

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

23 September 2016

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Report by Devon County Council Health and Wellbeing Scrutiny Committee
Torrington Community Hospital

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Richard Westlake, Chairman Devon County Council Health and Wellbeing Scrutiny Committee (HWSC). NHS England provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review because further local action by the NHS with the Council can address the issues raised.**

Background

Torrington Community Hospital, in the north Devon district of Torrington, is one of 17 community hospitals currently run by North Devon Healthcare NHS Trust (NDHT). The original hospital building dates back to 1908 with extensions added in the 1980s. Up to autumn 2013, it provided general medical inpatient services from ten beds as well as a range of outpatient services and clinics for a largely rural population (around 64,000 in Torrington District) that is older than the national average. Future population growth is predicted to be greatest amongst people of pensionable age and particularly amongst those aged 85 plus. A longstanding programme of change, initiated by the former South West Strategic Health Authority in 2010, had sought to test different models of community healthcare provision with the aim of increasing community nursing and providing more care in people's homes.

Consequently, over a gradual period, local community services had been strengthened and Torrington Community Hospital experienced a declining number of admissions. As patient admissions reduced, this raised concerns for NDHT about maintaining inpatient staffing and quality of care.

In July 2013, the NHS North, Eastern and Western Devon Clinical Commissioning Group (CCG) commenced a joint “*Torrington Community Cares*” test of change. A document, *Transforming Torrington Together*, was published on 4 July 2013 setting out the rationale for the test of change and seeking to engage the community in the design of future local services. The test involved temporarily suspending the ten Torrington hospital beds for six months and replacing the inpatient service with an enhanced model of community care to people in their own homes. Proposals also included the possibility of additional clinic services being delivered locally in Torrington. Patients for whom a community hospital admission was still appropriate (around two per month) would be admitted to neighbouring community hospitals.

In light of significant local concern about the loss of the ‘safety net’ of inpatient beds during the test of change the CCG and NDHT postponed the start of the test from September to October 2013 and kept open six beds for the first eight weeks. A supporting document, *Torrington: Meeting local needs*, setting out the case for change was published in October 2013. A rapid evidence review, *Care closer to home*, was published by Public Health Devon in November 2013. Also in November 2013, at the end of the eight week period, the CCG and NDHT evaluated the use of the beds and concluded that, with only three admissions during the period, the beds could safely be closed for the remainder of the test. The test of change concluded on 31 March 2014. The beds remained closed while final evaluation data covering the six month trial was collated.

The evaluation concluded that the new model was as good or better quality in terms of health and social care outcomes than the service that had existed before. Fewer hospital admissions had been necessary and a reduced length of stay was required for those who had been admitted to hospital. No adverse impact on local A&E or ambulance services had been identified.

In May 2014, Healthwatch Devon published the results of a survey, *Torrington 200, a report with recommendations concerning Torrington Community Hospital*. The report highlighted the high regard with which the hospital was held by local people and the need for greater dialogue and communication in planning future healthcare for the Torrington area. An NHS response and action plan to five recommendations made in the report was published in June 2014.

Public engagement activity continued during summer 2014 providing stakeholders and the public the opportunity to discuss the project in more detail. As part of this process, a community-led Oversight Group was established to examine the data being collected.

The HWSC had received presentations from NHS representatives prior to and during the test period and on 16 June 2014 considered a report on the evaluation and engagement activity. The Committee noted the report and requested that further progress reports be provided over the next twelve months.

NHS representatives met Geoffrey Cox MP for Torridge and West Devon and community leaders on 21 July 2014 to discuss the outcome of the test of change and next steps. Following that meeting, it was agreed that four remaining tasks would be completed before a final decision was made:

- additional time for the community to provide further feedback
- a dataset to be provided to the Oversight Group to enable the group to make recommendations to the relevant NHS boards
- a final public meeting to discuss the project
- an independent review of the evaluation data - which was subsequently undertaken by Dr Helen Tucker

Dr Tucker's report was submitted in September 2014. Overall, the report found that the evaluation had been carried out *"in a sufficiently accurate and robust way with regard to data analysis and interpretation of the wider health system"*. However, it also noted *"a fundamental disconnect between the formal scope of the evaluation, the nature of the engagement and the concerns of the local community"*.

The public meeting, chaired by Geoffrey Cox MP, was held in November 2014 before the Board meetings of NDHT and the CCG on 25 and 26 November 2014. A number of documents were provided to both Boards including updated evaluation data with patient feedback, the Tucker report and the views of the Oversight Group. The Boards agreed to provide community services using the enhanced model of care in place of the beds in Torrington Community Hospital which would be closed, and to support a change in use of the building to deliver additional services for Torrington and its parishes from the hospital site.

A progress report from the CCG was considered by the HWSC on 16 January 2015 and the CCG was asked to provide additional information to enable the Committee to evaluate whether anticipated outcomes were being delivered. Further progress reports were provided to HWSC meetings in March 2015 – in which the Committee considered a Member Investigation report from Cllr Andy Boyd – and June 2015. The June meeting resolved that consideration be given to establishing a Task Group which was subsequently formed in September 2015 to review the evidence and process by which decisions about Torrington Community Hospital had been made, to clarify the principles on which a referral to the Secretary of State for Health could be made and to consider next steps against a backdrop of change in community hospital care in Devon.

The Task Group undertook witness sessions and visits to Torrington from September 2015 onwards before reporting back to the HWSC at its 20 June 2016 meeting. The Committee

noted some outstanding details and comments requiring further consideration by the Task Group. It was resolved to refer the Task Group report to the Secretary of State for Health subject to the endorsement by the Committee of a revised draft. Referral was made in a letter from Cllr Richard Westlake, HWSC Chairman to the Secretary of State dated 21 July 2016. The letter references the concerns of local residents, especially the local campaign group Save The Irreplaceable Torrington Community Hospital (STITCH).

Torrington Community Hospital now operates as a health and wellbeing hub offering outpatient services including gynaecology, ear nose and throat, breast clinic and physiotherapy. Development of the hub continues to be considered through a Health and Wellbeing Steering Group established in June 2015 and drawing membership from councils, NHS including general practice, social care and the voluntary sector.

Basis for referral

The HWSC's letter of 21 July 2016 states:

“The item is referred on the grounds that the authority considers that the proposal is not in the interests of the health service in its area.”

IRP view

With regard to the referral by Devon County Council HWSC, the Panel notes that:

- the *Torrington Community Cares* test of change was part of a longstanding programme to test different models of community healthcare provision in Devon
- the test of change followed a period of strengthening community services and declining admissions at Torrington Community Hospital which raised concerns about the quality and sustainability of the inpatient service
- the test of change commenced in October 2013 and concluded in March 2014
- the final decision to close inpatient beds and provide community services through an enhanced model of care was taken in November 2014
- despite evaluation data demonstrating positive outcomes from the test of change, public concern about the future development of community services in the area and more widely remains
- evidence suggests that early engagement and consultation activity was unclear in purpose and undermined the confidence of the local population – the NHS has acknowledged this and taken steps to address the situation going forward
- services in the area now come within the consideration of the NEW Devon Success Regime – the Task Group's report emphasizes the need for the views of local people to be taken into account when planning changes to healthcare in Devon

Advice

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value. Further local action by the NHS with the Council can address the issues raised.**

From the documentation provided to the IRP in relation to this referral, it is evident that Torrington Community Hospital and related services have been the subject of numerous considerations, reviews, reports and evaluations. Clearly, the hospital is a much-appreciated local institution and residents of Torrington and Torridge district are understandably keen to see that it remains a part of healthcare provision for the area.

The NHS, equally, has a duty to consider how it can provide the best care for people, taking account of modern technology and advancements in medical practice, through safe, sustainable and accessible services. The *Torrington Community Cares* test of change was initiated for precisely those reasons.

The regulations under which this issue was referred to the Secretary of State do not specify a time limit by which a referral must be made. The test of change began in October 2013 and the final decision to close the inpatient beds at Torrington Community Hospital was taken in November 2014. Since then, the new model of enhanced home care has continued and the hospital building now operates as a health and wellbeing hub offering a variety of outpatient services. The HWSC has chosen to scrutinise progress, including through its Task Group, before concluding that the case has not been made to demonstrate that changes to Torrington Community Hospital are in the best interests of patients in Torrington.

It is perhaps surprising that nearly three years after new community services were introduced and the beds closed, further work is still required to convince the local population that the new service is a better model than the previous one. While further work in that respect evidently is still required, the re-introduction of inpatient beds to Torrington Community Hospital cannot at this late stage be a viable option for consideration.

Much of the continuing anxiety can no doubt be attributed to the fact that early engagement with the local community did not get off to the best of starts. The Tucker report identified the “*fundamental disconnect between the formal scope of the evaluation, the nature of the engagement and the concerns of the local community*”. To its credit, the NHS has acknowledged its failings at the start of the process and has taken steps to address matters since – the Tucker report was itself commissioned by the NHS after discussions with local representatives. The fact that referral was not made on the grounds of flawed consultation with the HWSC reflects the efforts that the NHS made to involve the Committee and keep it informed of progress.


The focus now must be on the future and learning from mistakes of the past in moving forward. The model of care described in the documentation appears to reflect the national direction of travel towards integrated health and social care. It offers potential for flexibility with bespoke packages of care and the benefits of integrated care across agencies including social services and the voluntary sector. The NHS should continue to explore and develop these facets in collaboration with communities, key groups and those with a special interest to build a model of care around their needs. In doing so, the NHS could usefully provide a

picture of how local services will respond to the predicted growth of an ageing local population, including the role Torrington Community Hospital will fulfil. But it may also be necessary to be up-front about the realities and trade-offs of service change. Any change has the potential to result in gains for some – hopefully the majority - and losses for others. A key lesson from Torrington is to be clear and specific about which patients will likely continue to need inpatient care and how their needs will be met in the future. Particularly in a rural setting, travel and access will always be a significant concern even if only for a relatively small number of people. Recognising such concerns, and where possible mitigating for them, will help to calm local anxieties and build confidence.

Services across the area are now under consideration within the NEW Devon Success Regime. Proposals being drawn up under the Success Regime were not part of the evidence submitted to the IRP so it is unclear to the Panel whether or not Torrington constitutes a pilot for other changes to services in Devon. Either way, clarity on what is proposed for the future is now required both for Torrington and the surrounding area and more widely across north, east and west Devon.

There are lessons to be learnt from the Torrington experience, there is also insight to be gleaned from models that have been developed in other parts of the country, for example, through the Vanguard programme. Those lessons and insight should be used to develop a model of care that genuinely reflects and meets the needs of local people. It should be developed through a process of ongoing engagement and involvement with communication that provides clarity and ensures that local people can influence the outcome.

Yours sincerely



A handwritten signature in black ink, appearing to read 'Ribeiro', is written over a light grey rectangular background.

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Devon County Council Health and Wellbeing Committee

- 1 Letter from Cllr Richard Westlake, Chairman Devon County Council HWSC, 21 July 2016
Attachments:
 - 2 Timeline of scrutiny involvement
 - 3 Devon County Council HWSC relevant minutes
 - 4 Reports in chronological order from the NHS on Torrington
 - 5 Cllr Andy Boyd, member report
 - 6 NHS response to member report
 - 7 Health Watch: Torrington 200 A report with recommendations concerning Torrington Community Hospital
 - 8 Report from Dr Helen Tucker
 - 9 Public Health rapid evidence review
 - 10 Scrutiny Task Group terms of reference
 - 11 Scrutiny Task Group report on Torrington
 - 12 Scrutiny report with attachments, 26 January 2015
 - 13 Letter from NHS re HWSC, 20 June 2016

NHS

- 1 IRP template for providing initial assessment information
Attachments and links:
 - 2 *Meeting Local Needs*, consultation document, October 2013
 - 3 Archive of published material in relation to Test of Change and supporting engagement
 - 4 North Devon Healthcare NHS Trust Board papers and minutes for meeting 25 November 2014
 - 5 NHS Northern, Eastern and Western Devon Clinical Commissioning Group Locality Board papers for meeting 26 November 2014
 - 6 Minutes of above meetings
 - 7 Equality impact assessment submitted for Northern Locality Board meeting
 - 8 Slide used for NHS England checkpoint discussion, 16 April 2015
 - 9 *Care Closer to Home*, Northern Locality strategy document
 - 10 Engagement timeline
 - 11 Press release, November 2013
 - 12 Health Watch 200 report
 - 13 Test of Change Oversight Group terms of reference
 - 14 Test of Change Oversight Group final report
 - 15 Announcement on extension of patients' comments on test of change
 - 16 Webcast of HWSC meeting, June 2016
 - 17 Joint Strategic Needs Assessment 2016, Great Torrington
 - 18 NDHT estates strategy, 2 August 2016

