

Questions submitted for the Northern Locality Board, 18th June, 2014

'Prior to closure of inpatient beds in Torrington Hospital in July 2013'

1 Why was an assessment of the healthcare needs of the Torrington population not carried out?

Health planners use the Joint Strategic Needs Assessment (JSNA) to forecast the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

A JSNA was completed for Great Torrington 2010 – 2011. It was updated 2013-2014, along with JSNAs for each of the other Devon Towns.

These reports are publically available on the Devon Public health website.

2 Why was there no consultation with the Torrington public in the 2 years before bed closure when the closure was being planned?

No closure of Torrington beds was planned 2 years ago.

A business case, written in 2010, proposed enhancing community teams for Torrington and Holsworthy. It was these plans that were funded in 2011/12 and led to a near-doubling of the size of the community health and social care team. Since 2011, the team are supporting more and more people to live healthily and independently in their own homes. As a consequence, there has been a significant reduction in admissions to the community hospital.

In August 2013 we closed the beds in Torrington to test this emerging model of care; we could not carry out this trial while the beds were open as we needed to change

referral behaviour. It was not however a foregone conclusion that this would be a permanent change. We now acknowledge that we underestimated the lack of *public* understanding about home-based care and the increased funding into community services which led to the shock and high levels of anxiety about closure of beds.

NHS England outline in their guidance that **'it is important that communities are involved throughout the development of proposals, and that proposals are developed with communities, rather than this being limited to a formal consultation'** in light of this guidance we worked with the community to develop plans for the future use of Torrington hospital before any decisions were made.

Changes and clarity in the H&SC Act 2012 mean that we would work to keep communities informed earlier in future projects. Increased understanding will support communities to understand the context in which services are being reviewed or changed.

3 Why was there no assessment done into the impact the proposed major healthcare changes might have on all sections of Torrington community?

There was a Readiness Impact assessment completed in line with the emerging guidance linked to the Health and Social Care Act 2012 and subsequently published as an NHS Document *"Planning and delivering changes for patients"* December 2013. This was sent to Geoffrey Cox MP at the request of a constituent.

4 Why were the financial aspects never made public?

Whilst the aim of this trial was to enhance the patient's quality and experience of care, we acknowledge the interest in the financial details of this model.

<http://torringtoncares.co.uk/questions/freedom-information/>

As well as specific Freedom of Information requests, we also responded to Nick Harvey MP constituent letters. Nick Harvey MP wrote directly to Kate Lyons (Director of Operations, NDHT) asking for the costs of Torrington hospital and Torrington community services at the request of a constituent. We sent the costings in full at the time, assuming he would share them with his constituent, however he did not give us

(either NDHT or the CCG) permission to disclose his correspondence. Please find the detail we sent below:

Cost of NHS services in Torrington up to July 2013	<p>£950,000 is the total cost to the taxpayer of Torrington Community Hospital</p> <p>- £400,000 is the cost of the building: incl utilities etc</p> <p>- £550,000 is the cost of inpatient nursing services (10 beds)</p> <p>£504,000 CORE integrated community health and social care teams</p>
Total	£1,454,000
Cost of NHS services in Torrington during six month pilot October to March 2014 (without inpatient beds)	<p>£400,000 is the cost of the Torrington Community Hospital building: incl utilities etc</p> <p>£504,000 CORE integrated community health and social care teams</p> <p>£383,000 ENHANCED integrated community health and social care teams (up to 250 patients)</p>
Total	£1,287,000

This is an extract from the current evaluation strategy presented to the Health and Wellbeing Scrutiny Committee on 16 June 2014

5 What are the financial implications of this model?

There has been challenge that the “Torrington Test of Change” model of care will be more expensive than retaining the ten beds in Torrington hospital.

The results of the six month trial suggest it home-based care is better value for money than 10 inpatient beds.

The cost of running the community services prior to the enhancement of the service in 2011 was £504k per year. With subsequent investment, the cost of the Enhanced Community Services is £887k per year showing an increase of £383k per year.

In other words with the building retained, the health economy would save £549k per year on bed costs and incur an extra cost of £383k per year in the community, making a net saving of £166k per year.

More people from Torrington are being supported to avoid an emergency admission to a hospital like NDDH. This is a very positive trend for patient experience.

Comparison with the baseline period in 2012/13 showed a reduction in emergency admissions of 74 admissions. This equates to a saving of £80k per annum based on the average general medicine tariff at a marginal rate of 30%. At full tariff, the saving would be £266k.

	<i>Torrington</i>
	<i>£000</i>
<i>Total Inpatient Direct Costs Saved</i>	<i>-549</i>
<i>Additional Community Funding</i>	<i>383</i>
<i>Savings from Reduction in Emergency Admissions</i>	<i>-80</i>
<i>Net Savings</i>	<i>-246</i>

Dr John Womersley-Chair of Northern Locality