well?

NHS Commissioner and Provider relationship

The consistent joined up working of the team working on this project presented a very seamless relationships between the two organisations. All correspondences and press releases were done jointly, and all engagement opportunities had both CCG and NDHT representatives present.

We feel that this joint approach not only presented a united front to the community, hopefully instilling confidence in our work, but also offered mutual support to the teams working on this challenging project.

Positive feedback from those who were involved

It was initially very difficult to engage with people in positive ways about the project. We soon learned that large drop-in sessions were not conducive to constructive conversations and we began running smaller sessions, starting with workshops and later evolving to Tour and Talk.

The latter proved to be the most positive and productive because it provided people with the opportunity to ask questions in small groups. Presenting the evaluation data as well as

patient stories helped people to understand the complexities of the project, and how the NHS had, at all times, worked with integrity on the project.

All those who attended our engagement and involvement activities gave very positive feedback about the experience expressing that that they were very useful and informative and that it was “great to know that what you are saying is being heard and acted upon.”

We were often invited back to meetings following initial attendance and informed that our position seemed genuine with groups welcoming and requesting feedback.

Developing relationships with key stakeholders
We developed very valuable relationships with the care forum, the rotary and the Crier. These key relationships helped us to ensure we were involving key stakeholders as well as communicating messages effectively.

We also built on existing good links with the voluntary sector, including the League of Friends, who helped us to gain a deeper understanding of the community’s point of view on certain topics.

Flexible and responsive
Our flexible approach enabled us to respond quickly to the communication and engagement needs of the community, learning and adapting to their needs as the engagement developed. We responded to the messages we heard from the community and acted on them in the ways that we could (eg, re-opening the beds, running focused workshops and Tour and Talk).

What were the main challenges?

A change in the duty to engage
2012 saw a change in the legal requirements for NHS organisations to engage with the community on service changes. The Health and Social Act 2012 gave increased power for the local authority during health service change, outlining that NHS must engage with the local authority at the start of a service review.

The investment in Great Torrington began in 2011thus starting the enhancement of the community teams. The change in legislation in 2012 meant that work had already began without the prior engagement, causing the required halt to the process.

Indeed it was only in December 2013 that NHS England published guidance around carrying service change based on the new H&SC Act by which time we were already at the mid-way point of the test of change.

Distrust from the community
The biggest challenge we faced was the community feeling that our engagement and involvement was disingenuous. We acknowledge that this stemmed from having to alter our initial process as a result of threats of judicial review.

Despite continued and on-going attempts with multiple offers of meetings with regard to transparency, there were some member of the community, especially within STITCH, who could not move beyond this initial point.

In some parts of the community there remains deep frustration and it continues to be very difficult to have conversations about any other part of the project outside of the beds and the engagement process.

STITCH

The change in engagement legislation and threat of legal challenge gave force and fuel to the protest group Save The Irreplaceable Torrington Community Hospital (STITCH). This group claimed to be the voice of the community, however as the engagement continued, we learned that they actually formed a very small, although very vocal proportion of the community.

One of the biggest challenges this group presented was the inaccurate information that they persistently and successfully fed to the community using the media, the Crier, posters, leaflets and meetings.

Other significant challenges we faced from STITCH were:

- Impact on the community – we received direct feedback from people saying they were very reluctant to come forward and engage with the project for fear of the rebuff they may receive from STITCH.
- Intimidation of frontline staff – individual members of NHS staff were personally vilified by the STITCH.
- Disrupting meetings – Members of STITCH sought to dominate meetings, particularly drop-ins, making it very difficult for any other person to contribute.
- Annecdote and hear-say – STITCH reported widely there being numerous people who had had negative experiences of receiving care at home. Despite continued request for these stories to be relayed to us, they never were. STITCH then accused the NHS of not listening to members of the public.

It was our desire to engage in a positive way with STITCH, however, despite continuous attempts and personal invitations, STITCH refused to meet in person with the NHS to discuss their accusations and concerns about transparency during the second half of the evaluation.

The Beds

It was initially difficult to engage in conversations about the possibility of other services being developed from the hospital because of the high levels of anxiety around losing the inpatient beds.

We now acknowledge that we underestimated the role of the inpatient beds to the people of Torrington and the perceived importance they were to their lives. However, we also learnt that the perception of the function of beds did not necessarily match the reality – some people believed the beds offered an end of life service, but data demonstrated that very few people actually received end of life care within the hospital

Lack of understanding about services for frail and elderly

A significant lack of understanding about the difference between long-term, short-term, domiciliary, community NHS, social, funded and private care resulted in a pervasive and oft-expressed confusion about the proper (medical) use of a community hospital bed.

The community often requested that the beds be used for carer respite, end of life or convalescence. And these requests were based on personal experiences sometimes dating back decades.

Despite considerable efforts to explain how services were accessed and when/why, there remains widespread confusion. There is a need to clearly explain to Devon's communities the services available to them, the specific health or social care role they have and the referral / funding criteria for each.

Lack of public support from local GPs

Whilst the local GPs were involved in the trial from the earliest stages, we acknowledge that the local GPs found it difficult to publically state their position as clinicians about the inpatient beds.

Our clinicians conducted thorough case note reviews with the GPs to check that the quality and level of care offered to patients in their own homes met their needs. This process confirmed that the model of home-based care was meeting the needs of patients.

While they did not publically oppose the project, the lack of support from the GPs added to the struggle we encountered with the community.

What did we learn? What would we do differently next time?

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. However we acknowledge that things did always go as well as we would have hoped. Some of our key learning is as follows:

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 with whom we can ensure understandings that can be feedback to the community.

Conclusion

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 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.