



**Torrington Community Cares:
Meeting local needs
Staff and stakeholder engagement
and involvement report**

***Appendix 3
Oversight group terms of reference***

Summer 2014

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Group***

www.torringtoncares.co.uk

Torrington Community Cares Oversight Group

Terms of Reference

It is proposed the new Oversight group have five broad areas of interest, inquiry, scrutiny and challenge.

1. The Oversight group will offer a collective view and provide the function of a critical friend in receiving data about the impact on Torrington and the wider health economy of not admitting patients to Torrington Community Hospital beds. The group will agree the methodology for data collection and interpretation.
2. The Oversight group will seek the information and assurances it requires to understand and offer challenge to the community model of health service delivery.
3. The Oversight group will receive information and seek assurance about the possible development of Torrington Hospital as a “hub” for the delivery of health and social care services and as a base for the voluntary sector.
4. The Oversight group will provide forum for discussion for bringing together the different streams of evaluation work and ensuring that all material is included impartially and intelligently so that the out turn of the evaluation can be seen to be inclusive, balanced and as close to the most accurate interpretation of the overall situation as it can be.

5. The Oversight group will support, inform and advise with regard to the process of the evaluation, including the means and method of public engagement about the emerging evaluation as described in 1 – 4 above.

1. The Oversight group will offer a collective view and provide the function of a critical friend in receiving data about the impact on Torrington and the wider health economy of not admitting patients to Torrington Community Hospital beds. The group will agree the methodology for data collection and interpretation.

1.1 The group will be responsible for requesting, receiving and agreeing the data and analysis of any information that the members of the group think is pertinent in determining the health care outcomes for the people of Torrington and its parishes, in relation to the absence of the community hospital beds.

1.2 The group will be required to be satisfied that the quality of healthcare services is at least as good as or better in the absence of beds.

1.3 The group will be expected to challenge assumptions about the interpretation of all information related to the points above.

1.4 The group will have some responsibility for advising on the presentation of the agreed information in order that it is clear, intelligible and makes sense for a lay audience.

2. The Oversight group will seek the information and assurances it requires to understand and offer challenge to the community model of health service delivery. The group will agree the methodology for data collection and interpretation.

- 2.1 The group will be required to develop an understanding of key elements of the enhanced model of community care and the previous bed based model so that they have sufficient understanding to:-
- 2.2 Request, receive and agree the analysis of any information that is presented, or that the group thinks is relevant to the evaluation.
- 2.3 Be satisfied that the new model provides a safe alternative to care delivered in a community hospital bed, benchmarked with the provision previously made from Torrington Community Hospital
- 2.4 Be satisfied and assured that the quality of care in the community is robust and reliable and meets the needs of patients.
- 2.5 The Oversight group can expect to request alternative and additional data sources to be used to interrogate and understand impact on others areas of the health and social care system.

3. The Oversight group will receive information and seek assurance about the possible development of Torrington Hospital as a “hub” for the delivery of health and social care services and as a base for the voluntary sector.

- 3.1 The provision of enhanced community services includes importing additional services and clinics from Barnstaple to Torrington. As part of the evaluation, the Oversight group should: -
- 3.2 Have knowledge of and be assured that the views of the whole community are obtained and given due, impartial consideration.
- 3.3 To agree those uses that best meet the health and social care needs of the community are affordable and practical, and understand and support the reasons why some suggestions are not able to be taken forward.
- 3.4 To agree the implementation plan and the principles that underpin it.

4. The Oversight group will provide the forum for discussion bringing together the different streams of evaluation work and ensuring that all material is included impartially and intelligently so that the out turn of the evaluation can be seen to be inclusive, balanced and is as close to the most accurate interpretation of the overall situation as it can be.

4.1 The Oversight group can expect to have sight of all evaluation material, except that which is patient identifiable. The remit of the group will be to come to a consensus using the Balanced Score Card, about the weighting each element should be given.

4.2 The process for allocating the weighting will be for the Oversight group to influence and guide through debate.

4.3 The Oversight group should hold Northern Devon Healthcare Trust (NDHT) and the Northern Locality, Clinical Commissioning Group (CCG) to account over the lifetime of the group for responding to the issues and concerns raised through the Healthwatch questionnaire and the Senior Voice Questionnaire regarding any element of the plans expressed through Torrington Community Cares. The Oversight group should receive the response to these concerns and have a responsibility for determining further ensuing action, within the scope of the evaluation exercise.

5. The Oversight group will support, inform and advise with regard to the process of the evaluation, including the means and method of public engagement about the emerging evaluation as described in 1 – 4 above.

4.1 The Oversight group has a responsibility to advise and agree the mode and method of communication with the public over the period up to and including the final report.

5.2 The Oversight group has responsibility for agreeing the structure and content of the final report to ensure and offer assurance that the process and the outcome of the evaluation has been as transparent and inclusive as possible.

5.3 The Oversight group will hold NDHT and the CCG to account in terms of employing an acceptable, independent evaluator of all the data, analysis and interpretation from any source to corroborate or challenge the findings and conclusions presented throughout the process and in the final report.

Governance Arrangements -

The recommendations of the Oversight group will be received by the Torrington Working Group who in turn refer to NDHT Executives and Board and the Northern Locality Executives and Board for decision making and any other adjudication required within the remit of the organisational governance framework.

The Torrington Working group also has responsibility and accountability to the combined NDHT and Northern Locality Community Services Delivery Board.

Membership – The membership list was established to reflect the stakeholders who had engaged with “Meeting Local Needs” There was a nomination process, with independent members of each stakeholder group asked to nominate an attendee to represent their stakeholder group only. Healthwatch were approached to nominate two members of the public:

- Independent Chair - Elected by the Oversight group
- Commissioning manager
- NDHT manager
- Medical physician
- General Practitioner
- Nominated county councillor
- Nominated Representative from Torridge District Council
- Nominated town councillor
- Nominated parish councillor
- Healthwatch

- Members of the public x2
- Member of STITCH
- Member of League of Friends
- Voluntary agencies representation
- Devon Partnership NHS Trust representative
- Social services
- Board lay member – Commissioning Group

KMB 30.05.14