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Telford & Wrekin COUNCIL

Shropshire Council

Addenbrooke House Ironmasters Way Telford TF3 4NT

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date	**Wednesday, 2 October 2019**	Time	**3.00 pm**
Venue	**Shrewsbury Room, Shirehall, Shrewsbury**		

Enquiries Regarding this Agenda		
Democratic and Scrutiny Services	Josef Galkowski	01952 388356
Media Enquiries	Corporate Communications	01952 382406

Committee Membership:	**Telford & Wrekin**	**Shropshire**
	Councillor Derek White	Councillor Karen Calder, SC Health Scrutiny Chair
	Councillor Paul Watling	Councillor Heather Kidd
	Councillor Stephen Burrell	Councillor Madge Shineton
	Carolyn Henniker	Paul Cronin (Shropshire Co-Optee)
	Hilary Knight	David Beechey (Shropshire Co-Optee)
	Dag Saunders	Ian Hulme (Shropshire Co-Optee)

AGENDA

1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of the Previous Meeting** 3 - 12

4. **Transforming Midwifery Care in Shropshire, Telford and Wrekin** 13 - 88
   To receive a progress update on Transforming Midwifery Care in Shropshire, Telford and Wrekin, a presentation is attached.

   Debbie Vogler, Associate Director, Shropshire and Telford and Wrekin CCGs, Fiona Ellis, Commissioning and Redesign Lead, Women and Children's Services, and Jessica Sokolov, Medical Director, Shropshire CCG will attend the meeting and answer questions

5. **Single Strategic Commissioner for Shropshire and Telford and Wrekin CCGs - Update Report** 89 - 122
   To receive an update report, attached

   David Evans, Accountable Officer, Telford & Wrekin CCG, will attend the meeting to present the report and answer questions

Continued…

6. **Sustainability and Transformation Partnership (STP) Long Term Plan** 123 - 132

To receive a presentation on the STP Long Term Plan, attached

Martin Harris, STP Programme Director, will attend the meeting to give the presentation and answer questions

7. **Co-Chair's Update**

8. **Work Programme**

To consider the Committee's Work Programme and timing of future meetings

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Wednesday, 31 July 2019 at 10.00 am in Meeting Point House, Southwater Sqaure, Telford, TF3 4HS

Present:
Shropshire Councillors: Karen Calder (Chair), Heather Kidd, Madge Shineton
Telford & Wrekin Councillors: Derek White (Co-Chair)
Shropshire Co-optees: David Beechey, Paul Cronin, Ian Hulme
Telford and Wrekin Co-optees: Hilary Knight

Also Present:

Kate Ballinger, Community Engagement Champion
Jo Banks, Women and Children's Care Group Director, SATH
Emma Barber, Matrons RSH
Barbara Beal, Interim Director of Nursing, SATH
David Evans, Chief Officer, Telford and Wrekin CCG
Fiona Ellis, Commissioning and Redesign Lead, Women and Children's Services Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
Antony Fox, Vascular Surgeon/Deputy Medical Director for Transformation, Shrewsbury and Telford Hospital Trust
Josef Galkowski, Democratic & Scrutiny Services, T&W Council
Amanda Holyoak, Committee Officer, Shropshire Council Poppy Horrocks, Community Engagement Administrator
Nigel Lee, Shrewsbury and Telford Hospital Trust
Anthea Lowe, Services Delivery Manager, Legal & Governance, T&W Council
Jenny Price, Assistant Business Manager
Rachel Robinson, Director of Public Health, Shropshire Council Prasad Rao, Consultant Ophthalmologist
Colleen Smith, Department Manager
Jess Sokolov, Medical Director, Shropshire CCG
David Stout, Accountable Officer, Shropshire CCG
Pam Schreier, Corporate and Strategic Communications
Steve Trenchard, Programme Director, Mental Health Shropshire CCG
Debbie Vogler, Future Fit Programme Director

In Attendance:

Apologies: S P Burrell, D Saunders and P Cronin

1 Declarations of Interest

None.

2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 24 June 2019 be confirmed and signed by the Chair.

3 Royal Shrewsbury Hospital Midwifery Led Unit

Following the last meeting Jo Banks, Women and Children's Care Group Director for SaTH, returned to provide an update of progress. She stated that accommodation had been sourced for community-led midwives and that the proposed relocation of services during refurbishment were now fully operational.

4 Transforming Midwifery Care in Shropshire, Telford and Wrekin : Pre-Consultation Update

The Committee heard an update from Dr. Jess Sokolov, Medical Director at Shropshire CCG on Transforming Midwifery Care in Shropshire, Telford and Wrekin with the purpose of supplying additional information following the presentations heard on the 24 June 2019. The following draft reports were provided to the committee:

1. Pre-consultation Engagement Report.

2. Seldom Heard Groups Pre-Consultation Report.

3. Equality Impact Assessment.

Members asked the following questions and received responses as follows:

How can the Transforming Midwifery Care team do an Equality Impact Assessment without consulting the population? One can't be completed unless individuals know what is going to happen to the service.

Debbie Vogler, Associate Director of Shropshire and Telford CCGs, cited that it was to do with changes between the current needs of the population and what they would need in the future. Furthermore, until it was known where and how many hubs would be available, it could not be said what the differential would be. At the time of the meeting, the discussion was centred on what the proposal was and what the differential impact of that would be.

Were men excluded from impact assessment? It had an impact on them as well.

It was confirmed that the survey was directed at women and their families, therefore men were actively encouraged to respond to the survey.

Had a decision been made regarding how many hubs there would be and where they would be located? The Equality Impact Assessment could not be satisfied by justifying the decision after it was made and it was assumed a decision had, therefore, not been made.

Ms Vogler, replied that no decision had been made and that other options were still being explored along with options from the CCG, simply that Transforming Midwifery Care in Shropshire, Telford & Wrekin had a proposal on offer. Likewise, the final decision would not be made until the consultation response period was over.

Would there be other options available? Were people still able comment on the proposals and influence policy decision?

Ms Volger responded that the options available at the moment had been looked at, including several different units (such as Midwifery Led Unit and Midwifery led community hubs). At the moment data, travel times and distances were still being received, therefore the CCG were almost ready to make that decision however time was being taken to make a conscientious decision, before the Board meeting next month. People were still able to comment on the consultation and subsequently able to influence the policy decision.

What services were envisaged as being available in the hubs?

The services envisaged to be available at the hubs were post-natal and ante-natal services, scanning, post-natal mental health, breast feeding and peer relationships. Transforming Midwifery Care hoped these services would be equal accessible. Alongside this, enhanced options would be available county-wide, which is unheard of.

What feedback would be given to GP Practices and health visitors?

Communication between different areas of operation within patient care was not always as it should be. Therefore, there was a need to start using electronic communication more. For this to happen, details needed to be worked up by the Trust, rather than it being imposed on the Trust by the CCG.

Why did the document lack detail on hubs, of which the Committee had heard about in other meetings?

Ms Vogler explained that the Board had to formally agree what was taken to consultation, hence why this detail was not in the report prepared for the

Committee. Officially, the hubs had not been decided for consultation, rather what had been heard in previous meetings was the thinking of the authors of that report.

With reference to travel times, would there be an opportunity for the Committee to comment on the bus service?

Ms Vogler responded by saying she hoped to bring a travel analysis in September, around the same time that the CCG Boards meet.

The Consultation was hoped to be in June, what is the date now?

Ms Vogler reminded the Committee that a timetable had been shared at the last meeting which stated that the Consultation would go out in September. She further explained that before that could be done, the assurance process proposed by NHS England needed to be complied with. Until the assurance process was completed it was not possible to share the materials. It was likely to be in early September, exact consultation dates were not available at the time of the meeting.

Would the latest travel times be operating from a different set of baseline?

There were some challenges with transport, especially from the North-West of the County. A more recent piece of work was fresh from the Strategy Unit so therefore it was completely new and different from storehouse. Likewise, transport was analysed from 13 different locations via car, taxi and public transport.

At the previous meeting, broadband access was discussed and it was acknowledged it was an issue especially in the south. Would further details be provided in September?

A large piece of work on digital transformation was currently under way and an update could be presented to Committee in September.

On pages 57 and 59, the appendices, the scale of the graphs were different; the scale for Shropshire was 15,000 whereas it was 8,000 for Telford. It therefore appeared out of context, and skewed the visual perspective accuracy. Could this be rectified?

It was agreed that it would be rectified.

Is the NHS pushing cost savings?

The Committee were advised that this was not the case rather that the transformation was about clinical sustainability of midwifery services. The Trust said there was a pressure to keep the MLU staffed. Likewise, the model had not changed to follow the population change, therefore impacting patient experience. Commissioners paid a national tariff for care, and this was still happening, but the purpose of the consultation was to have staff working rather than sat in buildings where there was a lack of patients.

What was being done to improve communication?

In response, it was highlighted that engagement with staff was important and there had been early engagement with 86 members of staff which had continued since then. Likewise, there was an active dialogue with midwives and other staff within the units as evidence had shown that good staff engagement led to good medical outcomes. Likewise, it was said that a further 29 FTE midwives had been recruited, who would all be in post by October. The key message for communities was that Telford & Wrekin attracted good staff.

Dr. Jessica Sokolov then presented the draft Communication and Engagement plan. Included was;

- Consultation document with pull out survey, which would be widely distributed to places of interest such as GP's, Schools. Community Centres, Hospitals. It would also be advertised via screens in hospitals, GP's and other partnered organisations with social media.

- New website in development, which would have all consultation documents including versions in large print. Likewise, it would also have an online survey as well as a thorough FAQ document. Finally, all documents from today and those in the future would be displayed on this website.

- Social media platforms such as Twitter/Facebook would have updates and news.

- Use of a Baby Buddy app, a new app which had a large user take-up, also used to promote consultation survey.

- Staff drop in events at a number of locations, as well information stands at targeted venues and events. Paying particular attention to those less

likely to be heard, who are reflected as the individuals in the impact assessment?

Sutton Hill Medical Practice had their own scanning unit, would this still be used?

A hub was proposed in both north and south Telford; the location of the southern one would be in the Sutton Hill location.

Concern was expressed about reaching rural areas of the County. Would Scrutiny be advised when the consultation was launched? Would the draft consultation document be provided so that examine the language could be examined?

Ms Vogler said that the formal draft documents would be brought to the Committee in September together with the draft consultation.

5 Proposed Reconfiguration of Ophthalmology Services

Tony Fox, Vascular Surgeon, Deputy Medical Director for Transformation, Shrewsbury and Telford Hospital Trust provided a brief summary on the proposed reconfiguration of Ophthalmology Services;

- Risk Review from NICE Commissioners in October 2016

- Highlighted a number of challenges faced by unit:
  1. Workforce recruitment
  2. Training status
  3. Ability to supervise and train trainees in Euston House
  4. Unable to keep up with demand and continues to be an issue.

- The Committee meeting in January 2019 presented an update on clinical arrangements in North Shrewsbury Hospital and the Cataract Theatre.

- Closure of the Glaucoma and Squint Services which had now reopened.

- Collaboration with Virginia Mason Institute optimized patient flow through triage grading system and had led to great improvements.

- Led to further improvements with substantive junior and consultant workforce.

- Hosted a number of stakeholder events since 2016, for example;
  1. This Committee in January 2019
  2. Visually impaired groups in April 2019.

- Following the Committee meeting in January 2019, a number of issues had been unresolved. However, SaTH did address the following;
  1. Engagement with CCG
  2. Accessibility for service users.
  3. Non-emergency transport.
  4. Capital investment.
  5. Patient sustainability at Princess Royal Hospital and Royal Shrewsbury Hospital.
  6. Linking Princess Royal Hospital and Future Fits.

- Stakeholder event in June 2019 had good feedback from attendees.

- Patient engagement around updated Quality Impact Assessment dedicated to finding out the concerns from users.

- Advantages and disadvantages to the proposal to reduce units from 3 to 2:
  - Advantages:
  1. Patients having one-stop show
  2. Multiple experts in one place
  3. Reduced travel time for teams to allow more patient facing time.
  4. Reduce travel time for some but not others.
  5. Financial benefits in terms of high rentals at Euston House.

  - Disadvantages:

  1. Relating to access and transport

Kate Ballinger, Community Engagement Champion, provided a summary for those who were not present at the January meeting;

- 3 large stakeholder events had taken place in Shropshire, Telford & Wrekin and Wales. This had included patient groups such as Guide Dogs, Health Watch, Commissioners and Councillors which led to very good engagement.

- Over 280 responses to the survey, with a majority of responses coming from respondents that had services that day. Surveys had been handed out at clinics and also a telephone line.
  - 85% of respondents stated they would prefer to have one appointment with everything in it (i.e preferred a one-stop shop).

- Biggest issue surrounded transport:
  - Advantage of offering services in Shrewsbury was that it was a drop-off point and disabled spaces were right outside clinic.
  - Patient transport can get there too.
  - Further to work was required to figure out best way of giving information to patients on how to recover travel expenses.

- Positive feedback about the Eye Care Officer, currently funding was only available for one, however would prefer two (one for each site) if possible.

- Main concerns surrounded patients unfamiliar with site:
  - To combat this, work was taking place with groups to get companions as they had proven to be a real benefit to the patient.
  - Ongoing engagement with groups such as Sightwatch Shropshire.

- Good feedback from patients which had led to direct change - i.e different colour spots on walls to direct patients to correct location, however feedback showed that a lot of patients were unable to distinguish the spot and the wall, which therefore led to a black line being painted round the spot.

- Currently analysing letters to make sure they were clear and easily understood.

Members asked the following questions and received responses as follows;

Were the volunteers for everyone? Did patients have to book them? How would patients know they were there?

Ms Ballinger responded that this was a new role, and that the volunteers were for all patients, and patients would be made aware of them when they were contacted by letter regarding their appointment.

It was mentioned that the Squint and Glaucoma units were suspended for some time. Presumably there was some backlog of patients?

It was stated that new patients were not accepted as they were directed to other clinics, so no backlog. The surgeon that had just been appointed and would start in 2020 was a Glaucoma Surgeon.

Concern was expressed that whilst it had been acknowledge that transport was the biggest issue, and that over 1,000 those operations had a TF postcode, a decision had still been taken to move the service further away from those patients?

Mr Fox explained that a number of options had been considered, including a brand new £4 million ophthalmology unit. Euston House used sophisticated equipment but was ageing, and therefore led to challenges in training new staff as well as having the ability too. Therefore, there was a need to consolidate the cataract service independently of Future Fit.

How much was the capital programme going to cost for unit?

Mr Fox responded by saying that in total, it would cost around £2 million.

Were there any discussions around Princess Royal Hospital and how much it would cost? Presumably there was something at this site?

This was the location that was in the discussion around a new unit. There was not sufficient theatres or unit, nor were they expected for some time.

Decision may prove contradictory following Future Fit? Was there confidence that the investment was protected?

Mr Fox replied that a decision on Future Fit was years away and that work was needed now to maintain and sustain the care currently being offered. Whilst the strategy might be questioned in time, this decision sought to provide the best solution for patients with what was currently available.

What was the current status of non-emergency transport? Was this included in the letter to patients? Patients need to know their options.

Ms Ballinger responded that at the moment transport was not available for patients to go to an appointment, however if a patient had a procedure at their appointment, transport was available to get home. Budgets had been cut, and a lot of patients no longer had familial support.

Was there a record of how many patients were not attending their appointments?

Ms. Price responded by saying that the number of people not attending appointments was minimal, and the most common reason a patient did not attend was ill health. Tony Fox further added that efforts were made to accommodate appointment times for transport to get there for 7.30am.

Waiting lists were getting longer and cataracts ruin people's lives. Was the CCG squeezing funds?

Members were advised this was not the case.

Reference was made to a particular cataract patient who would soon be unable to drive but had been told her operation would not be until 2020?

Ms Price requested that the patient call her directly. She further stated that waiting times would be improved by moving theatres because two more operating rooms would be added.

The figures regarding the amount of surgeries had taken a considerable down turn on previous years? Previously Nuffield has been used, would this be done again?

Ms Price put this down to workforce issues and indicated that the use of Nuffield was being investigated.

Continued concerns regarding access were expressed, including the aging equipment at PRH. Would this require replacement shortly? If so, what finances were available or would the result be a full removal of services?

Mr Cox responded to this by emphasizing that at no point had they said the service was going to close, and that a full maintenance programme would ensure the infrastructure was maintained as long as possible.

Given the limited life span of the building, why not deal maintenance issues now?
Dr. Fox responded by admitting one of the things they haven't done very well is looking at individual specialities and where they will be in 1, 3, 5 and 10 years' time.

Cllr Derek White, gave an example of perceived failings of the department, citing that anecdotal evidence about waiting times and the loss of personal details resulting in severe sight loss.

Was there a timeline for the plan?

Mr Fox responded by saying that it would go to the Board in September, and that some work needed to be done regarding fire safety regulations, and therefore the cataract unit would open in December, and then be operational at the end of the year.

6 Co-Chair's Update

The meeting ended at Time Not Specified

Chairman: .....

Date: Wednesday, 2 October 2019

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

NHS

Update on Transforming Midwifery Care Programme

Joint HOSC
2nd October 2019

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

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Recap on Reasons for Change

Reasons for Change

- Provide safe, high quality midwifery care now and in the future
- Improve the health of pregnant women and their babies
- Provide better patient experience, choice and personalised care for women and their families
- More women have services closer to home
- Right staff and services in the right place at the right time
- Make best use of resources

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

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Recap of Proposed Model of Care

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

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Model of Care (1)

- Network of MLUs, Maternity Hubs, Clinics in the Community, Home Visits including Home births, 24/7 access to midwives

- Midwives and Maternity Support workers will work flexibly across the network, providing personalised care for women throughout pregnancy, birth and beyond

- **MLUs**
  - Only MLUs will be at PRH and RSH
  - Open 24/7 for births. Home births also available 24/7.
  - No inpatient postnatal provision. Women can stay up to 6 hours after giving birth.
  - All inpatient provision provided from consultant unit
  - The MLUs at RSH and PRH will also operate as maternity hubs, offering the same wide range of services 12 hours a day, seven days a week

- **Clinics**
  - Will continue to be available across the county. Currently over 50. In a range of locations including GP practices, children's centres and other community buildings.

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Model of Care (2)

- **Maternity hubs**

  - Open 12 hours a day 7 days a week
  - Range of maternity services including midwife clinics, advice and support from Maternity Support Workers, growth scans and obstetric clinics.
  - Range of related services such as perinatal mental health, smoking cessation, weight management
  - Maternity Support Workers will be available during opening hours for advice and support. This will allow midwives to work flexibly across different settings, only needing to be at the hubs to run midwife-led clinics.
  - Clinics will run at set times according to demand. Hubs will provide outreach into areas of particular need.
  - The MLUs at RSH and PRH will also operate as maternity hubs, offering the same wide range of services 12 hours a day, seven days a week
  - Women will only be able to give birth at hubs that are co-located with a MLU

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in Shropshire, Telford & Wrekin

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Options Appraisal Outcome

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in Shropshire, Telford & Wrekin

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Outcome of Option Appraisal

- The options that ranked highest were those with the two MLU birthing hubs plus an additional three or four community based maternity hubs without birthing provision.

- Two measures used: a combined financial and non financial weighted score and a cost per benefit point calculation.

- In both calculations, there was only a marginal difference between having the additional 3 or 4 community based maternity hub options.

- Both 3 and 4 community based maternity hubs are clinically and financially viable; 4 hubs appeared to potentially offer additional benefit

- We then examined a range of data to ensure that the maternity hubs are proposed in the best locations where the most women will benefit

- This includes public health data looking at differential need, the equalities impact on women and a detailed travel access data analysis.

Location of Hubs: Needs analysis

Maternity Pathway	- Proportion of women on an intermediate/intense pathway for antenatal and postnatal care? - Proportion of women who had deliveries with complications and co-morbidities?
Risk	- Maternal Obesity - Women smoking at time of delivery - Deliveries to teenage mothers - Pre-terms births - Breastfeeding initiation - Use of alcohol during pregnancy - History of substance misuse (pregnant women) - Involvement with mental health services (pregnant women)

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Location of Hubs: Needs Analysis

Deprivation	- Index of multiple deprivation - Income deprivation - IDACI - Health deprivation and disability - Barriers to housing and services
Population	- How many women aged 16-44 years live in the locality currently? - How is the population of women aged 16-44 years predicted to change over the next 10 years in the locality?
Demand	- How many women in this locality gave birth in 2016/17? - How many women in this locality have given birth in the last 5 years?
Access	- What is the distance/travel time from this locality to Royal Shrewsbury Hospital? - What is the distance/travel time from this locality to Princess Royal Hospital?

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in Shropshire, Telford & Wrekin

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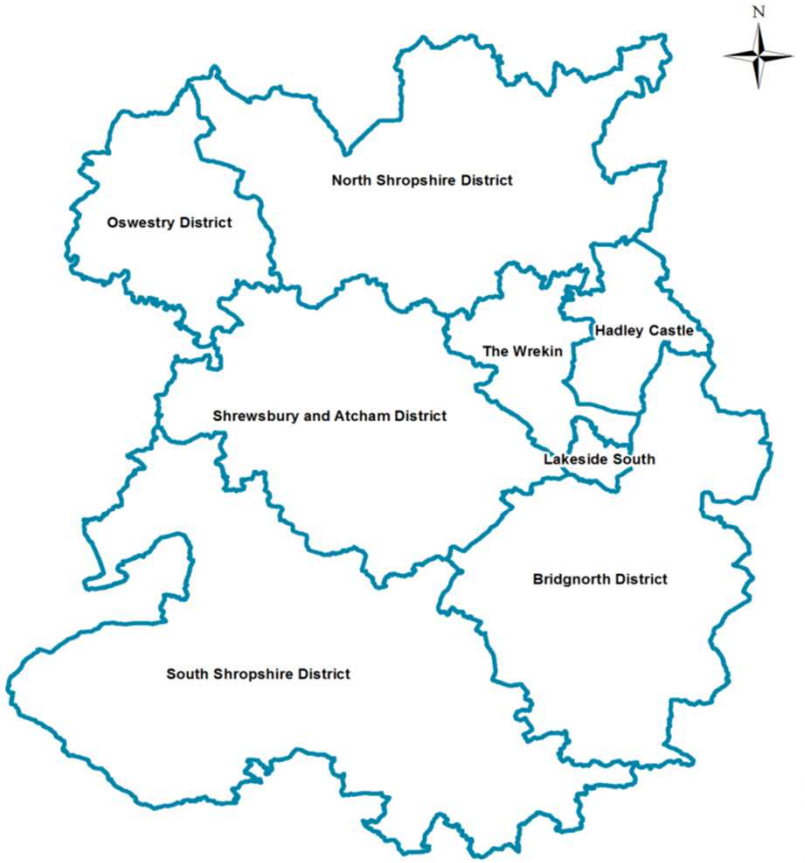
Understanding Differential Need

1	Lakeside South
2	Wrekin
3	Hadley Castle
4	Shrewsbury and Atcham
5	North Shropshire
6	South Shropshire
7	Oswestry
8	Bridgnorth



Shropshire and Telford & Wrekin Districts

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in Shropshire, Telford & Wrekin

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Access Impact Assessment Summary Findings

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in Shropshire, Telford & Wrekin

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Background

- Access Impact Assessment commissioned in order to understand how potential hub locations would impact access and travel times for women and their families

- Undertaken by the Strategy Unit at Midlands and Lancashire Commissioning Support Unit

- The full report has been provided to the JHOSC

- The access impact assessment considered what impact the different potential hub locations would have for women in relation to:
  - Accessing birthing locations
  - Accessing hub services (dating scans were used as a proxy measure)

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Births 2016/17

Site name	n women	%
The Princess Royal (Maternity)*	4071	90.6
Royal Shrewsbury (Maternity)	144	3.2
Bridgnorth (Maternity)	69	1.5
Oswestry (Robert Jones & Agnes Hunt Orthopaedic & District)	51	1.1
Ludlow	32	0.7
Subtotal	4367	97.1

In the same year, 264 women from Shropshire, Telford and Wrekin gave birth over the LMS border with 106 women delivering at Betsi Cadwaladr in Wrexham and others giving birth at English hospitals including Worcestershire Royal, Hereford County, Royal Stoke University, New Cross, Leighton and Russell's Hall.

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in Shropshire, Telford & Wrekin

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Summary Findings : All Births (1)

- The impact of reducing the number of midwifery led birth locations overall makes a marginal difference, as the vast majority of women give birth in the consultant unit. (85%)

- Overall, mean journey time (weekday by own transport) to place of birth (including consultant led births) increases from 22 mins to 22.7 mins.

- Overall, the % of women within 30 mins of their place of birth (including consultant led births) reduces from 79.3% to 77.2%

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in Shropshire, Telford & Wrekin

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Summary Findings : MLU Births (2)

- Looking at MLU births only, the mean car journey time will increase on average by 5 minutes from 15.9 mins to 21 mins.

- Looking at MLU births only, the mean travel time for public transport rises on average by approximately 11 minutes.

- Overall, the % of women within 30 mins of an MLU place of birth reduces from 92.7% to 78.4% and the % of women within 45 mins of an MLU place of birth reduces from 98% to 94.3%

- Mothers in Bridgnorth and Oswestry would have to travel on average around 15 minutes further by car to the nearest MLU.

- Mothers in South Shropshire would have to travel on average around 20-25 minutes further by car to the nearest MLU.

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in Shropshire, Telford & Wrekin

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Access to Hubs: 13 Scenarios examined

	Other midwifery care													
	Current	2 + 3 hubs							2 + 4 hubs					
		1	2	3	4	5	6	7	8	9	10	11	12	13
Shrewsbury (RSH)	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Wrekin (PRH)	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Lakeside South	●	●	●			●	●	●	●	●	●	●	●	●
Hadley Castle				●	●	●	●	●	●	●				
Oswestry	●										●	●		
Bridgnorth	●												●	●
N. Shropshire (Whitchurch)		●		●		●			●		●		●	
N. Shropshire (Mkt Drayton)			●		●		●			●		●		●
S. Shropshire (Ludlow)		●	●	●	●			●	●	●	●	●	●	●

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

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Summary Findings : Access to Hubs (1)

- Access to scans is currently worst in North Shropshire and South Shropshire where there is no existing facility

- All of the potential configurations slightly improve travel times compared to the current configuration regardless of location of hubs.

- In 2018/19, 92.8% women travelled up to 30 minutes for their dating scan
- In the new model of care between 94% and 99% of these women would have been within 30 minutes of their nearest hub depending on the scenarios for the location of hubs

- In line with the findings of the options appraisal, the access impact assessment indicates that the benefits of having four hubs rather than three is marginal.

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

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Summary Findings : Access to Hubs (2)

The hub location scenarios that appear to have the greatest positive impact for a three hub model in terms of access are:

- Scenario 1 (Lakeside South, Whitchurch and Ludlow) and

- Scenario 2 (Lakeside South, Market Drayton and Ludlow)

There is marginal difference between these two scenarios.

For a four hub model the scenarios that appear to have the greatest positive impact are:

- Scenario 10 (Lakeside South, Oswestry, Whitchurch and Ludlow) and

- Scenario 11 (Lakeside South, Oswestry, Market Drayton, Ludlow).

There is marginal difference between these two scenarios.

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

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Consideration of Access and Needs Analysis

•Whilst need scores highly in the Telford localities, locating hubs in Hadley Castle and Lakeside South would appear to result in sub-maximal access in terms of travel time for women across the county area as a whole. This is due to Wrekin, Hadley Castle and Lakeside South being geographically very close to each other.

•Overall needs analysis scored relatively lower in Oswestry locality, but the access data analysis appears to have the most negative impact with women potentially travelling on average an additional 19 minutes for a scan.

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Consideration of targeted support

- Hadley Castle has the highest population of BAME women and high levels of deprivation in parts.
- Access challenges are not necessarily related only to travel time and distance from services.
- Targeted outreach for Hadley Castle from the two proposed hubs in Telford and Wrekin could address any cultural access issues
- The evidence suggested that whilst there are areas of need in Oswestry, the numbers are comparatively very low.
- Targeted outreach for Oswestry from the North Shropshire and Shrewsbury Hubs could address any access issues

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

NHS

Next Steps

- Any proposals are subject to NHSE/I assurance process. Regional Stage 2 Panel date confirmed in October.
- National sign off will follow the Regional panel
- Feedback received from NHSE/I on the proposed model to date has been positive.
- PCBC and final proposals including consultation documentation will need to go to CCG Boards after NHSE Assurance process is concluded and before consultation process begins
- These will also be shared with JHOSC for its scrutiny and comments taken into account.
- Start date for consultation yet to be agreed. Depending on when consultation starts, it will not be shorter than 8 weeks.
- The final proposal that we do take to consultation is then subject to change following the consultation findings report and conscientious

Questions?

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The Strategy Unit.

Assessing the impacts of changes to midwifery care services on travel and access.

Shropshire and Telford & Wrekin

June 2019

NHS
Midlands and Lancashire
Commissioning Support Unit

Contents

Background

As part of continued plans to reconfigure healthcare services across the Shropshire and Telford & Wrekin footprint, changes to midwifery care are being considered by the Local Maternity System (LMS).

The plans and proposals will require wide engagement with clinicians, patients, the public and other stakeholders as well as central assurance before a decision can be made on the best arrangement of services.

Arriving at an agreement will require assessments of the economic, quality, equality, environmental and travel and access impacts of potential changes, as well as other factors.

The programme team have access to previous impact assessment work from the Future Fit programme and recent access analysis at GP practice-level, however it was felt that up-to-date and more robust analysis are needed.

This report seeks to address the travel and access impacts with the use of recent maternity activity data and population data alongside road speeds data and travel modelling software in order to support feasibility study, options appraisal, impact assessment and other assurance processes for families accessing midwifery care in the area.

Proposed changes to midwifery care services

The current commissioned model of midwifery care includes five Midwife-Led Units (MLU) that are open 24/7. A review of midwifery care has found that the configuration of the current model is not in line with demand.

A new model is being proposed that includes community midwives working across Shropshire and Telford & Wrekin, supported by five or six hubs offering a range of services (including antenatal scans) which will be open for 12 hours a day. **Routine antenatal and postnatal care will continue to be offered at GP practices and other locations across the county (map opposite).**

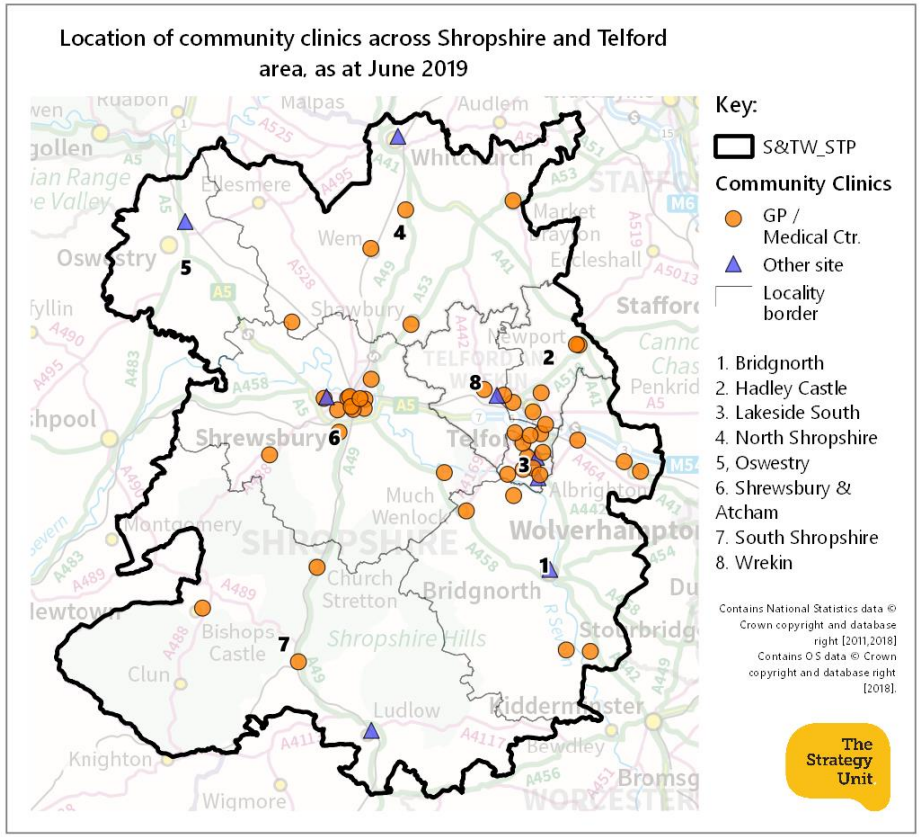
Two 24/7 MLUs based at Princess Royal and Royal Shrewsbury hospital sites will also be available as well as support for home births across the county.

The maternity hub locations being considered are central sites* in:

- Hadley castle
- Lakeside South
- North Shropshire (Whitchurch **OR** Market Drayton)
- South Shropshire (Ludlow)
- Oswestry
- Bridgnorth

* It should be noted that there are no fixed and agreed hub sites within these locations at this time - this analysis is intended to be indicative of access to those areas and to enable comparison of a range of options. However; in order to calculate road and public transport journeys, we have had to specify central locations. A full list of these can be found in Appendix 3.

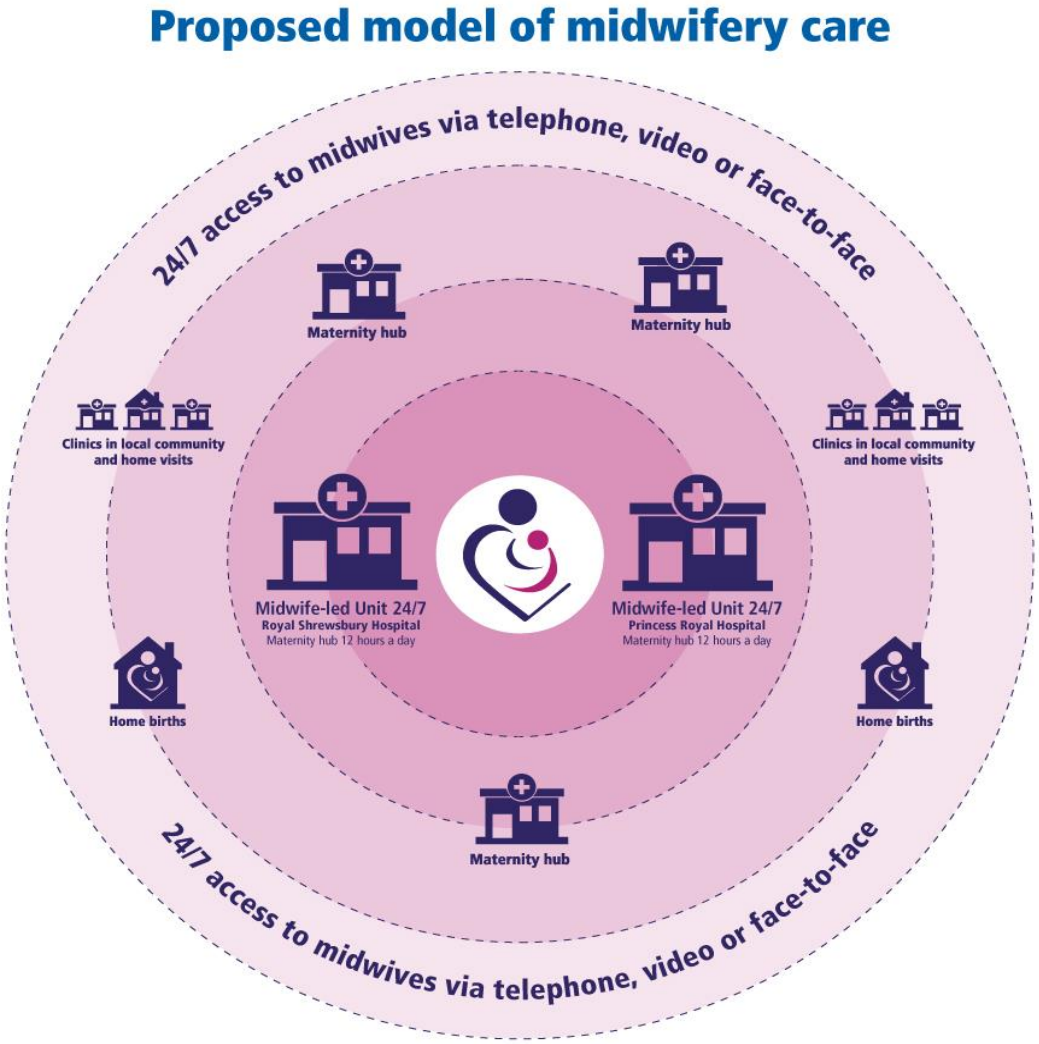
Community clinics across the region provide many antenatal and postnatal services, and this will continue to be provided in the new model.



The proposed commissioning model for maternity care

"We (the LMS) are proposing to transform the way that midwifery care is currently delivered across Shropshire, Telford and Wrekin to provide all women with safe, high quality and personalised care throughout their pregnancy (antenatal care), during the birth and following the birth of their baby (postnatal care).

We would do this by creating a network of midwife-led units, maternity hubs, clinics in the local community and home visits. Midwives and maternity support workers (previously known as women's support assistants) would work flexibly across this network, providing high quality, personalised care to women throughout all stages of their pregnancy, birth and beyond."



Source: Transforming midwifery care programme, Shropshire and Telford & Wrekin LMS.

Methods: MLU Birth services

The last full operational year of the current commissioned model where there was a genuine choice of Midwife-led Units (MLU) for giving birth across the Shropshire and Telford & Wrekin area was 2016/17.

We extracted all the hospital episodes for that year where there was a record of a birth based on spell-level Health Resource Groups (HRG, full list in Appendix 4), making sure only the maternal record was retained i.e. excluding the infant record.

Using the output area* of mothers home address, we ascertained the 'actual' travel times by private vehicle to the birth destination.

For birth episodes at the 3 rural MLU sites (Oswestry, Ludlow and Bridgnorth) we ascertained the 'modelled' journey time to the nearest (in terms of time) of PRH and RSH birth units to facilitate comparison.

We calculated journey times using the TRACC software (Basemap, https://www.basemap.co.uk/tracc/) and integrated road networks alongside both off-peak and peak road speeds data.

Note that while for comprehensiveness we have included public transport travel times for births we recognised that this not a feasible choice in the overwhelming majority of cases.

* Output areas (OAs) are a static statistical geography covering on average 300 to 400 people of all ages. As unit postcodes are no longer retained in routine commissioner datasets, this is the lowest level of positional accuracy we have for patients accessing acute services. We will use the population-weighted centre of each OA as the assumed journey start point and where there is marginal difference to multiple destinations we will pro-rata patients accordingly to account for large area (rural) OAs.

Methods: Other midwifery care services

We utilised comprehensive records of antenatal scans in hospital and community sites across Shrewsbury and Telford & Wrekin for the 2018/19 financial year. This formed our proxy baseline of midwifery care for comparison of access.

We extracted all the outpatient attendances during the period where there was a record of a routine antenatal scan, based on OPCS-4 procedure code R361 (dating scan).

Using the output area of mothers home address, we ascertained the 'actual' travel times by private vehicle to the outpatient site of attendance. Where multiple scans were undertaken on the same date we assumed only one journey was made.

For all relevant activity we produced a 'modelled' journey time to the nearest (in terms of time) maternity hubs for each of the 13 alternative scenarios to facilitate comparison. We made the assumption that all women chose their nearest available hub. Note that, in reality, some may have a preference for the 24/7 MLU or consultant-led sites if they are booked to birth there.

We calculated journey times using the TRACC software and integrated road networks alongside both weekday and weekend road speeds data. Additionally we calculated Public Transport journeys assuming a midweek daytime travel window.

To aid comparison, we provided average journey times (mean) and time-banded break-downs of the population affected across the 8 locality areas in Shropshire, Telford & Wrekin.

In order to assess the impact of the potential configurations, for each we have reported the difference in average journey times for the 2 or 3 modes/times of day compared to the baseline (actual) journeys. We have done this for:

- the Shropshire and Telford & Wrekin footprint
- the 8 sub-localities
- different age groups, socio-economic and ethnic groups (to support separate but parallel impact assessment work). This breakdown is available in the appendices.

Datasets

Due to time constraints, the sharing of trust data to the project team featuring full unit postcodes was not feasible. The current (and hypothetical) access to services was therefore determined using Secondary Uses Service (SUS) data already held within the CSU data warehouse.

Whilst this data will sacrifice some geographical granularity (using output area instead of postcode) it is available for instant extraction and analysis and will also enable the inclusion of patients travelling to external sites for their scans which would not be possible using SATH shared data.

Informatics staff at SATH provided episode IDs for women who used Sutton Hill Community Centres services which could then be linked to SUS data sets.

Summary of impacts

Impact of changes to MLU birth centres

- Around 85% of women gave birth in the centralised consultant-led unit under the current service model.
- There is only one proposed alternative service model, with the consolidation of 5 MLU to 2 central MLU in Telford and Shrewsbury therefore the impacts are only likely to affect a relatively small number of women and only in some areas - 160 (around 5%) of total births occur at one of the 3 rural MLU.
- The access impact of the proposed change on the **total maternal population** of the area is minimal for access - 1-3 minutes additional on average and the majority are still within 30 minutes travel of an MLU.
- The impacts, as expected, are slightly more marked for those women who would have given birth in one of the **three rural MLU's** with on average an extra 5-10 minutes of travel to their nearest site dependent on mode of transport. There is a corresponding drop in the 30 minute population catchment of MLU by 10-20% depending on mode of transport and time of travel.
- Mothers in Bridgnorth and Oswestry would have to travel on average around 15 minutes further by car or 40 minutes by public transport to their nearest MLU.
- Mothers in South Shropshire would have to travel on average around 20-25 minutes further to their nearest MLU by car or public transport.

Impact of changes to other midwifery services

- Access to dating scans (as a proxy for the care offered in proposed midwifery hubs) is currently worst in North Shropshire and South Shropshire where there is no existing facility.
- The largest proportion of mothers requiring midwifery care live in the Telford & Wrekin area and central Shrewsbury.
- As most women, even some in more rural areas already travel to either Shrewsbury or Telford for antenatal scans, the proposed changes are only likely to adversely affect a relatively small number of women - between 100 and 250 depending on the placement of maternity hubs - and many more may choose closer services.
- All of the potential configurations slightly improve travel times (for the population as a whole) compared to the current configuration of services although only the 2+4 hub options improve access by public transport.
- On balance of all the travel time information, the 2+4 hub option with sites in Oswestry, Ludlow, Whitchurch and Lakeside South is best from a whole population access perspective, although only marginally.
- All of the 2+4 hub configurations result in slightly better access than the best 2+3 hub configuration, although only by very small margins.
- There is little to differentiate the 2+3 hub scenarios from each other on the whole population-level, although impacts in certain localities may need to be considered alongside other measures of needs.
- In both the 2+3 and 2+4 hub configurations, having hubs in both Hadley and Lakeside results in sub-maximal access coverage across the county area as a whole although slightly improves access times by Public Transport. This is due to their close proximity to each other.
- Options where the North Shropshire hub is located in Market Drayton are marginally better for access times but result in slightly lower population coverage than if based in Whitchurch.

Births: detailed analysis

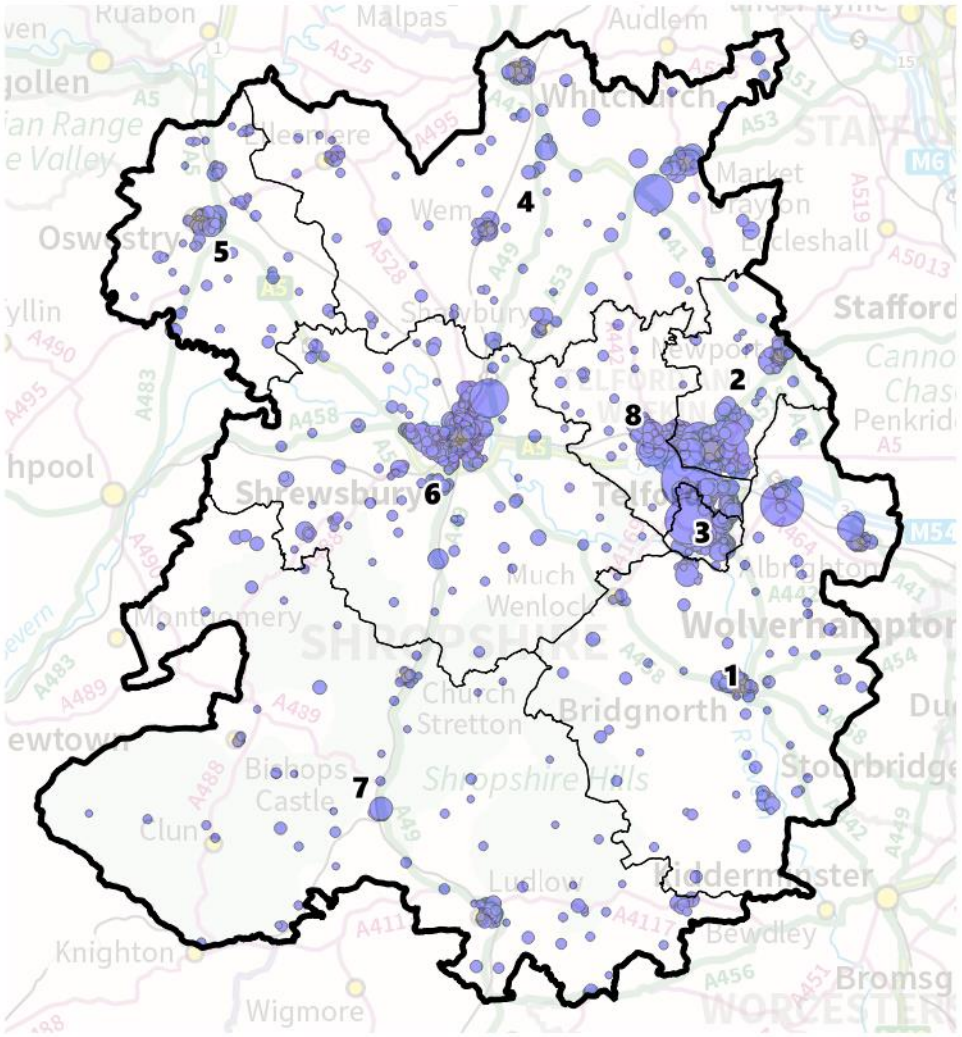
Location of all women giving birth

This map should be used in conjunction with the scenario maps to put into context the travel times from various areas. The size of each point represents the number of women coming from an output area. The range of births per output area was 1 to 35+.

While there may be regions where the journey time is relatively high, these are often areas with low populations of women in the age groups concerned e.g. South Shropshire.

Area code	Locality	Mothers giving birth in baseline year
1	Bridgnorth	427
2	Hadley Castle	767
3	Lakeside South	604
4	North Shropshire	464
5	Oswestry	223
6	Shrewsbury & Atcham	1,008
7	South Shropshire	238
8	The Wrekin	582

Location and density of mothers giving BIRTH by output area, 2016/17 baseline



Patient flows for all birth episodes

Number and % of women registered with GPs within the Local Maternity System (LMS) using sites *within* Shropshire, Telford and Wrekin at these sites:

Site name	n women	%
The Princess Royal (Maternity)*	4071	90.6
Royal Shrewsbury (Maternity)	144	3.2
Bridgnorth (Maternity)	69	1.5
Oswestry (Robert Jones & Agnes Hunt Orthopaedic & District)	51	1.1
Ludlow	32	0.7
Subtotal	4367	97.1

Number and % of women registered with GPs within the Local Maternity System (LMS) giving birth *outside* Shropshire, Telford and Wrekin at these consultant-led sites^.

Site name	n women	%
Worcestershire Royal	39	0.9
Hereford County	34	0.8
Royal Stoke University	25	0.6
New Cross	15	0.3
Leighton	10	0.2
Russells Hall	3	0.1
Subtotal	158	2.9

^ SUS data do not cover activity presenting outside of England. As such, this activity and subsequent scenario modelling does not account for births at Wrexham hospital - likely to be exclusively mothers from Oswestry area. During the equivalent period, according to NHS Wales, there were 106 births at Wrexham to mothers from Shropshire and Telford & Wrekin area, some of whom may choose to deliver babies in Shrewsbury when acute services move there under the Future Fit programme.

All births: Comparison of travel times for two scenarios

For the alternative scenario, across the whole population, the mean travel time rises by just 40 seconds for off-peak car journeys both during the week and at the weekend. For public transport during the week the mean travel time rises by 90 seconds.

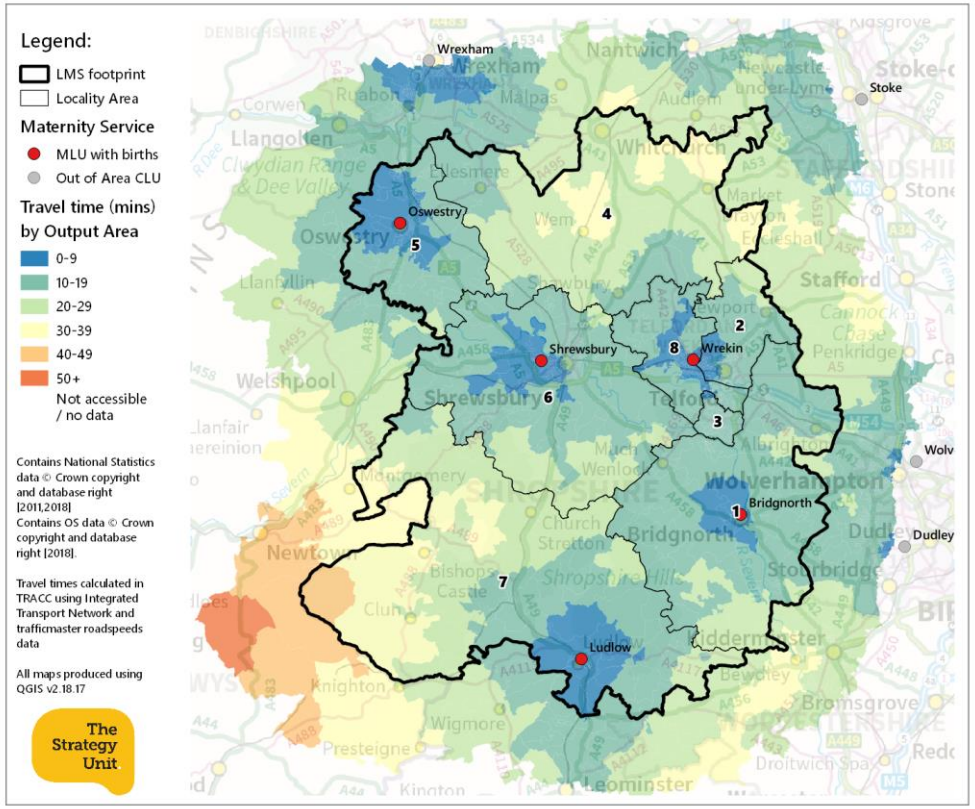
To aid comparison, we provide average journey times (mean) and time-banded break-downs of the population affected across the 8 locality areas in Shropshire and Telford on the following pages. The effect of the scenarios on different ages, socio-economic backgrounds and ethnic groups is included in appendix 1.

	Scenario	
	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Oswestry	●	
Bridgnorth	●	
S. Shropshire (Ludlow)	●	

Travel type	Current	Proposed	Diff (mins)
wday mean journey time (mins)	22.0	22.7	+ 0.7
wend mean journey time (mins)	20.6	21.3	+ 0.7
ptrans mean journey time (mins)	53.5	55.0	+ 1.5

		Current	Proposed
% of all women within 30 mins of service:	w/day	79.3	77.2
	w/end	82.7	81.5
	P/trans	24.4	22.1

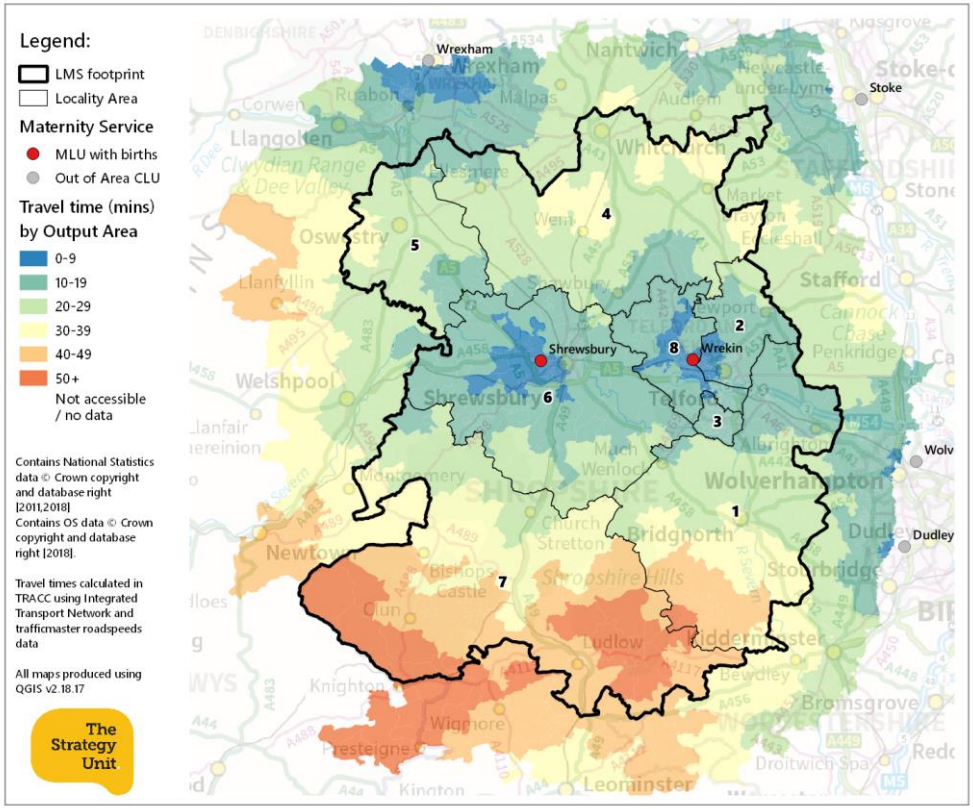
All births: Baseline travel times - actual sites used for delivery



		Travel time (mins)					
type	stat	NA	0-14	15-29	30-44	45-59	60+
wday	n women	134	1,745	1,839	489	396	53
wend	n women	134	1,935	1,804	470	280	33
ptrans	n women	134	467	638	737	1,006	1,674
wday	% women	2.9	37.5	39.5	10.5	8.5	1.1
wend	% women	2.9	41.6	38.7	10.1	6.0	0.7
ptrans	% women	2.9	10.0	13.7	15.8	21.6	36.0

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	427	767	604	464	223	1,008	238	582	423
wday	mean travel time (mins)	22.8	11.6	14.5	29.6	40.1	24.4	43.7	9.1	43.9
wend	mean travel time (mins)	21.3	10.5	13.3	27.5	38.0	22.9	41.5	8.2	42.1
ptrans	mean travel time (mins)	62.0	38.9	49.9	78.2	76.3	54.2	67.3	23.1	85.4

All births: Alternative scenario travel times



Travel time (mins)

type	stat	NA	0-14	15-29	30-44	45-59	60+
wday	n women	130	1,651	1,841	552	425	53
wend	n women	130	1,834	1,851	503	301	33
ptrans	n women	130	412	587	731	1,018	1,774
wday	% women	2.8	35.5	39.6	11.9	9.1	1.1
wend	% women	2.8	39.4	39.8	10.8	6.5	0.7
ptrans	% women	2.8	8.9	12.6	15.7	21.9	38.1

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	427	767	604	464	223	1,008	238	582	423
wday	mean travel time (mins)	25.8	11.5	14.5	29.8	43.3	24.4	48.2	9.1	44.7
wend	mean travel time (mins)	24.0	10.5	13.3	27.7	41.1	22.9	45.7	8.2	42.9
ptrans	mean travel time (mins)	70.7	38.9	49.9	78.8	84.3	54.1	72.5	23.1	85.8

Patient flows for birth episodes at MLUs

Number of women registered with the STP giving birth at an MLU *within* Shropshire, Telford and Wrekin, and percentage of all STP registered women giving birth at these sites*.

Site name	n women
The Princess Royal (Maternity)	337
Royal Shrewsbury (Maternity)	144
Bridgnorth (Maternity)	69
Oswestry (Robert Jones & Agnes Hunt Orthopaedic & District)	51
Ludlow	32
Subtotal	633

* Current coding practice and SUS data protocols prohibit definitive attribution of births at PRH to the Wrekin MLU; all episodes are assigned to the same provider site code as the acute site (RXWMT). We obtained MLU births for Wrekin (n=337) based on consultant code H9999998 - 'Other Healthcare Professional' at the PRH site, validated against trust reported figures of 334.

MLU births: Comparison of travel times for two scenarios

As the current MLU model manage 15% (in our representative baseline) of all births in Shropshire, the effect on the travel times of removing them in a future centralised configuration would be larger than for an all births cohort demonstrated in the previous section. This 15% of mothers would therefore be those that would be 'directly affected' or 'displaced' under the new arrangement - **some figures throughout the rest of the report refer to the displaced population in order to describe those who would be directly affected by proposed changes** as well as the overall impacts on the total maternal cohort.

For the alternative scenario, the mean travel time rises by 5 minutes for off-peak car journeys during the week and by a similar amount at the weekends. For public transport during the week the mean travel time rises by approximately 11 minutes.

To aid comparison, we provide average journey times (mean) and time-banded break-downs of the population affected across the 8 locality areas in Shropshire and Telford on the following pages. The effect of the scenarios on different ages, socio-economic backgrounds and ethnic groups is included in the appendix.

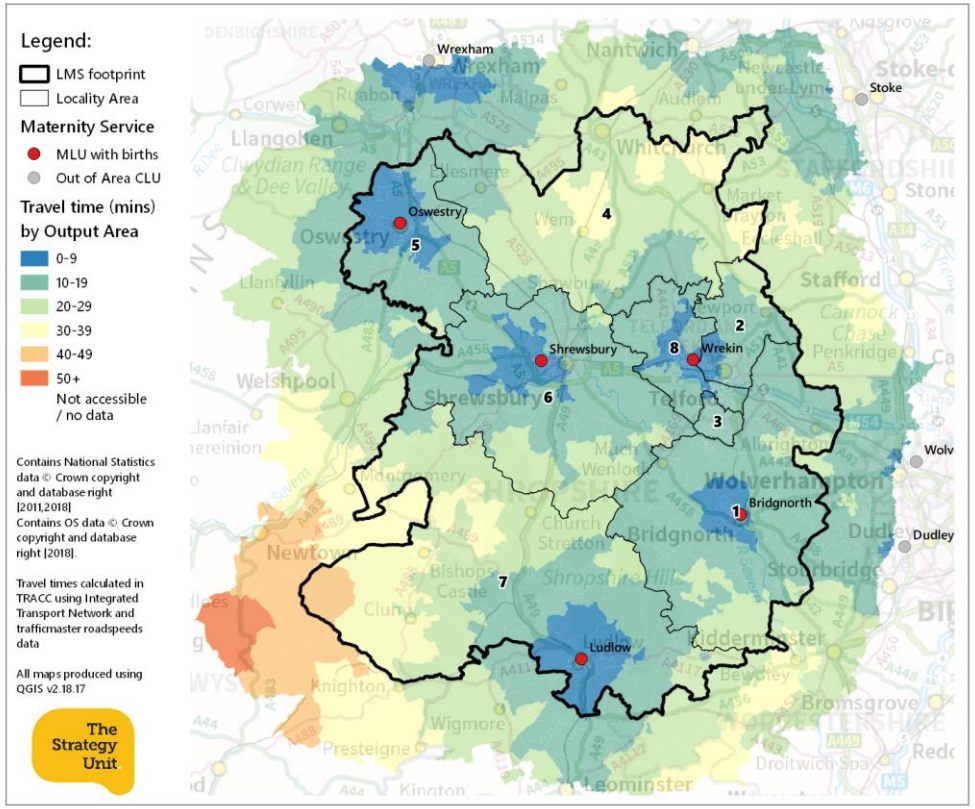
Appendix 5 shows the location of mothers who give birth at rural MLU's as well as those who give birth at the Royal Shrewsbury and Princess Royal MLU's.

	Scenario	
	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Oswestry	●	
Bridgnorth	●	
S. Shropshire (Ludlow)	●	

Travel type	Current	Proposed	Diff (mins)
wday mean journey time (mins)	15.9	21.0	+ 5.1
wend mean journey time (mins)	14.7	19.5	+ 4.8
ptrans mean journey time (mins)	40.8	51.6	+ 10.8

		Current	Proposed
% of women (MLU births) within 30 mins of service:	w/day	92,7	78.4
	w/end	95.0	86.6
	P/trans	42.4	25.9

MLU births: Baseline travel times



Travel time (mins)

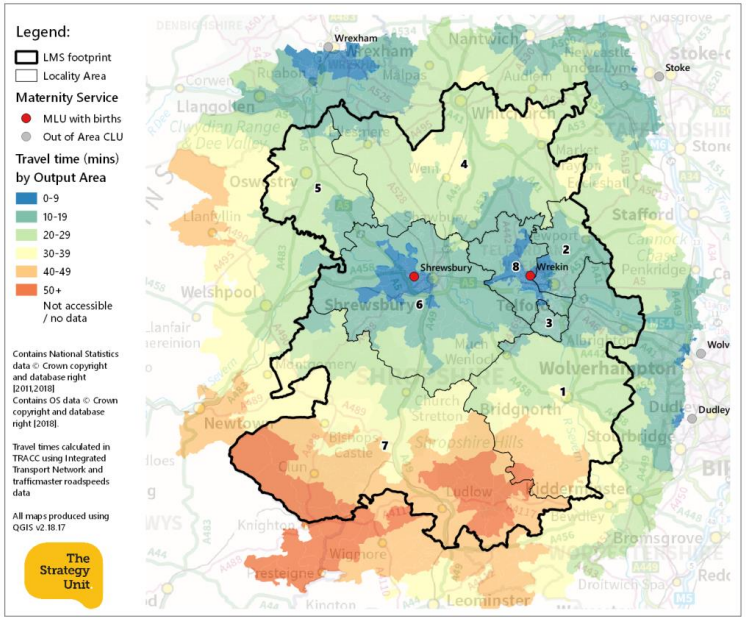
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	337	260	41	6	-
wend	n women	374	238	28	4	-
ptrans	n women	136	137	138	104	129
wday	% women	51.8	39.9	6.3	0.9	-
wend	% women	57.5	36.6	4.3	0.6	-
ptrans	% women	20.9	21.0	21.2	16.0	19.8

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	90	84	66	86	45	161	47	56	17
wday	mean travel time (mins)	15.0	11.8	13.9	27.0	12.4	15.8	18.9	8.9	18.4
wend	mean travel time (mins)	14.0	10.8	12.8	25.1	11.5	14.6	17.8	8.1	17.5
ptrans	mean travel time (mins)	30.0	39.1	47.9	73.0	27.9	38.7	34.5	21.5	58.1

For description of the 'displaced' population in grey boxes please refer to page 19.

MLU births: Alternative scenario travel times

	Scenario	
	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Oswestry	●	
Bridgnorth	●	
S. Shropshire (Ludlow)	●	



Travel time (mins)

type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	243	262	104	35	-
wend	n women	273	285	61	25	-
ptrans	n women	81	86	132	116	229
wday	% women	37.6	40.6	16.1	5.4	-
wend	% women	42.3	44.1	9.4	3.9	-
ptrans	% women	12.5	13.3	20.4	18.0	35.4
'Displaced' women						
wday	n women	2	59	70	29	-
wend	n women	2	98	39	21	-
ptrans	n women	18	1	8	16	117
wday	% women	1.2	36.9	43.8	18.1	-
wend	% women	1.2	61.3	24.4	13.1	-
ptrans	% women	11.2	0.6	5.0	10.0	73.1

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	90	84	66	86	45	161	47	56	17
wday	mean travel time (mins)	28.9	11.7	13.9	28.4	28.5	15.6	41.8	8.9	37.4
wend	mean travel time (mins)	26.9	10.6	12.8	26.4	26.8	14.4	39.1	8.1	35.1
ptrans	mean travel time (mins)	71.0	38.7	47.9	76.2	67.3	38.4	60.5	21.5	65.9

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	65	1	-	11	37	5	35	-	6
wday	mean travel time (mins)	31.3	10.3	-	31.4	26.9	17.8	45.5	-	44.2
wend	mean travel time (mins)	29.2	9.6	-	29.6	25.2	16.8	42.5	-	41.5
ptrans	mean travel time (mins)	75.3	41.9	-	68.4	66.1	30.4	63.2	-	74.6

Other midwifery care services: detailed analysis

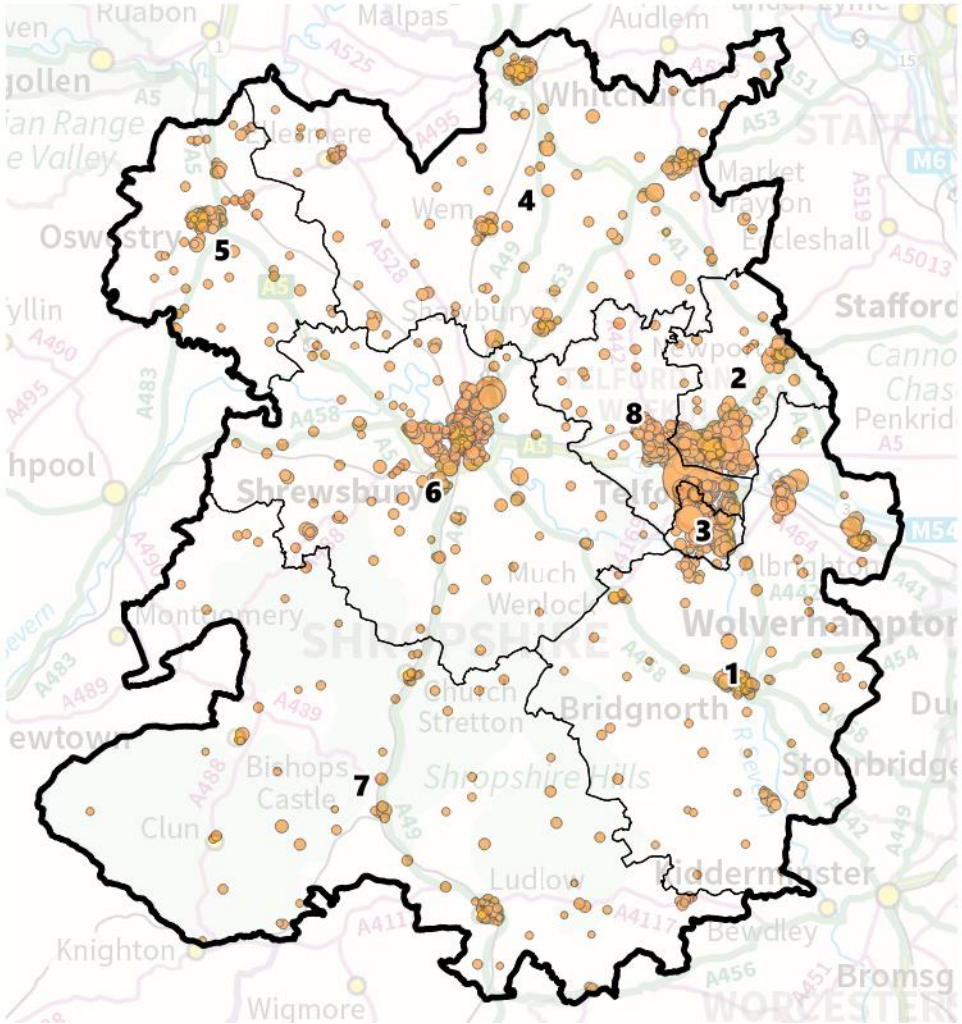
Location of women using other midwifery care services

This map should be used in conjunction with the scenario maps to put into context the travel times from various areas. The size of each point represents the amount of activity coming from an output area. The range of other midwifery activity (dating scans) per output area was 1 to 120+.

While there may be regions where the journey time is relatively high, these are often areas with low populations of women in the age groups concerned e.g. South Shropshire.

Area code	Locality	Mothers having a dating scan in baseline year
1	Bridgnorth	407
2	Hadley Castle	747
3	Lakeside South	590
4	North Shropshire	434
5	Oswestry	226
6	Shrewsbury & Atcham	936
7	South Shropshire	196
8	The Wrekin	600

Location and density of mothers' DATING SCANS by output area, 2018/19 baseline



Patient flows for other midwifery care services

Number and % of women registered with GPs within the Local Maternity System (LMS) with a dating scan* *within* Shropshire, Telford and Wrekin at these sites:

Site name	n women	%
The Princess Royal (Maternity)	2300	55.6
Royal Shrewsbury (Maternity)	1456	35.2
Oswestry (Robert Jones & Agnes Hunt Orthopaedic & District)	146	3.5
Sutton Hill	117	2.8
Bridgnorth (Maternity)	91	2.2
Subtotal	4110	99.3

Number and % of women registered with GPs within the Local Maternity System (LMS) with a dating scan *outside* Shropshire, Telford and Wrekin at these sites:

Site name	n women	%
Kidderminster	20	0.5
Leighton	4	0.1
Worcestershire Royal	1	< 0.1
Subtotal	25	< 0.7

We wouldn't expect to be able to reconcile the numbers of women receiving scans, above, with the "all birth" numbers due to the different years under study. However, the gap may be large enough to consider explanations beyond changes in fertility rates. It could be that:

- Not all routine dating scans are coded as such
- A greater number of Oswestry residents receive dating scans at Wrexham
- Women may choose private clinics for scans

* Based on count of first recorded dating scan.

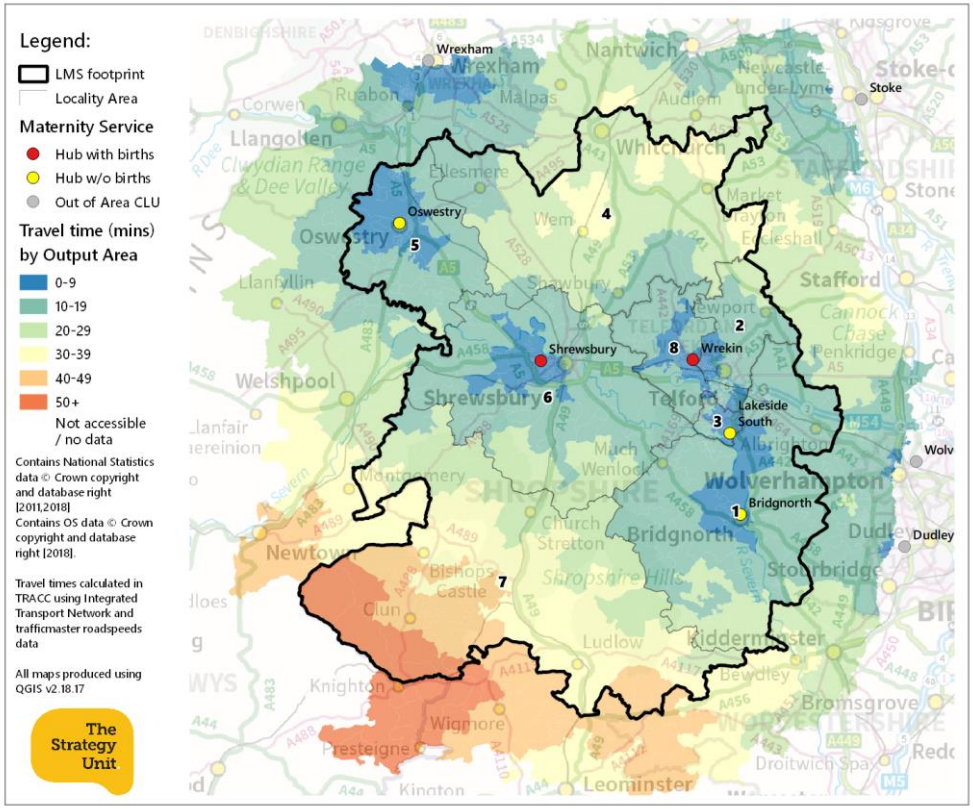
Other midwifery services: Comparison of travel times, all mothers

	Other midwifery care												
	Current	2 + 3 hubs							2 + 4 hubs					
		1	2	3	4	5	6	7	8	9	10	11	12	13
Shrewsbury (RSH)	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Wrekin (PRH)	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Lakeside South	●	●	●			●	●	●	●	●	●	●	●	●
Hadley Castle				●	●	●	●	●	●	●				
Oswestry	●										●	●		
Bridgnorth	●												●	●
N. Shropshire (Whitchurch)		●		●		●			●		●		●	
N. Shropshire (Mkt Drayton)			●		●		●			●		●		●
S. Shropshire (Ludlow)		●	●	●	●			●	●	●	●	●	●	●

type		Current	1	2	3	4	5	6	7	8	9	10	11	12	13
w/day (mins)	mean travel time	13.5	13.2	13.1	13.1	13.0	13.3	13.2	13.1	12.1	12.1	12.1	11.9	12.7	12.6
w/end (mins)	mean travel time	12.4	12.2	12.1	12.3	12.2	12.3	12.2	12.2	11.3	11.2	11.1	11.0	11.8	11.7
P/trans (mins)	mean travel time	33.8	36.6	36.0	37.2	36.6	35.3	34.7	35.2	33.8	33.2	33.8	33.2	33.8	33.1

		Current	1	2	3	4	5	6	7	8	9	10	11	12	13
% of women within 30 mins of service:	w/day	92.8	98.6	97.9	97.8	97.1	94.8	94.1	94.7	98.6	97.9	99.2	99.2	98.7	98.0
	w/end	93.9	99.4	98.8	98.5	9.08	95.5	95.0	96.4	99.4	98.8	99.7	99.7	99.4	98.8
	P/trans	51	46.2	46.6	42.1	42.5	50.3	50.7	50.5	52.8	53.2	50.9	51.3	50.9	51.3

Other midwifery services: Baseline travel times



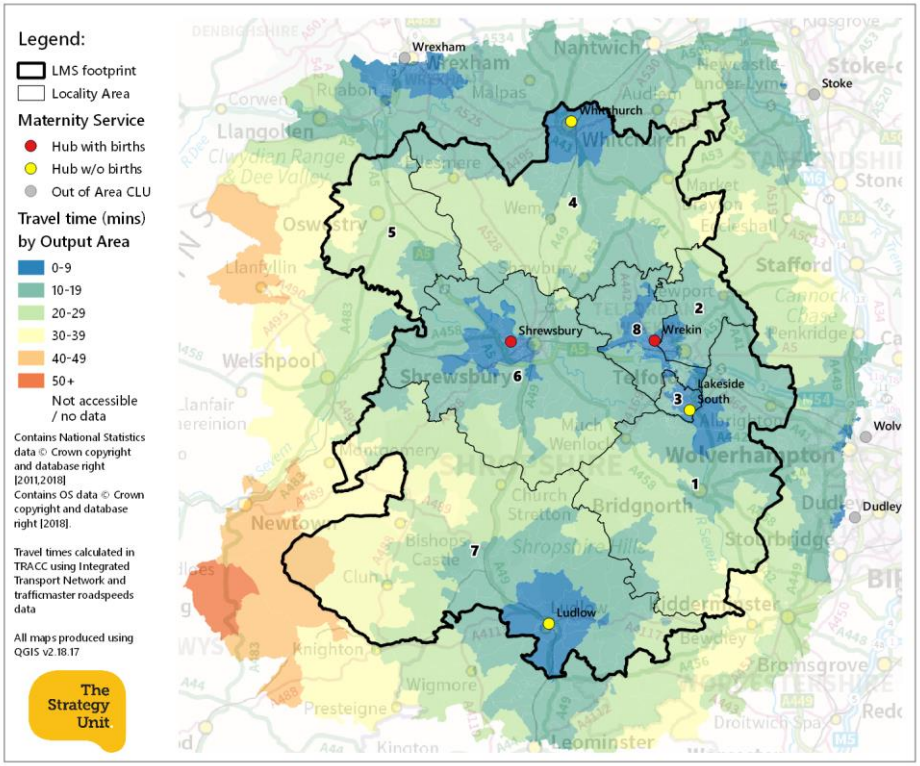
		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,960	945	287	18	-
wend	n women	3,080	872	250	8	-
ptrans	n women	807	1,341	1,065	482	515
wday	% women	70.3	22.4	6.8	0.4	-
wend	% women	73.2	20.7	5.9	0.2	-
ptrans	% women	19.2	31.9	25.3	11.4	12.2

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	12.1	11.4	8.0	26.9	7.0	12.5	34.4	8.4	26.0
wend	mean travel time (mins)	11.2	10.4	7.2	25.1	6.4	11.5	32.8	7.5	24.5
ptrans	mean travel time (mins)	29.1	39.5	23.1	56.7	16.2	34.8	49.1	22.1	48.8

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 1 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		●
N. Shropshire (Mkt Drayton)		
S. Shropshire (Ludlow)		●



Travel time (mins)

	type	stat	0-14	15-29	30-44	45-59	60+
	wday	n women	2,844	1,305	61	-	-
	wend	n women	2,964	1,221	25	-	-
	ptrans	n women	682	1,262	1,062	520	684
	wday	% women	67.6	31.0	1.4	-	-
	wend	% women	70.4	29.0	0.6	-	-
	ptrans	% women	16.2	30.0	25.2	12.4	16.2
'Displaced' women	wday	n women	21	207	20	-	-
	wend	n women	32	209	7	-	-
	ptrans	n women	15	11	7	45	170
	wday	% women	8.5	83.5	8.1	-	-
	wend	% women	12.9	84.3	2.8	-	-
	ptrans	% women	6.0	4.4	2.8	18.1	68.5

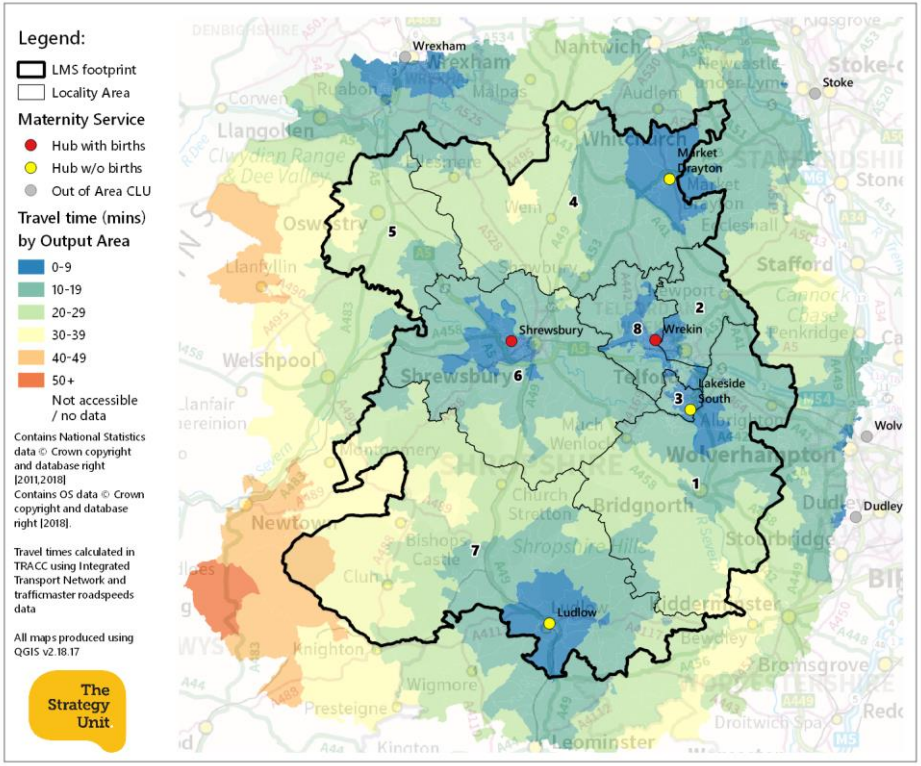
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.7	11.4	8.0	17.9	26.1	12.5	16.2	8.4	25.4
wend	mean travel time (mins)	15.4	10.4	7.2	17.2	24.6	11.5	15.3	7.5	24.0
ptrans	mean travel time (mins)	57.6	39.5	23.1	45.5	63.3	35.1	18.7	22.1	50.8

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	19.2	-	9.2	25.3	26.3	15.7	15.0	-	24.6
wend	mean travel time (mins)	17.9	-	8.2	24.7	24.7	14.7	15.0	-	23.4
ptrans	mean travel time (mins)	67.9	-	27.7	68.6	63.8	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 2 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		
N. Shropshire (Mkt Drayton)		●
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,883	1,238	89	-	-
wend	n women	3,013	1,148	49	-	-
ptrans	n women	744	1,217	1,029	562	658
wday	% women	68.5	29.4	2.1	-	-
wend	% women	71.6	27.3	1.2	-	-
ptrans	% women	17.7	28.9	24.4	13.3	15.6
'Displaced' women						
wday	n women	21	194	33	-	-
wend	n women	32	198	18	-	-
ptrans	n women	15	11	8	44	170
wday	% women	8.5	78.2	13.3	-	-
wend	% women	12.9	79.8	7.3	-	-
ptrans	% women	6.0	4.4	3.2	17.7	68.5

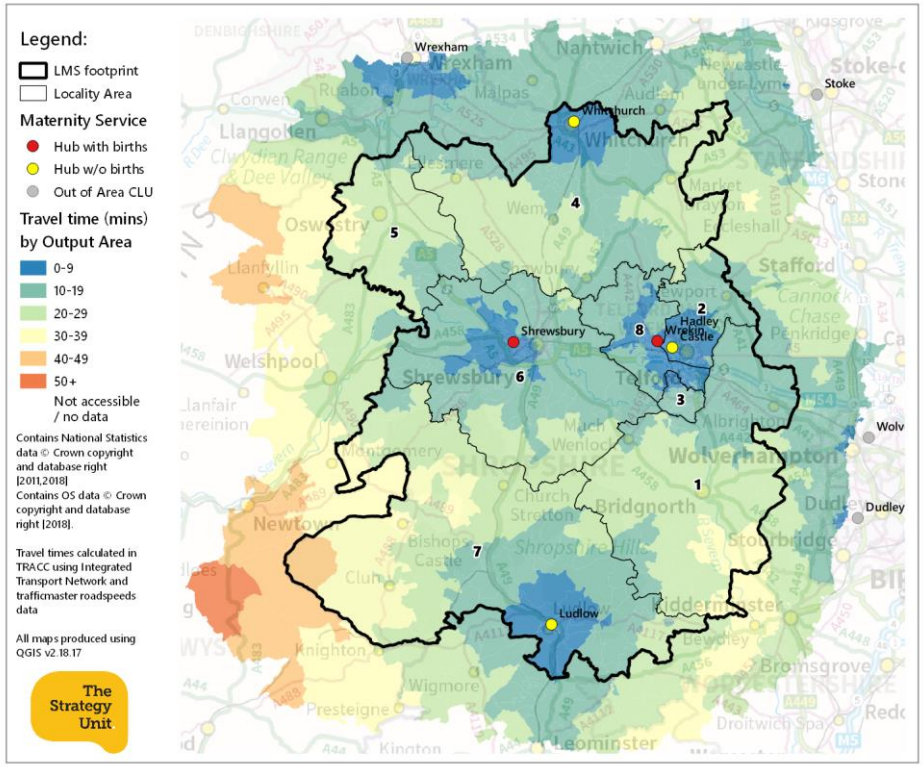
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.7	11.4	8.0	17.2	26.2	12.5	16.2	8.4	25.1
wend	mean travel time (mins)	15.4	10.3	7.2	16.2	24.6	11.5	15.3	7.5	23.8
ptrans	mean travel time (mins)	57.6	39.5	23.1	39.7	63.3	35.0	18.1	22.1	51.5

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	19.2	-	9.2	31.5	26.4	15.7	15.0	-	24.6
wend	mean travel time (mins)	17.9	-	8.2	29.7	24.8	14.7	15.0	-	23.4
ptrans	mean travel time (mins)	67.9	-	27.7	67.6	63.8	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 3 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	
Hadley Castle		●
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		●
N. Shropshire (Mkt Drayton)		
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,868	1,251	91	-	-
wend	n women	2,997	1,151	62	-	-
ptrans	n women	809	964	1,057	742	638
wday	% women	68.1	29.7	2.2	-	-
wend	% women	71.2	27.3	1.5	-	-
ptrans	% women	19.2	22.9	25.1	17.6	15.2
'Displaced' women						
wday	n women	9	206	33	-	-
wend	n women	12	215	21	-	-
ptrans	n women	15	8	3	40	182
wday	% women	3.6	83.1	13.3	-	-
wend	% women	4.8	86.7	8.5	-	-
ptrans	% women	6.0	3.2	1.2	16.1	73.4

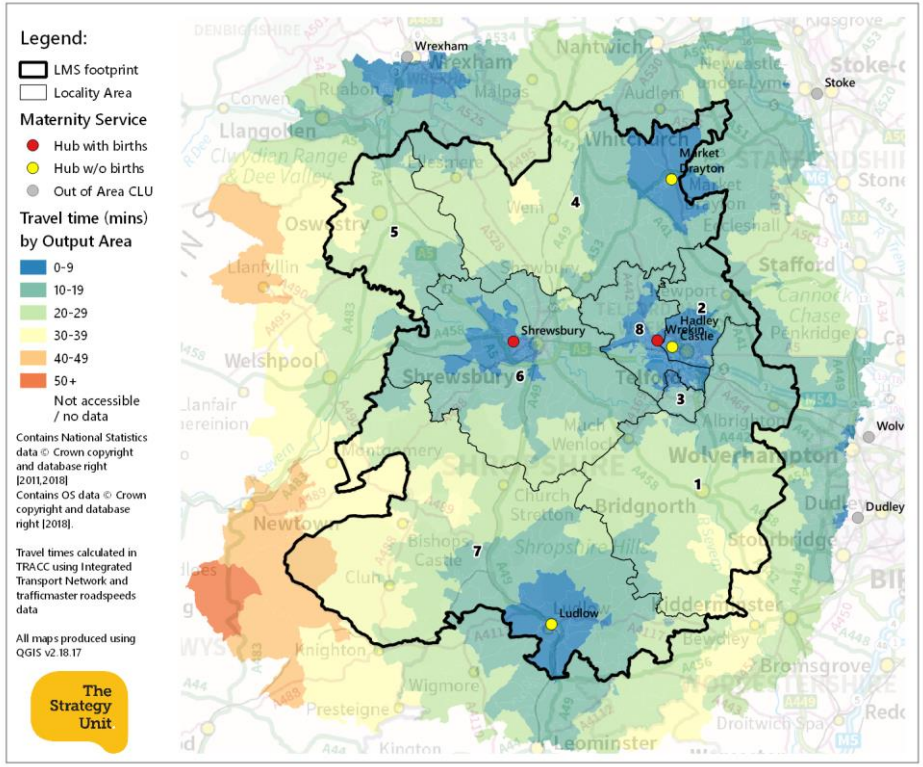
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	20.6	7.1	11.1	17.8	26.1	12.5	16.2	7.3	24.5
wend	mean travel time (mins)	19.6	6.6	10.5	17.1	24.6	11.5	15.3	6.8	23.4
ptrans	mean travel time (mins)	62.3	26.1	42.7	45.5	63.3	35.2	18.7	20.7	48.2

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	24.0	-	12.9	25.3	26.3	15.5	15.0	-	27.5
wend	mean travel time (mins)	22.9	-	12.2	24.7	24.7	14.7	15.0	-	26.4
ptrans	mean travel time (mins)	72.5	-	57.9	68.6	63.8	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 4 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	
Hadley Castle		●
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		
N. Shropshire (Mkt Drayton)		●
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,907	1,181	122	-	-
wend	n women	3,046	1,078	86	-	-
ptrans	n women	871	919	1,024	784	612
wday	% women	69.0	28.1	2.9	-	-
wend	% women	72.4	25.6	2.0	-	-
ptrans	% women	20.7	21.8	24.3	18.6	14.5
'Displaced' women						
wday	n women	9	193	46	-	-
wend	n women	12	204	32	-	-
ptrans	n women	15	8	4	39	182
wday	% women	3.6	77.8	18.5	-	-
wend	% women	4.8	82.3	12.9	-	-
ptrans	% women	6.0	3.2	1.6	15.7	73.4

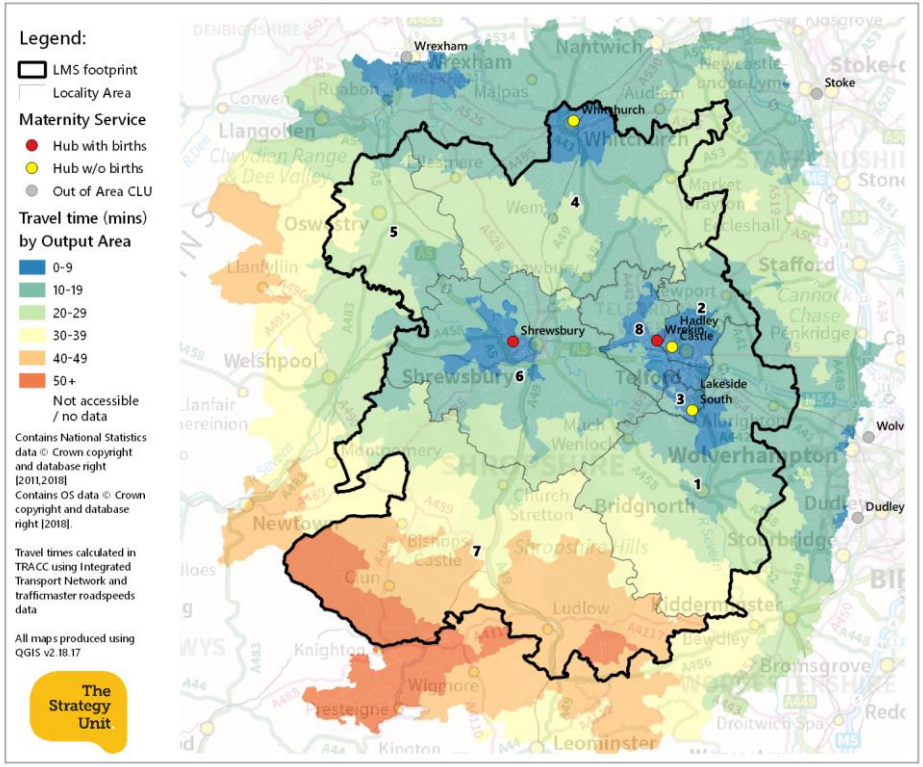
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	20.6	7.1	11.1	17.2	26.2	12.5	16.2	7.3	24.6
wend	mean travel time (mins)	19.6	6.6	10.5	16.2	24.6	11.5	15.3	6.8	23.5
ptrans	mean travel time (mins)	62.3	26.1	42.7	39.7	63.3	35.1	18.1	20.7	48.9

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	24.0	-	12.9	31.5	26.4	15.5	15.0	-	27.5
wend	mean travel time (mins)	22.9	-	12.2	29.7	24.8	14.7	15.0	-	26.4
ptrans	mean travel time (mins)	72.5	-	57.9	67.6	63.8	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 5 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		●
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		●
N. Shropshire (Mkt Drayton)		
S. Shropshire (Ludlow)		



	type	stat	Travel time (mins) 0-14	15-29	30-44	45-59	60+
	wday	n women	2,829	1,162	127	90	2
	wend	n women	2,990	1,032	143	45	-
	ptrans	n women	872	1,245	868	560	665
	wday	% women	67.2	27.6	3.0	2.1	0.0
	wend	% women	71.0	24.5	3.4	1.1	-
	ptrans	% women	20.7	29.6	20.6	13.3	15.8
'Displaced' women	wday	n women	20	204	24	-	-
	wend	n women	36	201	11	-	-
	ptrans	n women	14	8	8	48	170
	wday	% women	8.1	82.3	9.7	-	-
	wend	% women	14.5	81.0	4.4	-	-
	ptrans	% women	5.6	3.2	3.2	19.4	68.5

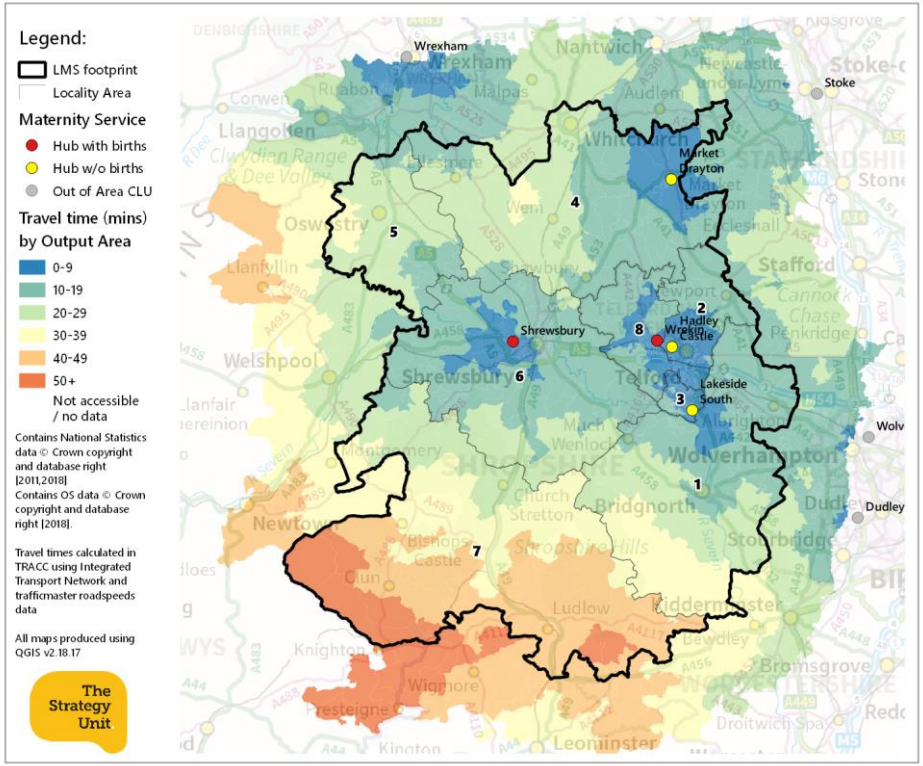
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.9	7.1	7.6	17.8	26.1	12.5	40.0	7.2	25.7
wend	mean travel time (mins)	15.6	6.6	6.9	17.1	24.6	11.5	37.7	6.6	24.4
ptrans	mean travel time (mins)	58.2	26.1	22.9	45.5	63.8	35.2	48.7	20.1	48.7

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	19.4	-	9.2	25.3	26.3	15.5	37.6	-	24.6
wend	mean travel time (mins)	18.1	-	8.2	24.7	24.7	14.7	35.4	-	23.4
ptrans	mean travel time (mins)	69.7	-	27.7	68.6	64.3	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 6 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		●
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		
N. Shropshire (Mkt Drayton)		●
S. Shropshire (Ludlow)		



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,868	1,092	158	90	2
wend	n women	3,039	959	167	45	-
ptrans	n women	934	1,200	835	597	644
wday	% women	68.1	25.9	3.8	2.1	0.0
wend	% women	72.2	22.8	4.0	1.1	-
ptrans	% women	22.2	28.5	19.8	14.2	15.3
'Displaced' women						
wday	n women	20	191	37	-	-
wend	n women	36	190	22	-	-
ptrans	n women	14	8	9	47	170
wday	% women	8.1	77.0	14.9	-	-
wend	% women	14.5	76.6	8.9	-	-
ptrans	% women	5.6	3.2	3.6	19.0	68.5

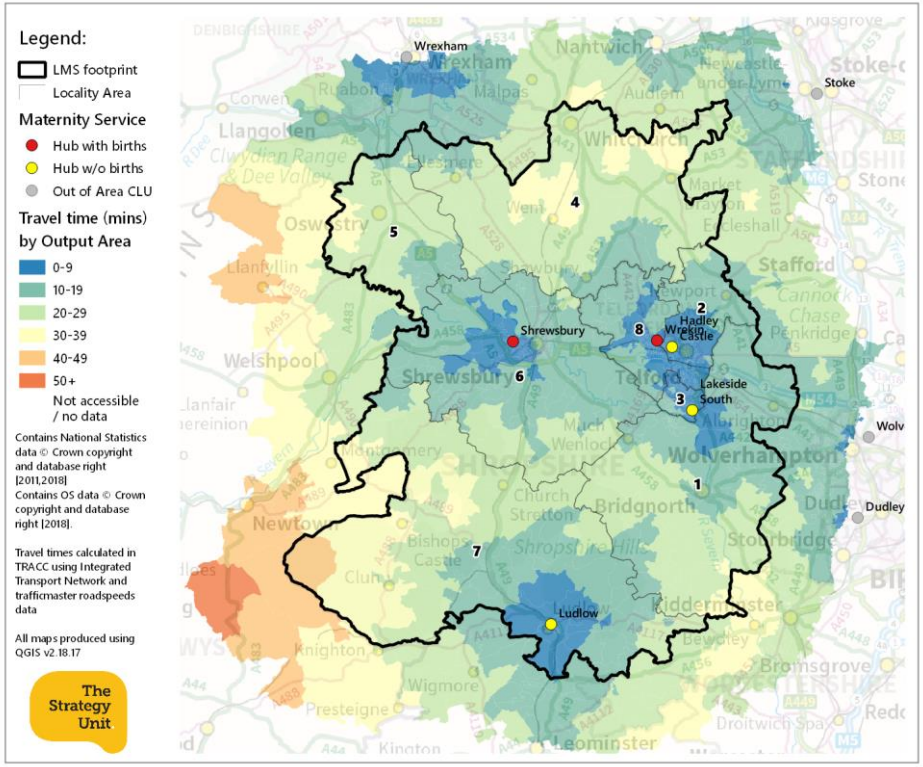
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.9	7.1	7.6	17.2	26.2	12.5	40.0	7.2	25.7
wend	mean travel time (mins)	15.6	6.6	6.9	16.2	24.6	11.5	37.7	6.6	24.5
ptrans	mean travel time (mins)	58.2	26.1	22.9	39.7	63.8	35.1	48.5	20.1	49.4

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	19.4	-	9.2	31.5	26.4	15.5	37.6	-	24.6
wend	mean travel time (mins)	18.1	-	8.2	29.7	24.8	14.7	35.4	-	23.4
ptrans	mean travel time (mins)	69.7	-	27.7	67.6	64.3	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 7 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		●
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		
N. Shropshire (Mkt Drayton)		
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,816	1,171	222	1	-
wend	n women	2,975	1,084	151	-	-
ptrans	n women	880	1,247	833	573	677
wday	% women	66.9	27.8	5.3	0.0	-
wend	% women	70.7	25.7	3.6	-	-
ptrans	% women	20.9	29.6	19.8	13.6	16.1
'Displaced' women						
wday	n women	21	194	33	-	-
wend	n women	36	194	18	-	-
ptrans	n women	15	11	7	45	170
wday	% women	8.5	78.2	13.3	-	-
wend	% women	14.5	78.2	7.3	-	-
ptrans	% women	6.0	4.4	2.8	18.1	68.5

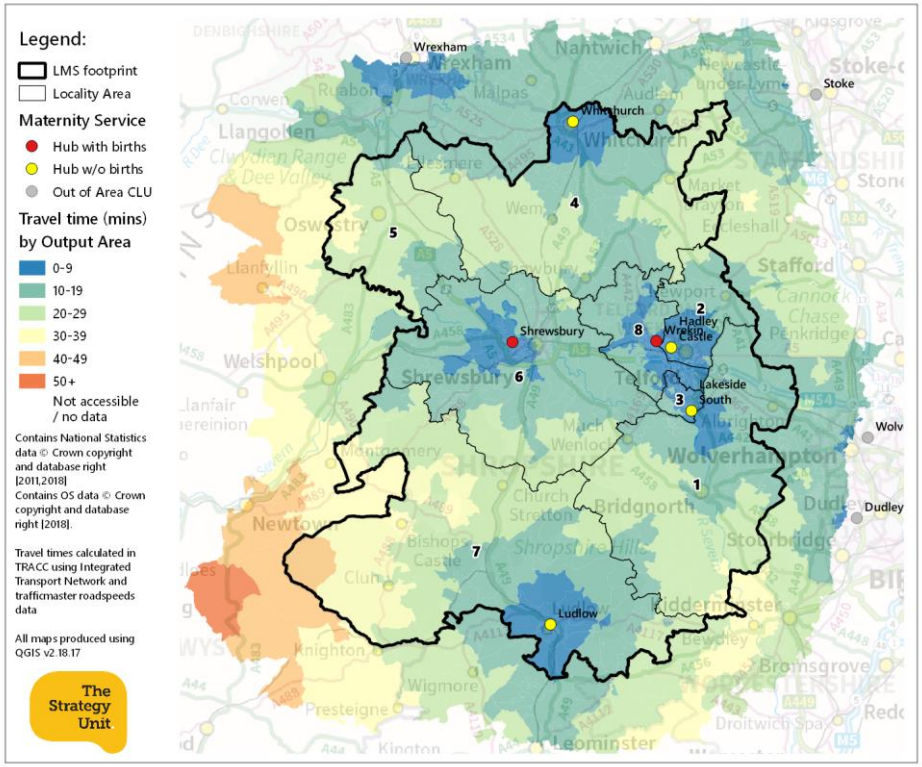
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.6	7.1	7.6	27.8	26.2	12.5	16.2	7.2	24.9
wend	mean travel time (mins)	15.3	6.6	6.9	26.0	24.6	11.5	15.3	6.6	23.7
ptrans	mean travel time (mins)	57.2	26.1	22.9	59.1	63.3	35.1	18.7	20.2	49.8

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	19.0	-	9.2	31.5	26.4	15.5	15.0	-	24.6
wend	mean travel time (mins)	17.8	-	8.2	29.7	24.8	14.7	15.0	-	23.4
ptrans	mean travel time (mins)	67.2	-	27.7	68.6	63.8	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 8 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		●
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		●
N. Shropshire (Mkt Drayton)		
S. Shropshire (Ludlow)		●



Travel time (mins)

type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,933	1,219	58	-	-
wend	n women	3,092	1,093	25	-	-
ptrans	n women	919	1,302	876	535	578
wday	% women	69.7	29.0	1.4	-	-
wend	% women	73.4	26.0	0.6	-	-
ptrans	% women	21.8	30.9	20.8	12.7	13.7
'Displaced' women						
wday	n women	21	207	20	-	-
wend	n women	36	205	7	-	-
ptrans	n women	15	11	7	45	170
wday	% women	8.5	83.5	8.1	-	-
wend	% women	14.5	82.7	2.8	-	-
ptrans	% women	6.0	4.4	2.8	18.1	68.5

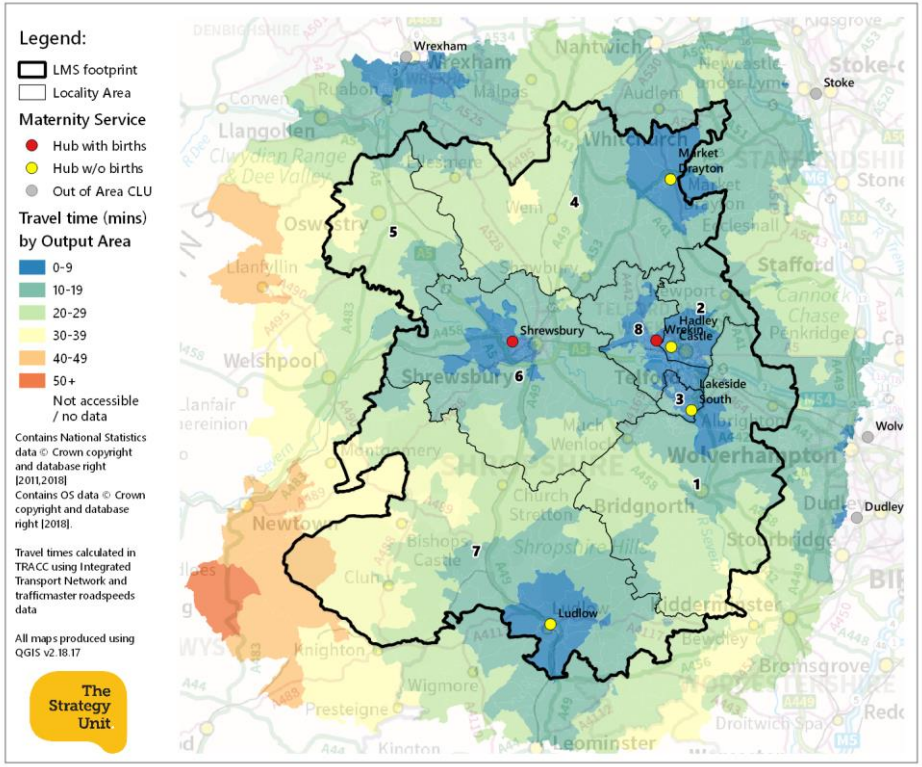
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.6	7.1	7.6	17.8	26.1	12.5	16.2	7.2	23.7
wend	mean travel time (mins)	15.3	6.6	6.9	17.1	24.6	11.5	15.3	6.6	22.6
ptrans	mean travel time (mins)	57.2	26.1	22.9	45.5	63.3	35.1	18.7	20.1	48.2

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	19.0	-	9.2	25.3	26.3	15.5	15.0	-	24.6
wend	mean travel time (mins)	17.8	-	8.2	24.7	24.7	14.7	15.0	-	23.4
ptrans	mean travel time (mins)	67.2	-	27.7	68.6	63.8	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 9 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		●
Oswestry	●	
Bridgnorth	●	
N. Shropshire (Whitchurch)		
N. Shropshire (Mkt Drayton)		●
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,972	1,149	89	-	-
wend	n women	3,141	1,020	49	-	-
ptrans	n women	981	1,257	843	577	552
wday	% women	70.6	27.3	2.1	-	-
wend	% women	74.6	24.2	1.2	-	-
ptrans	% women	23.3	29.9	20.0	13.7	13.1
'Displaced' women						
wday	n women	21	194	33	-	-
wend	n women	36	194	18	-	-
ptrans	n women	15	11	8	44	170
wday	% women	8.5	78.2	13.3	-	-
wend	% women	14.5	78.2	7.3	-	-
ptrans	% women	6.0	4.4	3.2	17.7	68.5

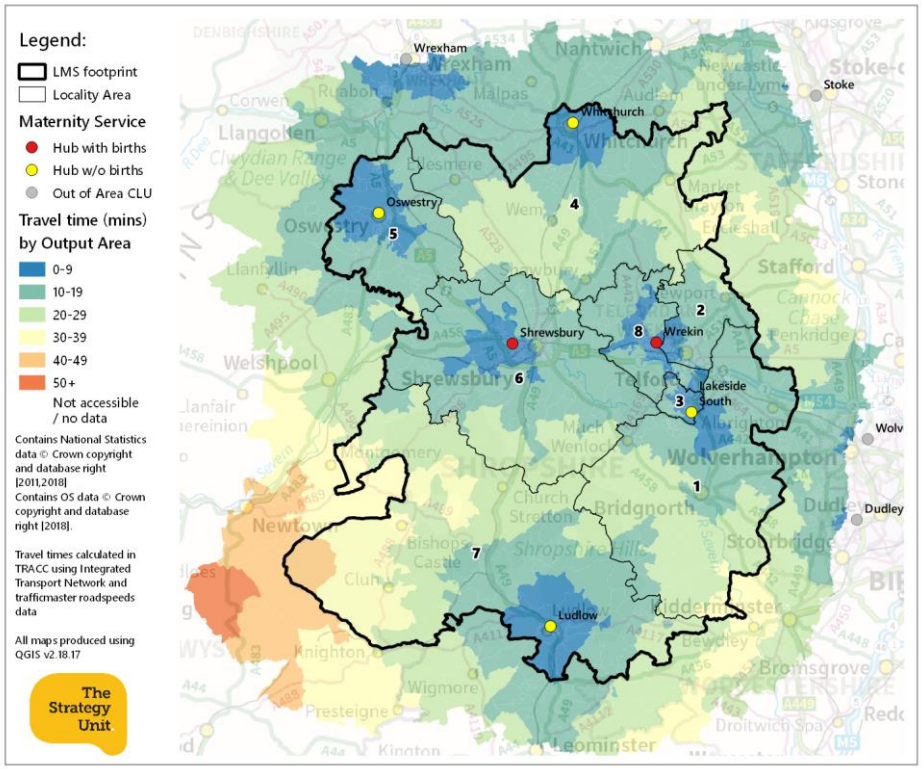
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.6	7.1	7.6	17.2	26.2	12.5	16.2	7.2	23.8
wend	mean travel time (mins)	15.3	6.6	6.9	16.2	24.6	11.5	15.3	6.6	22.6
ptrans	mean travel time (mins)	57.2	26.1	22.9	39.7	63.3	35.0	18.1	20.1	48.9

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	15	123	6	1	-	11
wday	mean travel time (mins)	19.0	-	9.2	31.5	26.4	15.5	15.0	-	24.6
wend	mean travel time (mins)	17.8	-	8.2	29.7	24.8	14.7	15.0	-	23.4
ptrans	mean travel time (mins)	67.2	-	27.7	67.6	63.8	35.5	0.0	-	59.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 10 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		
Oswestry	●	●
Bridgnorth	●	
N. Shropshire (Whitchurch)		●
N. Shropshire (Mkt Drayton)		
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	3,059	1,117	34	-	-
wend	n women	3,190	1,008	12	-	-
ptrans	n women	803	1,338	1,100	477	492
wday	% women	72.7	26.5	0.8	-	-
wend	% women	75.8	23.9	0.3	-	-
ptrans	% women	19.1	31.8	26.1	11.3	11.7
'Displaced' women						
wday	n women	17	83	2	-	-
wend	n women	28	74	-	-	-
ptrans	n women	8	3	6	20	65
wday	% women	16.7	81.4	2.0	-	-
wend	% women	27.5	72.5	-	-	-
ptrans	% women	7.8	2.9	5.9	19.6	63.7

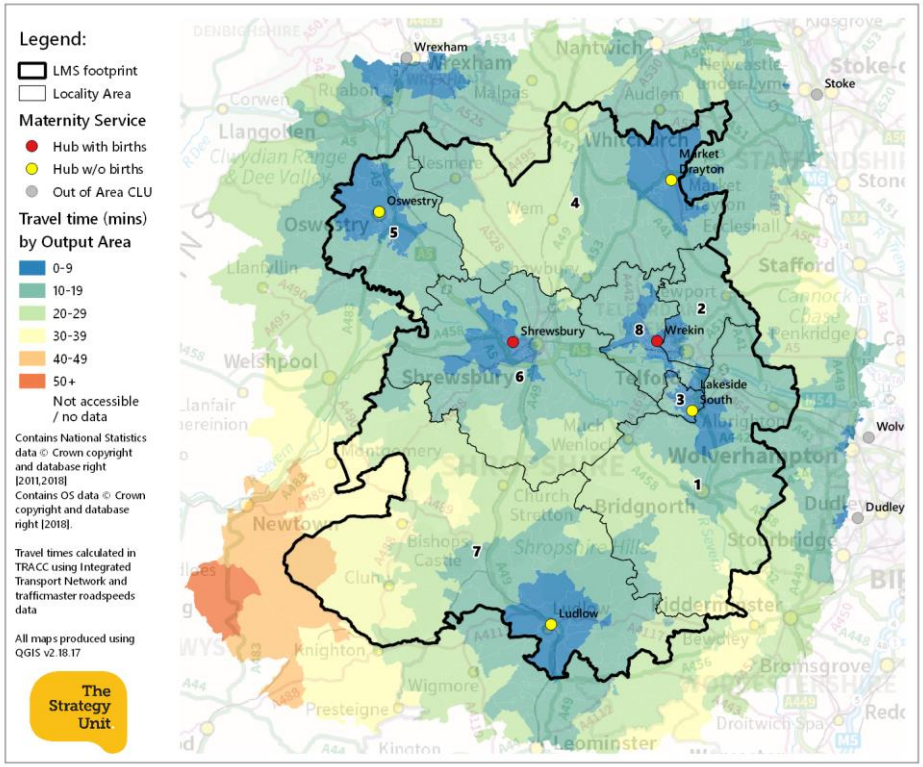
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.7	11.4	8.0	17.4	7.0	12.5	16.2	8.4	23.5
wend	mean travel time (mins)	15.4	10.4	7.2	16.6	6.4	11.5	15.3	7.5	22.1
ptrans	mean travel time (mins)	57.6	39.5	23.1	43.1	16.2	35.1	18.7	22.1	49.6

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	-	-	2	1	-	7
wday	mean travel time (mins)	19.2	-	9.2	-	-	19.6	15.0	-	19.3
wend	mean travel time (mins)	17.9	-	8.2	-	-	18.5	15.0	-	18.2
ptrans	mean travel time (mins)	67.9	-	27.7	-	-	60.6	0.0	-	76.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 11 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		
Oswestry	●	●
Bridgnorth	●	
N. Shropshire (Whitchurch)		
N. Shropshire (Mkt Drayton)		●
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	3,098	1,079	33	-	-
wend	n women	3,239	959	12	-	-
ptrans	n women	865	1,293	1,067	519	466
wday	% women	73.6	25.6	0.8	-	-
wend	% women	76.9	22.8	0.3	-	-
ptrans	% women	20.5	30.7	25.3	12.3	11.1
'Displaced' women						
wday	n women	17	83	2	-	-
wend	n women	28	74	-	-	-
ptrans	n women	8	3	6	20	65
wday	% women	16.7	81.4	2.0	-	-
wend	% women	27.5	72.5	-	-	-
ptrans	% women	7.8	2.9	5.9	19.6	63.7

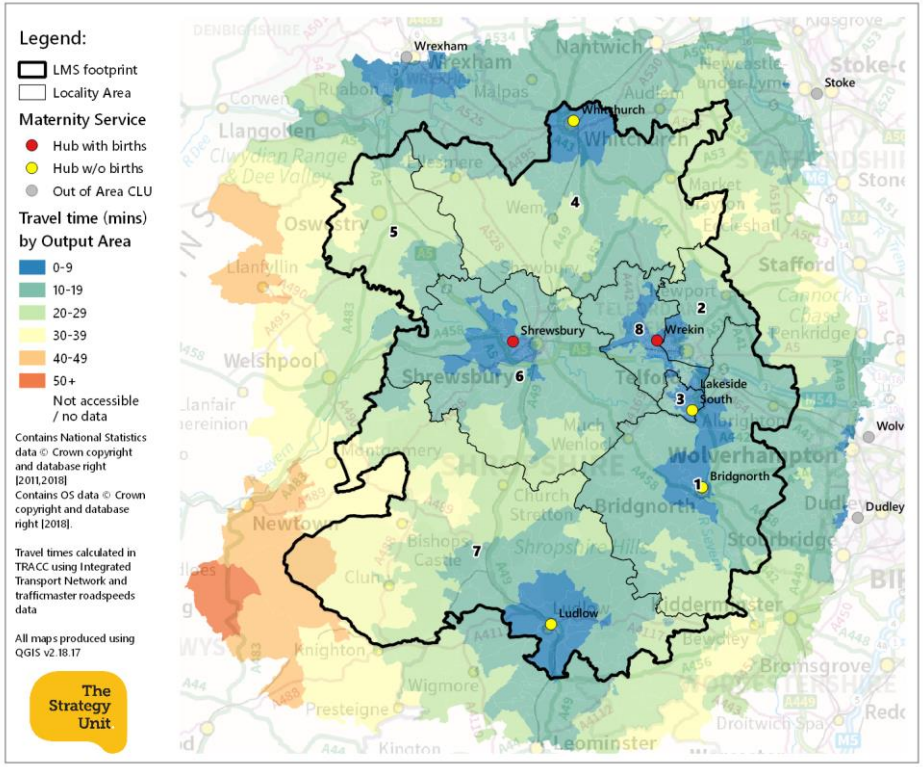
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	16.7	11.4	8.0	16.3	7.0	12.5	16.2	8.4	23.2
wend	mean travel time (mins)	15.4	10.3	7.2	15.2	6.4	11.5	15.3	7.5	21.9
ptrans	mean travel time (mins)	57.6	39.5	23.1	37.3	16.2	35.0	18.1	22.1	50.3

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	88	-	4	-	-	2	1	-	7
wday	mean travel time (mins)	19.2	-	9.2	-	-	19.6	15.0	-	19.3
wend	mean travel time (mins)	17.9	-	8.2	-	-	18.5	15.0	-	18.2
ptrans	mean travel time (mins)	67.9	-	27.7	-	-	60.6	0.0	-	76.0

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 12 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		
Oswestry	●	
Bridgnorth	●	●
N. Shropshire (Whitchurch)		●
N. Shropshire (Mkt Drayton)		
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	2,966	1,188	56	-	-
wend	n women	3,073	1,112	25	-	-
ptrans	n women	768	1,376	1,078	472	516
wday	% women	70.5	28.2	1.3	-	-
wend	% women	73.0	26.4	0.6	-	-
ptrans	% women	18.2	32.7	25.6	11.2	12.3
'Displaced' women						
wday	n women	4	124	18	-	-
wend	n women	4	135	7	-	-
ptrans	n women	7	8	1	25	105
wday	% women	2.7	84.9	12.3	-	-
wend	% women	2.7	92.5	4.8	-	-
ptrans	% women	4.8	5.5	0.7	17.1	71.9

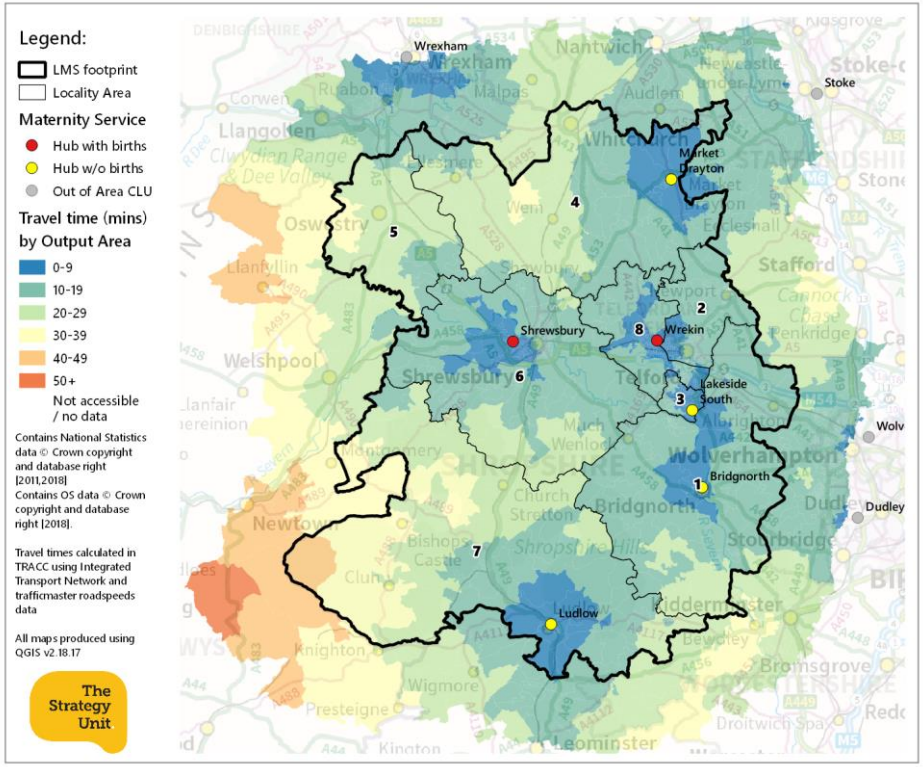
type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	12.0	11.4	8.0	17.9	26.1	12.5	16.1	8.4	25.2
wend	mean travel time (mins)	11.1	10.4	7.2	17.2	24.6	11.5	15.3	7.5	23.9
ptrans	mean travel time (mins)	29.0	39.5	23.1	45.5	63.3	34.8	18.7	22.1	47.9

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	-	-	-	15	123	4	-	-	4
wday	mean travel time (mins)	-	-	-	25.3	26.3	13.7	-	-	33.7
wend	mean travel time (mins)	-	-	-	24.7	24.7	12.7	-	-	32.3
ptrans	mean travel time (mins)	-	-	-	68.6	63.8	22.9	-	-	29.2

For description of the 'displaced' population in grey boxes please refer to page 19.

Other midwifery services: Scenario 13 travel times

	Current	Proposed
Shrewsbury (RSH)	●	●
Wrekin (PRH)	●	●
Lakeside South	●	●
Hadley Castle		
Oswestry	●	
Bridgnorth	●	●
N. Shropshire (Whitchurch)		
N. Shropshire (Mkt Drayton)		●
S. Shropshire (Ludlow)		●



		Travel time (mins)				
type	stat	0-14	15-29	30-44	45-59	60+
wday	n women	3,005	1,121	84	-	-
wend	n women	3,122	1,039	49	-	-
ptrans	n women	830	1,331	1,045	514	490
wday	% women	71.4	26.6	2.0	-	-
wend	% women	74.2	24.7	1.2	-	-
ptrans	% women	19.7	26.9	24.8	12.2	11.6
'Displaced' women						
wday	n women	4	111	31	-	-
wend	n women	4	124	18	-	-
ptrans	n women	7	8	2	24	105
wday	% women	2.7	76.0	21.2	-	-
wend	% women	2.7	84.9	12.3	-	-
ptrans	% women	4.8	5.5	1.4	16.4	71.9

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	407	747	590	434	226	936	196	600	74
wday	mean travel time (mins)	12.0	11.4	8.0	17.2	26.2	12.5	16.1	8.4	25.0
wend	mean travel time (mins)	11.1	10.3	7.2	16.2	24.6	11.5	15.3	7.5	23.7
ptrans	mean travel time (mins)	29.0	39.5	23.1	39.7	63.3	34.7	18.1	22.1	48.5

type	stat	[1] Bridgnorth	[2] Hadley Castle	[3] Lakeside South	[4] North Shropshire	[5] Oswestry	[6] Shrewsbury & Atcham	[7] South Shropshire	[8] The Wrekin	OutsideLMS
	n women	-	-	-	15	123	4	-	-	4
wday	mean travel time (mins)	-	-	-	31.5	26.4	13.7	-	-	33.7
wend	mean travel time (mins)	-	-	-	29.7	24.8	12.7	-	-	32.3
ptrans	mean travel time (mins)	-	-	-	67.6	63.8	22.9	-	-	29.2

Appendices

Appendix 1: Demographic impact of scenarios on mean travel times (Births, all mothers)

Current configuration:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	171	3,671	894	121	46	82	3,887	31	569	851	1,055	1,134	873	512	311
wday	mean_time	20.8	21.8	23.1	14.2	13.1	17.3	22.6	20.8	21.2	15.3	20.6	25.6	21.6	20.7	54.1
wend	mean_time	19.3	20.4	21.6	13.2	12.1	16.0	21.1	19.3	19.8	14.2	19.2	24.0	20.2	19.3	52.4
ptrans	mean_time	53.6	53.3	54.1	34.0	39.5	43.7	54.4	52.4	53.6	45.0	49.4	55.4	56.7	57.4	88.0

Proposed configuration:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	171	3,671	894	121	46	82	3,887	31	569	851	1,055	1,134	873	512	311
wday	mean_time	20.9	22.6	23.5	14.3	13.6	17.4	23.3	20.8	22.0	15.6	21.4	26.5	22.1	21.8	54.4
wend	mean_time	19.5	21.2	22.0	13.3	12.5	16.1	21.8	19.3	20.5	14.4	20.0	24.8	20.7	20.3	52.6
ptrans	mean_time	54.0	55.0	55.3	34.4	40.2	44.2	56.1	52.4	54.9	45.5	50.9	57.0	58.5	60.3	88.5

Appendix 2: Demographic impact of scenarios (other midwifery care services , all mothers)

Current configuration:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	13.8	13.5	13.5	9.1	9.1	9.1	13.8	10.7	13.5	9.2	14.0	16.7	13.4	12.1	28.1
wend	mean_time	12.7	12.4	12.5	8.3	8.2	8.3	12.7	9.7	12.5	8.3	13.0	15.5	12.4	11.0	26.9
ptrans	mean_time	33.6	33.9	33.5	25.3	25.6	24.8	34.2	31.4	34.8	25.6	32.0	34.2	38.6	41.8	44.8

Scenario 1:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	11.9	13.1	13.8	9.3	9.6	10.2	13.4	12.0	13.2	9.9	12.7	15.3	13.7	13.2	31.3
wend	mean_time	11.0	12.1	12.8	8.4	8.7	9.3	12.4	10.9	12.2	9.0	11.7	14.3	12.7	12.2	30.1
ptrans	mean_time	32.3	36.6	38.1	26.6	26.5	28.8	37.0	35.7	38.1	27.6	33.3	37.3	42.4	47.0	45.0

Scenario 2:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	12.7	13.0	13.7	9.4	9.6	10.1	13.4	12.0	12.8	9.6	12.5	15.7	13.3	13.3	32.0
wend	mean_time	11.6	12.0	12.6	8.6	8.7	9.2	12.3	10.9	11.7	8.7	11.6	14.6	12.3	12.2	30.7
ptrans	mean_time	33.6	35.8	37.4	27.1	26.5	28.2	36.4	35.7	36.7	26.3	32.1	38.7	39.9	47.0	47.2

Scenario 3:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	12.2	13.0	13.7	7.7	9.1	10.0	13.4	10.3	13.0	10.7	11.8	15.3	13.5	13.1	31.3
wend	mean_time	11.5	12.2	12.9	7.1	8.5	9.3	12.5	9.5	12.3	10.0	11.1	14.5	12.7	12.1	30.1
ptrans	mean_time	35.7	37.1	38.2	22.8	29.6	29.6	37.6	31.6	38.6	34.8	31.5	37.0	41.7	44.9	45.0

Scenario 4:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	13.0	12.9	13.6	7.8	9.1	9.9	13.3	10.3	12.6	10.4	11.6	15.8	13.1	13.2	32.0
wend	mean_time	12.1	12.0	12.7	7.2	8.5	9.2	12.5	9.5	11.9	9.7	10.9	14.8	12.2	12.2	30.7
ptrans	mean_time	36.9	36.4	37.4	23.3	29.6	28.9	37.1	31.6	37.2	33.5	30.4	38.4	39.3	44.9	47.2

Scenario 5:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	11.7	13.3	13.7	8.0	8.0	8.9	13.7	10.1	13.2	9.1	13.0	16.4	13.5	12.9	34.2
wend	mean_time	10.9	12.4	12.7	7.3	7.4	8.2	12.7	9.3	12.3	8.3	12.2	15.4	12.7	11.9	32.9
ptrans	mean_time	30.5	35.4	36.4	23.0	23.6	24.9	35.9	31.8	36.3	25.0	31.6	37.2	42.0	44.6	47.0

Scenario 6:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	12.4	13.2	13.6	8.2	8.0	8.8	13.7	10.1	12.8	8.8	12.9	16.9	13.1	13.0	34.9
wend	mean_time	11.5	12.3	12.6	7.5	7.4	8.1	12.7	9.3	11.9	8.0	12.0	15.7	12.2	12.0	33.5
ptrans	mean_time	31.8	34.7	35.7	23.5	23.6	24.3	35.4	31.8	35.0	23.7	30.4	38.6	39.6	44.6	49.2

Scenario 7:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	13.4	13.1	13.7	7.8	8.0	9.1	13.6	10.1	12.7	8.8	12.5	16.9	13.5	12.5	32.6
wend	mean_time	12.4	12.1	12.7	7.2	7.4	8.4	12.6	9.3	11.8	8.0	11.6	15.7	12.5	11.5	31.3
ptrans	mean_time	33.5	35.1	36.3	22.5	23.1	25.4	36.0	31.2	35.5	24.6	31.1	38.6	41.3	43.9	47.2

Scenario 8:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	11.0	12.0	12.8	7.5	8.0	8.9	12.5	10.1	11.8	8.8	11.1	14.6	12.9	12.4	31.3
wend	mean_time	10.2	11.2	11.9	6.9	7.4	8.2	11.6	9.3	11.0	8.0	10.3	13.7	12.1	11.4	30.1
ptrans	mean_time	29.9	33.7	35.3	22.0	23.1	24.9	34.4	31.2	34.4	24.6	29.1	35.3	40.6	43.9	45.0

Scenario 9:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	11.8	12.0	12.7	7.7	8.0	8.8	12.5	10.1	11.4	8.4	10.9	15.0	12.5	12.5	32.0
wend	mean_time	10.9	11.1	11.8	7.1	7.4	8.1	11.5	9.3	10.6	7.7	10.1	14.0	11.6	11.5	30.7
ptrans	mean_time	31.2	33.0	34.5	22.5	23.1	24.3	33.8	31.2	33.1	23.3	27.9	36.7	38.1	43.9	47.2

Scenario 10:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	11.3	12.0	12.5	8.5	9.1	9.4	12.2	11.1	12.3	8.9	11.7	13.8	12.9	12.4	24.6
wend	mean_time	10.4	11.1	11.6	7.7	8.2	8.6	11.3	10.1	11.3	8.1	10.7	12.8	12.0	11.3	23.5
ptrans	mean_time	31.1	33.7	34.9	24.6	25.2	27.0	34.0	33.5	35.8	25.1	30.8	33.3	40.3	44.5	40.7

Scenario 11:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	12.0	11.8	12.3	8.6	9.1	9.3	12.1	11.1	11.8	8.6	11.4	14.1	12.5	12.3	25.2
wend	mean_time	11.0	10.9	11.4	7.8	8.2	8.5	11.2	10.1	10.8	7.7	10.5	13.0	11.5	11.3	24.1
ptrans	mean_time	32.4	33.0	34.2	25.1	25.2	26.3	33.4	33.5	34.5	23.9	29.6	34.7	37.8	44.5	42.9

Scenario 12:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	11.6	12.7	13.3	9.1	9.6	9.7	13.0	11.6	12.6	9.9	12.2	14.6	13.2	12.6	31.3
wend	mean_time	10.7	11.7	12.3	8.3	8.7	8.9	12.0	10.5	11.6	9.0	11.3	13.7	12.2	11.6	30.1
ptrans	mean_time	30.6	33.7	34.7	25.9	26.4	26.5	34.1	33.6	34.2	27.6	30.4	33.0	38.8	43.5	45.0

Scenario 13:

		Age			Ethnicity						Deprivation Index					
type	stat	<20	20-35	35+	Asian	Black	Mixed	White	Other	Unknown	1	2	3	4	5	NA
	n	181	3,292	737	94	47	61	3,357	28	623	829	964	1,077	829	490	21
wday	mean_time	12.4	12.5	13.2	9.3	9.6	9.6	12.9	11.6	12.2	9.6	12.1	15.0	12.8	12.7	32.0
wend	mean_time	11.3	11.5	12.2	8.4	8.7	8.8	11.9	10.5	11.2	8.7	11.2	13.9	11.8	11.6	30.7
ptrans	mean_time	31.9	33.0	33.9	26.4	26.4	25.8	33.6	33.6	32.9	26.3	29.2	34.4	36.3	43.5	47.2

Appendix 2: Impact of scenarios on mean travel times (other midwifery care services, total population, by locality)

Locality	Car travel, weekday off-peak												
	1	2	3	4	5	6	7	8	9	10	11	12	13
[1] Bridgnorth	4.6	4.6	8.5	8.5	4.8	4.8	4.5	4.5	4.5	4.6	4.6	-0.1	-0.1
[2] Hadley Castle	0.0	0.0	-4.3	-4.3	-4.3	-4.3	-4.3	-4.3	-4.3	0.0	0.0	0.0	0.0
[3] Lakeside South	0.0	0.0	3.1	3.1	-0.4	-0.4	-0.4	-0.4	-0.4	0.0	0.0	0.0	0.0
[4] North Shropshire	-9.0	-9.7	-9.1	-9.7	-9.1	-9.7	0.9	-9.1	-9.7	-9.5	-10.6	-9.0	-9.7
[5] Oswestry	19.1	19.2	19.1	19.2	19.1	19.2	19.2	19.1	19.2	0.0	0.0	19.1	19.2
[6] Shrewsbury & Atcham	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
[7] South Shropshire	-18.2	-18.2	-18.2	-18.2	5.6	5.6	-18.2	-18.2	-18.2	-18.2	-18.2	-18.3	-18.3
[8] The Wrekin	0.0	0.0	-1.1	-1.1	-1.2	-1.2	-1.2	-1.2	-1.2	0.0	0.0	0.0	0.0
OutsideLMS	-0.6	-0.9	-1.5	-1.4	-0.3	-0.3	-1.1	-2.3	-2.2	-2.5	-2.8	-0.8	-1.0
Overall Mean	**-0.31**	**-0.39**	**-0.43**	**-0.49**	**-0.18**	**-0.24**	**-0.30**	**-1.36**	**-1.41**	**-1.42**	**-1.55**	**-0.76**	**-0.84**

Locality	Car travel, weekend daytime												
	1	2	3	4	5	6	7	8	9	10	11	12	13
[1] Bridgnorth	4.2	4.2	8.4	8.4	4.4	4.4	4.1	4.1	4.1	4.2	4.2	-0.1	-0.1
[2] Hadley Castle	0.0	-0.1	-3.8	-3.8	-3.8	-3.8	-3.8	-3.8	-3.8	0.0	-0.1	0.0	-0.1
[3] Lakeside South	0.0	0.0	3.3	3.3	-0.3	-0.3	-0.3	-0.3	-0.3	0.0	0.0	0.0	0.0
[4] North Shropshire	-7.9	-8.9	-8.0	-8.9	-8.0	-8.9	0.9	-8.0	-8.9	-8.5	-9.9	-7.9	-8.9
[5] Oswestry	18.2	18.2	18.2	18.2	18.2	18.2	18.2	18.2	18.2	0.0	0.0	18.2	18.2
[6] Shrewsbury & Atcham	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
[7] South Shropshire	-17.5	-17.5	-17.5	-17.5	4.9	4.9	-17.5	-17.5	-17.5	-17.5	-17.5	-17.5	-17.5
[8] The Wrekin	0.0	0.0	-0.7	-0.7	-0.9	-0.9	-0.9	-0.9	-0.9	0.0	0.0	0.0	0.0
OutsideLMS	-0.5	-0.7	-1.1	-1.0	-0.1	0.0	-0.8	-1.9	-1.9	-2.4	-2.6	-0.6	-0.8
Overall Mean	**-0.25**	**-0.37**	**-0.18**	**-0.28**	**-0.05**	**-0.15**	**-0.21**	**-1.15**	**-1.25**	**-1.31**	**-1.47**	**-0.66**	**-0.78**

Locality	Public transport, weekday 10-4pm												
	1	2	3	4	5	6	7	8	9	10	11	12	13
[1] Bridgnorth	28.5	28.5	33.2	33.2	29.1	29.1	28.1	28.1	28.1	28.5	28.5	-0.1	-0.1
[2] Hadley Castle	0.0	0.0	-13.4	-13.4	-13.4	-13.4	-13.4	-13.4	-13.4	0.0	0.0	0.0	0.0
[3] Lakeside South	0.0	0.0	19.6	19.6	-0.2	-0.2	-0.2	-0.2	-0.2	0.0	0.0	0.0	0.0
[4] North Shropshire	-11.2	-17.0	-11.2	-17.0	-11.2	-17.0	2.4	-11.2	-17.0	-13.6	-19.4	-11.2	-17.0
[5] Oswestry	47.1	47.1	47.1	47.1	47.6	47.6	47.1	47.1	47.1	0.0	0.0	47.1	47.1
[6] Shrewsbury & Atcham	0.3	0.2	0.4	0.3	0.4	0.3	0.3	0.3	0.2	0.3	0.2	0.0	-0.1
[7] South Shropshire	-30.4	-31.0	-30.4	-31.0	-0.4	-0.6	-30.4	-30.4	-31.0	-30.4	-31.0	-30.4	-31.0
[8] The Wrekin	0.0	0.0	-1.4	-1.4	-2.0	-2.0	-1.9	-2.0	-2.0	0.0	0.0	0.0	0.0
OutsideLMS	2.0	2.7	-0.6	0.1	-0.1	0.6	1.0	-0.6	0.1	0.8	1.5	-0.9	-0.3
Overall Mean	**2.83**	**2.20**	**3.39**	**2.75**	**1.56**	**0.94**	**1.47**	**0.02**	**-0.61**	**0.02**	**-0.62**	**-0.06**	**-0.69**

-20 0 20 -20 0 20 -50 0 50

Height of the rows reflects the % of total pregnant women in that locality

Difference in mean travel from each locality in each scenario from the actual baseline travel in minutes

Appendix 3: Proxy hub locations used in travel-time calculations

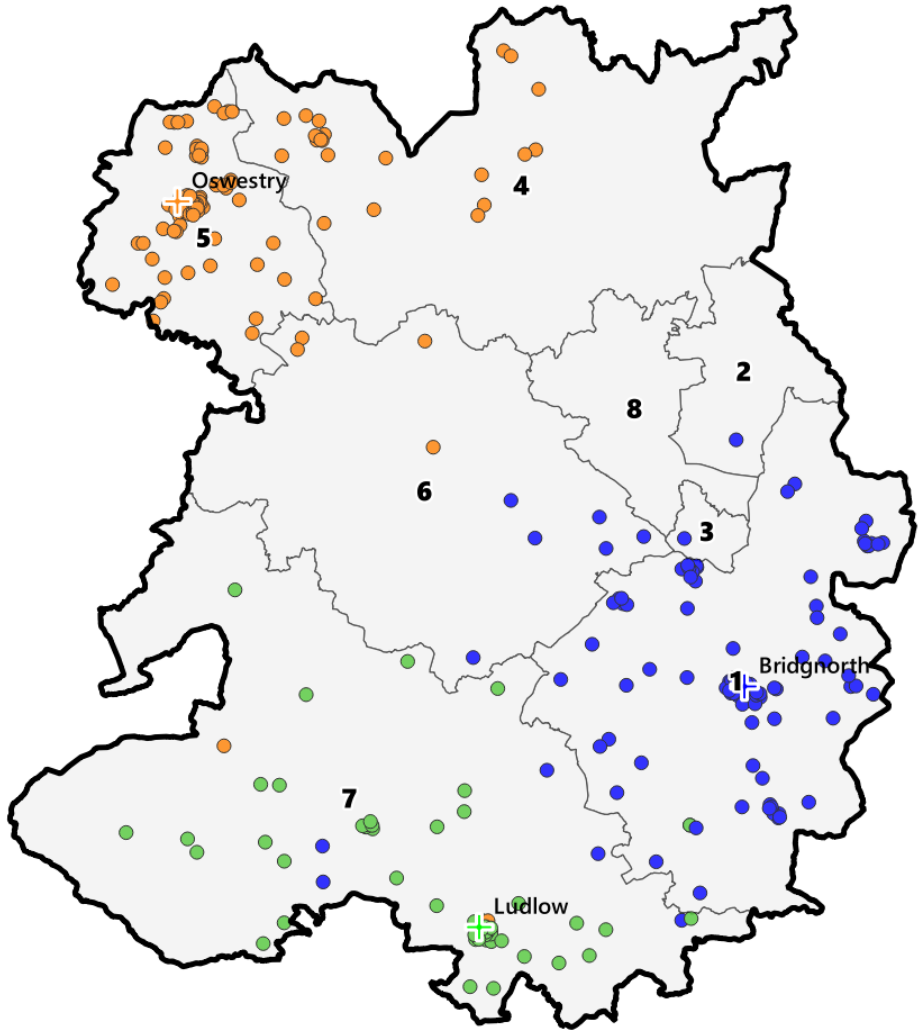
Area	Sub-area	Site used as proxy hub
Shrewsbury	-	Royal Shrewsbury Hospital
Telford & Wrekin	Wrekin	Princess Royal Hospital
Telford & Wrekin	Hadley Castle	Hadley Community Centre
Telford & Wrekin	Lakeside South	Sutton Hill Community Centre
North Shropshire	Whitchurch	Whitchurch Community Hospital
North Shropshire	Market Drayton	Festival Centre, Frogmore Rd.
South Shropshire	-	Ludlow Community Hospital
Oswestry	-	The Centre, Oak Street
Bridgnorth	-	Bridgnorth Community Hospital

Appendix 4: List of HRG codes used to identify delivery

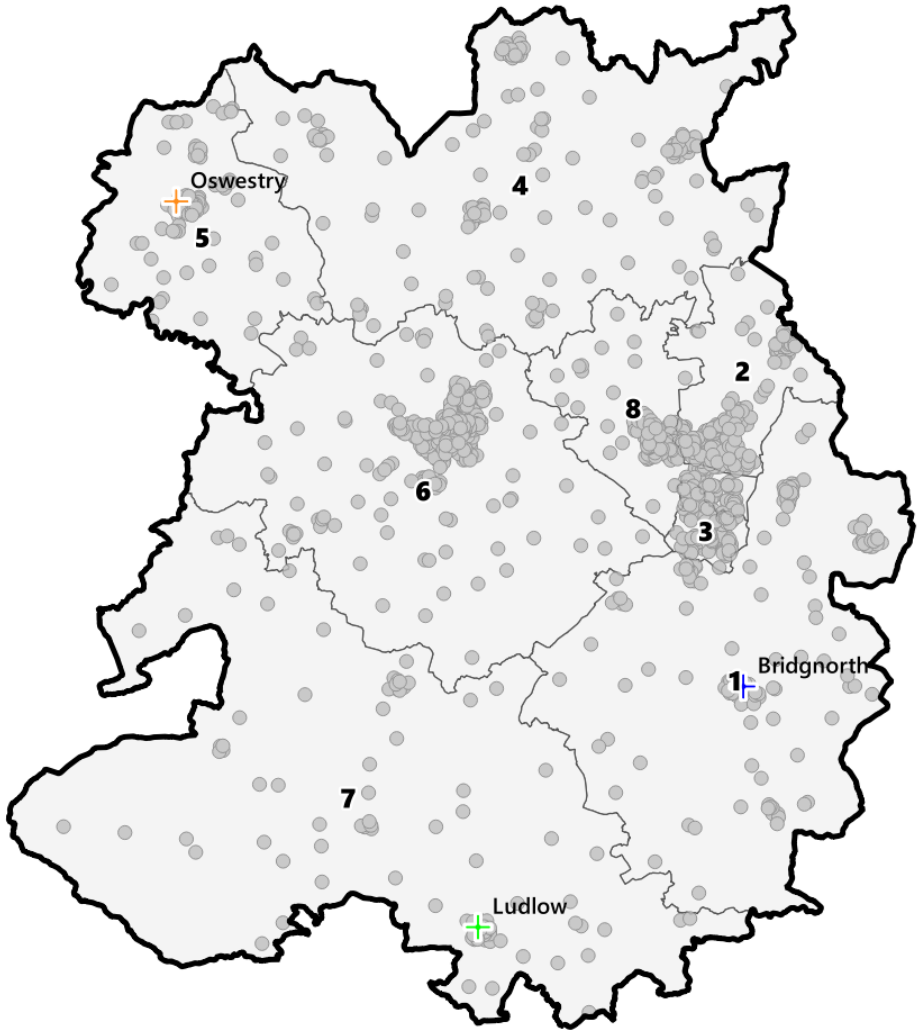
Code	Description
NZ11A	Normal Delivery with CC
NZ11B	Normal Delivery without CC
NZ11C	Normal Delivery with Epidural, with CC
NZ11D	Normal Delivery with Epidural, without CC
NZ11E	Normal Delivery with Induction, with CC
NZ11F	Normal Delivery with Induction, without CC
NZ11G	Normal Delivery with Post-partum Surgical Intervention
NZ12A	Assisted Delivery with CC
NZ12B	Assisted Delivery without CC
NZ12C	Assisted Delivery with Epidural, with CC
NZ12D	Assisted Delivery with Epidural, without CC
NZ12E	Assisted Delivery with Induction, with CC
NZ12F	Assisted Delivery with Induction, without CC
NZ12G	Assisted Delivery with Post-partum Surgical Intervention
NZ13A	Planned Lower Uterine Caesarean Section with CC
NZ13B	Planned Lower Uterine Caesarean Section without CC
NZ14A	Emergency or Upper Uterine Caesarean Section, with CC
NZ14B	Emergency or Upper Uterine Caesarean Section, without CC
NZ15Z	Caesarean Section with Eclampsia, Pre-eclampsia or Placenta Praevia

Appendix 5: Location of mothers giving birth at 3 rural MLU / Other SATH sites, 2016/17

Location of mothers giving birth at Bridgnorth, Ludlow or Oswestry MLU in 2016/17



Location of mothers giving birth at PRH or RSH in 2016/17



Contact

For any queries relating directly to this report please contact:

Andy Hood |
Analytics Manager |
andrewhood@nhs.net |
0121 612 2800 |

For queries relating to the maternity programme in Shropshire and Telford & Wrekin please contact:

Fiona Ellis |
Programme Manager |
Fiona.ellis3@nhs.net |
07773 977805 |

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NHS Shropshire CCG and NHS Telford & Wrekin CCG

Single Strategic Commissioner Transition

Draft Communications and Engagement Plan

September 2019

Document Control Sheet

Title:	Single Strategic Commissioner Transition Communications and Engagement Plan
Lead author	Andrea Harper, Head of Communications and Engagement for NHS Shropshire CCG and NHS Telford & Wrekin CCG

Version history	
16 Aug 2019	V1 – first draft shared with Executive Lead Governance Communication and Engagement Work stream V2- shared with Executive Lead Governance and Communications and Engagement Work stream Submitted for initial review to NHS England
18 September 2019	V3 – updated and refreshed by AH
23 September 2019	V4 - to include update from Patient Assurance Group (19 September) and input from CSU Review meeting (23 September)

Contents

DRAFT

NHS Shropshire CCG and NHS Telford & Wrekin CCG

Single Strategic Commissioner Transition Communications and Engagement Plan

Outline of the Plan

This is a working document to support the delivery of a transformation set out by NHS England for Clinical Commissioning Groups across the country to streamline their work and reduce duplication. The following details how communications and engagement will be delivered at a local level with the transition to one single strategic commissioner and the dissolution of Shropshire CCG and Telford & Wrekin CCG.

Aims

To create understanding of the transition and how it will be delivered whilst at the same time giving reassurances to patients and key stakeholders, with particular reference to the CCG's respective staff, to ensure they are involved and feel involved in the process.

Objectives

- Offer the opportunity for feedback and two-way dialogue on the transition to our stakeholders from across the whole County.
- Provide accurate, timely information tailored to an audience's particular needs with appropriate messaging.
- Provide a planned programme of engagement to reach across stakeholders including GP practices, partners, staff, patients and the public.
- Ensure participation from the GP membership and their support for the transition.
- Support as smooth as possible the transition for the CCG's respective staff by utilising and co-ordinating engagement opportunities.
- Demonstrate how feedback has been considered and, if appropriate, used.

Approach – special considerations

The key consideration is that all activity is co-ordinated and is always presented as a joint approach from the two respective CCGs.

Timing is a critical factor with the delivery submission date of September 30th and then a live date of 1st April 2020.

Activity has already commenced on a "drip feed" approach timed around key Governance milestones.

Engagement and Communications Activity to date – an overview

Board Engagement

With NHS England (NHSE) support, Shropshire and Telford and Wrekin CCGs carried out separate facilitated sessions with their governing bodies late 2018 and then held a joint session early in 2019, to begin exploring the appetite for and mechanisms required for closer working.

Discussions included both options of closer working:

- informal working using joint management and collaborative mechanisms, whilst still retaining two statutory bodies, and
- the alternative of dissolving the two CCGs and creating one new strategic commissioning organisation with one governing body, one management team, and one governance structure.

These sessions were positively received and resulted in a commitment to explore this further. In light of this, papers were presented to both CCG's governing bodies initially in March and then a final proposal in May 2019. This resulted in both Boards approving the dissolution of the existing CCGs and the formation of a new single strategic commissioning organisation across the whole Shropshire footprint.

Board Announcement

Engagement activity commenced early to co-ordinate with the first public Board paper to announce the intention in May 2019. This was delivered through a co-ordinated advance staff briefing delivered by each respective AO in face-to-face team meetings. This was further supplemented by stakeholder briefings to all partners across the health and social care economy as well as planned media releases.

GP Practice Membership

With GP practice membership there have been scheduled discussions at the Shropshire CCG membership locality meetings and for Telford and Wrekin membership through attendance at two Practice Forum meetings in June and July 2019. Practices have also been offered individual meetings. These were completed by the respective Chairs and AOs for each organisation to personally update GP members and assess reactions and initial feedback.

The feedback received from the meetings was initially mixed and further tailored engagement is has been undertaken as is planned for the future. A standing open offer for further engagement has been given to all practices should they have any further questions.

GP Membership vote – engagement and delivery

To date a comprehensive communications and engagement plan has been delivered to support the vote which took place on Tuesday, 17th September where a majority result was recorded.

The aim was to maximise participation and practices across Shropshire engaged in an electronic survey, with practices in Telford & Wrekin attending a forum meeting to vote in person.

The associated communications were delivered with a sequence of co-ordinated messages explaining the vote and the sharing the vote details supported by face-to-face interactive on the day of the vote directly with practices across Shropshire

Executive Team Engagement

Both executive teams were brought together with a facilitator to start to discuss what the potential benefits of creating a new CCG could be in order to undertake some preparatory discussions prior to the Organisational Development (OD) partner being commissioned. The outcomes of this session were shared with the OD partner when they commenced their contract.

Staff Engagement

Current channels

Both CCGs have internal communication mechanisms, but a priority needs to be a co-ordinated approach. Principally, this relates to verbal team briefs. Shropshire CCG holds a face-to-face team brief once a month, whereas Telford & Wrekin CCG holds a weekly “huddle” at the start of each week. There is clearly a need to align any news announcements on the transition so they are co-ordinated across both CCGs.

Monthly staff newsletters also run shared content on the transition as well as staff announcements issued electronically for more time-sensitive updates. Plans are underway to roll out a joint staff newsletter in the near future.

Internal comms

A staff Q&A has been developed and is being reviewed weekly with both organisations capturing questions via team meetings and designated ‘post boxes’ to allow anonymous questions to be submitted. All questions are presented to the weekly Joint Executive Meeting where they are reviewed. The signed off responses are then provided back to the Communications and Engagement Team to update the master copy who issue the revised version to all staff in a co-ordinated manner across both CCGs.

Feedback next steps

The questions are fed directly into the Joint Executive Committee for review and discussion at its weekly meeting to be considered as the development work progresses on the operational model. Further work has been completed on the Q&A, which is a live working document, to include themes to assist evaluation and feedback.

Messaging

Messaging to staff needs to be mindful of concerns about organisational change where redundancy could occur. The CCGs are adopting an open and transparent approach to communicating with staff as well as encouraging staff to come forward with their individual concerns to their line manager or anonymously, if so desired, through the postal response mechanism

Tailored Engagement Work

An internal campaign needs to be held to encourage staff to update their employment information. This is so the CCGs have a clear understanding of the needs of their workforce and can make any reasonable adjustments as highlighted in the Equality Impact Assessment Report.

As part of staff engagement a series of proactive activities to support staffs' mental health and wellbeing will be promoted through the organisational change process.

Already the independent staff support service has been promoted and this will be reiterated on a regular basis. In addition, face-to-face meetings will need to be promoted in conjunction with HR.

Working with HR, support will need to be given to cascade information and share details of proposed workshops. Plans are already underway to run pensions workshops, staff resilience sessions and Mental Health Awareness Training.

OD sessions are planned with CCG Senior Managers, which will be followed by further sessions with staff teams.

Considerations

The impact of change also needs to be considered regarding those staff who fall into any of the protected characteristics categories. Guidance will be taken from HR but from a communications perspective the recommendation would be a flexible approach to meet the needs to of the individual. And this may range from the setting up of workshops to create an 'open forum' for discussion so no-one individual is identified through to one-to-one sessions to create a two way discussion.

For staff on maternity leave, the relevant line manager must ensure any communications on the move to strategic commissioning organisation that are issued from the communications and engagement team are shared with their team member.

It is also essential that they have the opportunity to engage should they wish to do so and any feedback/comments are captured and shared with the communications and engagement team.

Stakeholder Engagement

Accountable Officers and Chairs have attended and presented an overview of the proposal to the two local authority Health and Wellbeing Boards in July 2019 and to the Joint Health Overview and Scrutiny Committee for both local authorities in June 2019 and October 2019. There have been meetings with both local Authorities, CCG Accountable Officers and the programme OD partner. The Accountable Officers have also met with the Local Medical Committee and have meetings planned with Healthwatch.

Alignment of Communication and Engagement Channels

Steps are now being made, where possible, to align channels to ensure that messages are co-ordinated and delivered in a timely manner across both CCGs, particularly with regard to staff messaging/engagement activity.

This plan initially focusses on internal staff comms and engagement.

- Staff newsletters
  Both CCGs produce a monthly staff newsletter – details included in the activity calendar appendix 1.
- Staff face-to-face staff briefings
  At Telford & Wrekin CCG there is a staff "huddle" on Monday mornings hosted by AO David Evans. This is a quick, informal update for staff on news/events of the last week or up-coming. Staff can ask questions or share information with colleagues.
- Staff briefings
  Shropshire CCG has a planned monthly programme of staff briefings with updates from the AO and Chair to all staff. This is scheduled for one hour and is mandatory that staff attend unless required at essential meetings. Informal in nature but there is an agenda with agreed presentations and guest speakers. Usually includes an interactive activity with staff as part of engagement.
  Telford & Wrekin CCG staff briefings are held on an ad hoc basis usually when there is something specific to discuss with staff i.e single organisation. This is usually hosted in the staff rest room by the AO and Chair, depending on the subject nature.
- Shared files
  Telford & Wrekin CCG Staff/GP member intranet - information can be uploaded on a daily basis.
  Shropshire CCG does not have an intranet, but has a dedicated corporate documents section on its shared drive which all staff can access. This is managed by the CCG's Communications and Engagement Team.
- GP newsletter
  Telford & Wrekin CCG has a monthly GP newsletter to subscribed GPs and Practice managers.
  Shropshire CCG has a weekly practice bulletin which is aimed at GPs and all practice staff. This is produced in-house and issued every Monday
- GP and Practice engagement
  There are opportunities to have direct engagement with practices through their regular group meeting which are organised slightly differently in the two CCG areas:
  Telford & Wrekin CCG GP Practices hold a Forum.
- These are held on the third Tuesday of every month, except in August and December, from 1.30pm. One GP from each practice and the practice manager attends.

Shropshire CCG holds Locality Meetings

- These are held on a monthly basis with the exception of August and October (protected learning time).
  Shrewsbury & Atcham Locality – third Thursday every month, pm meeting
  North Locality – fourth Thursday every month, pm meeting
  South Locality – six weekly cycle, on a Wed/Thurs from 3.30pm – 7pm
- For each of the Locality Meetings above it is possible to be considered for an agenda item and in the first instance contact is required with SCCG's locality managers to discuss.

Note:
For the purposes of this project the two respective CCG's are using existing corporate e-mail accounts to capture any feedback

GP Membership vote – engagement

To date a comprehensive communications and engagement plan has been focused to support the vote which took place on Tuesday, 17th September.

The aim was to maximise participation and practices across Shropshire engaged in an electronic survey, with practices in Telford & Wrekin attend Forum meeting to vote in person.

The communications were delivered with a sequence of co-ordinated messages explaining the vote and the sharing the vote details supported by face-to-face interactive communications on the day of the vote directly with practice across Shropshire to promote voting.

Results were then cascaded across GP Members, Governing Body Members, and staff through a co-ordinated announcement process.

Stakeholder Mapping – to be revised

The scope of the plan covers the pre-engagement completed to date and future engagement required with the following stakeholders:

- CCG Practice membership
- CCG Staff
- Local Medical Committee
- Any specific boards
- Health & Wellbeing Boards
- NHS Provider Chief Executives
- Local Authority Directors of Adult Care
- Local Authority Directors of Children's Services
- Elected Representatives
- Joint Health Overview & Scrutiny Committees for Shropshire Council and Telford and Wrekin Council
- Healthwatch: Shropshire and Telford and Wrekin

- NHS England/NHS Improvement
- MPs
- Patients and the public, via:
  - FT Governors & memberships
  - PPG Chairs and members
  - Lay and Patient Reference Groups
  - General public messaging

Key Messages (to be refined)

The proposal is that the existing CCGs are dissolved to create a new statutory body that will become a single strategic commissioner across the whole footprint of Shropshire, Telford and Wrekin. The OD engagement discussions are at a very early stage, however the working assumptions made from these discussions to date on the case for change are:

- A single set of commissioning and decision making processes should mean reduced variation in outcomes and access to services across the county.
- Greater influence with providers through one voice.
- More efficient: better use of clinical and managerial time on the things that count, reduced duplication, and potential running cost financial efficiencies as required by NHS England.
- It is the national direction of travel to have a single CCG (strategic commissioner) for each Integrated Care System footprint across the country.
- In time, create a new integrated care system that prioritises healthcare transformation.
- Ultimately the CCGs have an opportunity to design the future organisation that they wish to see.

Governance

- **Sign off protocols**
  Sign off will be by the Accountable Officers for communications related to stakeholders and staff, with additional sign off for membership by Chairs of the CCG.

- **Reporting**
  Reporting of feedback, planned communications and other related information or risks will be to the Programme Management Office to include in the weekly update report to the Joint Executive Group.

Activity Plan

Background & Pre-engagement

The two CCGS have an ambition and intention to dissolve in order to create a new single strategic commissioner organisation. The Strategic Outline Case was taken through Governing Body discussions on 12/13th March 2019.
This direction was agreed by the two CCG Governing Bodies on 14/15th May 2019.

Approach

The approach focusses internally on the staff within the CCGs and externally with key stakeholders

Internal Stakeholders

- The Executives for each area act as the main advocates for the change during the pre-transition and then post transition.
- Two staff meetings are held to explore the advantages and dis-advantages of merger along with any concerns raised prior to application and a whole staff meeting held pre 31/2/20 for staff.
- Regular individual directorate meetings are held, with the transition as a statutory agenda item.
- A regular specific newsletter item is sent to staff on any transition updates.
- A regular frequently asked questions are sent to staff.
- Senior Management Team meetings have a set agenda item on the transition and creation of a single strategic commissioning organisation.
- Regular HR sessions are held for staff to ask questions

External

- CCG CEO, 2 x Chairs, Governing Body clinical leads, the CCG Chairs to act as main advocates for change during engagement period.
- Utilise existing CCG place, education and network meetings where available to engage with CCG membership.
- Utilising existing strategic sessions/Boards to take opportunity to consult with key stakeholders.
- With an approach of co-production hold a series of engagement events through the life cycle of the project with key stakeholders. The initial meeting would be an opportunity to highlight any issues, concerns or risks as well as identifying what has worked well in the current CCGs and what could be changed. This would then move on to what the new organisation could look like and how it would interact with stakeholders along with further updates and engagement as required.
- Secure support from LMC.
- Secure agreement from the membership via a GP membership vote.

Methodology

The communications and engagement activity will be delivered using a range of standard recognised tools, such as press releases through to web site editorial, as well as numerous and flexible channels from a corporate web site to social media accounts.

Audit of current channels and tools

There is a diverse range of tools and channels common across both organisations but they may be used in slightly different ways. Therefore, in the first instance there needs to be an audit of communication and engagement tools and the communication and engagement channels currently used by both CCGs. This review will also look at the strengths and weakness of these tools and channels and their suitability and ranking of need for the new organisation. From this work a core set of key tools and channels will be developed with priorities identified.

These initial core tools and channels will need to be developed once there is a clear direction of travel for the CCGs so they are in place for any new organisation and will include:

Organisational brand

Following NHS branding guidelines a new logo will be required. This will be developed through engagement with our staff, stakeholders, patients and public.
It will also be with included in a corporate policy on the new organisations brand and a how to use guidance note.

In addition new templates will be required for standard corporate documentation including PowerPoint slides and report forms.

This work will be developed through engagement with staff to determine what their requirements are and their input into the development of a branding policy and any required template documentation.
Further stakeholder engagement will be required in the form of a corporate resource pack to cascade the new branding.

Corporate Web Site

It is essential that a review is carried out across both CCGs' web sites in order to identify essential content which much be carried over to a new web site for the single organisation.

This will give an initial idea of the scale of content and can help form the development of a new site and supporting wire frame.

At this point, it is ideal to implement an engagement plan for interested stakeholders, staff patients and public to have input into what they want on the new web site and how they want it to work with regard to functionality and what it should look like. This would be delivered through a series of workshops and also interactive sessions such as voting on design concepts.

The priority would be to have a web site ready for the when the organisation goes live, but in order to do that a significant lead time is required. At launch it should include essential key information such as policies and procedures and GP information.

Special consideration must be given to the content which cannot simply be lifted and dropped from both current CCG web sites as it will need rebranding and updating and that also applies to any web site documentation including policy documents.

Pending the result of the application to NHS England to create a new organisation an action timeline will be developed with the key points:

1. Identification of a server provider/review of current contracts
2. Procurement for web design and, if required, a server provider to host web site
3. Engagement plan for design brief
4. Web site wire frame design and approve
5. Web site wire frame build
6. Web site full build
7. Functionality testing
8. Web site content prepared and loaded

Transition of two web sites to one

Redirection messaging will be required and the sites archived, subject to further information and discussion with server providers.

Social Media

Both CCGs have a Twitter presence, but a new Twitter account will need to be established for the single organisation and then it will need to be developed, not just from the content perspective but also from building a new follower's base.
This needs to be carefully timed to help current followers make a transition and switch to follow the new account. A managed countdown of current accounts needs to be in place. Redirection messaging will need to commence just before the go live date for the new organisation and then also remain for a provisional period whilst the new account gains traction. There will be the need for a pro-active approach to identify key stakeholders and followers with invites to follow the new account.

Electronic communications

Already with joint working both CCGs are experienced with Mail Chimp as a tool for internal and external comms from staff messaging to newsletters.
Therefore in preparation for the new organisation new templates will need to be designed, subject to the new approved branding, and joint distribution lists will need to be created.

Media relations
Work has already been done in this area as a result of established joint working in regard to media statements and press releases. This now needs to be more formally ratified with an agreed joint distribution list and a revised formal guidance and handling process.

Public access channels
New corporate e-mail accounts will be required for communication and engagement enquiries as well as dedicated phone numbers.
The communications and engagement team will also need to cascade all public access channels to the new organisation via its web site, social media and briefing documents and corporate documents. This will be need to be linked to the Estates workstream.

Internal staff communications
Currently both CCGs have different methods for filing and recording staff communications with Shropshire using a shared folder on its shared drive whilst Telford has a dedicated standalone intranet. There are also further issues around e-mail accounts and telephone lines as well as corporate e-mail accounts for public/patient facing queries. Further work is required on this and will be implemented in partnership with the appropriate transition workstreams.

Special consideration
Once all of the above are in place, or in position to go live, then the channels need to be shared with all staff, key stakeholders, patients and public to ensure they know how to pro-actively contact and find out information about the CCG.

Engagement
Currently engagement activity has focussed on staff to keep them informed as we move through the assurance process. Wider engagement activity has been low key whilst we await the outcome of the application from NHS England in order that we can be clear on the messaging and then what the aim of the subsequent engagement would be.

Therefore following feedback from NHS England on the CCGs' submission the following wider engagement has been scoped out to be carried out during the transition stage:

Engagement with Public and patients

Aims
There are a number of key strands of engagement for our stakeholders:

- Raise awareness of the transition to a single commissioning organisation
- Create understanding about the work of a CCG – this is an opportunity to further explain how the CCGs commission and monitor local health services
- Listen to feedback and views and show how these are considered
- Create two way channels to capture views and ideas to help shape the future organization

Messaging

Messaging will need to give assurance to people about the continuity of their services and also allow feedback into not only helping to develop the new organisational model but to respond to specific queries and concerns raised. Intrinsically, people want to know how this would impact on them and the services they, their family and friends use and this must be communicated in a clear, understandable way using appropriate language without the use of jargon.

The messaging to drive this engagement will be determined when there is feedback on the submission from NHS England. At this point we will have a clear direction of travel with a known outcome.

Internal discussions have been held on when to start patient and public engagement and the view was taken to wait until the submission was reviewed to avoid mixed messaging as this would create confusion and a lack of clarity on engagement.

Activity

There is a planned integrated approach to activity to ensure that we have the reach across our large and diverse footprint.

Corporate web site

A dedicated section will be developed on both web sites with a range of information. Key to this will be details for engagement including how to feedback any comments or views.

Social Media Schedule

This will be to direct people to where they can get additional information from other platforms such as the CCGs' web sites or how to contact the CCG. It will work on a drip-feed process to give continuity and longevity to the messaging.

Stakeholder resource pack

This will include corporate briefings and reflect updates and shared editorial and content that partners can then cascade across their own networks.

GP Membership

This is already in progress with regular updates carried in the both CCGs' GP newsletters and at formal meetings. There is also flexibility that additional announcements have, and will continue to be, issued on a need-by-need basis.

The key consideration in this work has been to ensure that our GP membership has a contact point for discussion and that any GP membership communication is co-ordinated in a timely and appropriate manner across both CCGs.

GP Practices

Resources will be prepared for practices to inform and share information with details on how to engage through specific channels or activity. As per usual practice, the resource packs will include patient information slides through to web site content for web sites along with Q&As.

Face-to-face direct engagement

In order to reach people, the approach will be to take engagement out into the community. This can be done through the use of pop ups with a simply display with appropriate information resources. The aim would be for open and transparent two way dialogue where people can find out information, ask about the impact on their services, and also give feedback to help shape the new organisation. These will need to be balanced against available resource and also be equitable across the footprint of both CCGs

Media Relations

Already there has been media coverage generated from Board papers as well as specific media briefings and this will be supported with agreed and targeted press releases to highlight key landmarks in the process such as the appointment of a new Accountable Officer.

Engagement with Partners and Key Stakeholders

Aims

The aim of this engagement to this sector of our stakeholders is:

- Ensure that our key stakeholders understand the rational for the transition and that good working relationships are sustained with the new organization
- Enhance a strategic approach to the delivery of health and social care across the County through further partnership working
- Help our partners and key stakeholders understand how they can work with the new organisation and vice versa
- Listen to feedback and views and show how these are considered
- Create two way channels to capture views and ideas to help shape the future organisation and support it moving forward

Messaging

Messaging will need to give assurance to our partners and key stakeholders about the quality and integrity of the new organisation and clearly set out how we can all work together to deliver high quality services for local people. It is essential that there is clear understanding of the new organisation and its structure.

In addition to the on-going stakeholder activity, referenced in the activity log, it is also proposed to deliver a face-to-face engagement programme.

Workshop Programme

A programme of updates would be scheduled through a series of workshops to encourage engagement feedback staged at key strategic points in the transition process.

The first workshop

This will need to be held following feedback on the NHS England submission to appraise the stakeholders of the latest position.
This workshop will be held at a large venue in presentation style with interactive sessions. There will be presentations on the current progress and position. These will then be followed by workshops to engage with stakeholders as to:

- What they think works well in the current two CCGs
- What they think needs to be changed in the two current CCGs
- How they think the new organisation should look
- How do they fit and work with the new organisation

Second stage workshop – suggest midpoint in overarching programme timeline
This would be to test the modelling for the new organisation from a strategic perspective and would engage with stakeholders around:

- Is there anything that has been missed in the modelling
- Is there anything that needs to be changed in the model
- Can they see how they fit and work with the new organisation
- Are there any ways we can further develop our joint strategic approach to health and social care

Third stage workshop

The final workshop will be timed just ahead of the new organisation going live and would engage with stakeholders to run through operational detail to support day-to-day delivery of services in a joined up approach around:

- Detailed structure of the new organisation
- Remit of directorates
- Any ways we need to increase joint working
- Any operational issues from partners that may impact on the new organisation

Media coverage

The CCGs' track and review media coverage with the key latest media coverage referenced below. Generally the reporting has been based on the media briefings held for local media just prior to the Board Meeting. The reporting to date is generally balanced and fair based on content from Board papers and direct media briefings.

Two CCG Governing Bodies/membership/stakeholders

Activity	Timescale
2019	Strategic Outline Case discussions at CCG Governing Bodies & with NHS England

Engagement

2019 Activity	Timescale	Action By
w/c 1 July	Governing Bodies and Executives to map out benefits realisation with clear strategic narrative on why merger. Include dis-benefits and mitigations	AS
w/c 1 July	Map engagement opportunities with stakeholders for work during July/August. Align CEO and Chairs to these sessions.	AS/ST
w/c 1 July	Map engagement opportunities for CEO and Chairs at existing primary care forums, including network, education, place alliance meetings. • Pre-membership forum • During engagement period Align managers to support discussions and get agenda time as required.	AS/ST
w/c 1 July	Agree internal governance on decision making and map GB decision points (plan may need amendment accordingly).	PMO – programme plan
w/c 8 July	Draft Engagement document	AH
w/c 8 July	Governing Body meetings to agree strategic paper	ST/AS
w/c 8 July	Invite to Membership Forums to be held in August and again in September	AS/ST
w/c 15 July	Information to HOSC chairs to brief on background	AS
w/c 15 July	Finalise plans for launch of engagement, including views collation method, promotional materials, media handling, social media calendar.	AH
w/c 22July	Finalise engagement documentation and fulfilment/distribution methods.	AH
22 Jul – 22 Aug	Attendance at existing stakeholder meetings for pre-engagement • HWBB x 2 • JHOSC	June and July 2019
w/c 22 July	NHS England Sense Check meeting.	AS
w/c 22 July	Finalise membership voting process	ST/AS

DATE OF GP Membership meetings	Membership Forum – Shropshire	ST
w/c 05/08/19	Draft Strategic Narrative Paper from AOs shared with GBs	Deloitte/ST/AS
w/c tbc	Present to Local Authorities	Deloitte/AOs/Chairs
w/c 05/08	Discuss merger proposal with Healthwatch Shropshire/Telford and Wrekin	AOs
w/c 13/08	Membership forum - Telford	Deloitte/ST/AS
w/c 02/09	Review engagement document draft	AH
July	Comms plan for GP survey including General announcement Appeal for nominated voting representative Reminder to vote Sharing of rational document	AH
w/c 17/09	Membership forum - Telford	Deloitte/ST/AS
17/09	Membership vote - midpoint review	AH
	Reminder and chase outstanding votes	AH
	Collate results	AH
	Corporate announcements to membership, Governing Body, Staff.	AH
TBA		
	NHS England Panel Meeting	AS
	Governing Body Decision on Submission – meeting in common	AS/ST

Key:

Complete
In progress
Pending

	Activity	Date	Stakeholder	Status
	Staff Briefing across both CCGs – face-to-face	**3 June**	**Staff – both CCG**	**Complete**
	Presentation on NHSE directive to reduce workforce by 20% and single organisation	**April 16**	**T&W GPs**	**Complete**
	Report from the CCG Board presented to GPS	**May 21**	**GPs T&W**	**Complete**
	Roundtable discussion	**June 18**	**TBA – Sharon at T&W**	**Complete**
	Launch of AO recruitment – e-shot	**21 June**	**Staff - both CCGs**	**Complete**
	Staff announcement – update on HOSC – e-shot	**25 June**	**Staff – both CCGs**	**Complete**
	Staff announcement AO update	**26 June**	**Staff - both CCGs**	**Complete**
	Staff FAQs	**1 July**	**Staff - both CCGs**	
	SCCG Staff Briefing	**11 July**	**SCCG staff**	**Complete**
	Staff FAQs	**16 July**	**Staff – both CCGs**	**Complete**
	Dr Leahy presentation	**16 July**	**GPs**	**Complete**
	Staff FAQs	**22 July**	**Staff – both CCGs**	**Complete**
	SCCG Staff newsletter	**26 July**	**Staff**	**Complete**
	SCCG GP Newsletter update	**29 July**	**GP members**	**Complete**
	Update on AO recruitment	**2 August**	**Staff – both CCGs**	**Complete**

	Staff FAQ	**6 August**	**Staff – both CCGs**	**Complete**
	Note: Staff FAQs on a weekly basis, every Tuesday, subject to any questions being received			
	SCCG Staff Briefing	**19 August**	**SCCG staff**	
	SCCG Staff newsletter	**Last week August**	**SCCG staff**	
	T&W Staff Newsletter/GP Monthly newsletter	**Deadline 21 August**	**T&W staff**	
	SCCG Staff Briefing	**25 September**	**SCCG staff**	
	SCCG Staff newsletter	**Last week September**	**SCCG staff**	
	T&W Staff Newsletter/GP Monthly newsletter	**Deadline 25 September**	**T&W staff**	
	Following feedback from regional review	**TBA**		
	Corporate web site Audit to commence	**TBA**		
	Intranet discussion to be held	**TBA**		
	Audit of channels and tools	**TBA**		
	Branding work to commence	**TBA**		
	Review policies for comms and engagement	**TBA**		
	SCCG Staff Briefing	**31 October**	**SCCG staff**	
	SCCG Staff newsletter	**Last week October**	**SCCG staff**	
	T&W Staff Newsletter/GP Monthly newsletter	**Deadline 23 October**	**T&W staff**	
	SCCG Staff Briefing	**18 November**	**SCCG staff**	
	SCCG Staff newsletter	**Last week November**	**SCCG staff**	
	T&W Staff Newsletter/GP Monthly newsletter	**Deadline 20 November**	**T&W staff**	
	SCCG Staff Briefing	**12 December**	**SCCG staff**	
	SCCG Staff newsletter	**Mid- December**	**SCCG staff**	
	T&W Staff Newsletter/GP Monthly newsletter	**Deadline 18 December**	**T&W staff**	

Feedback mechanism and reporting

In order to demonstrate what feedback has been provided and how it will be used, a feedback capture template and log has been developed (see appendix 2 and 3).

Feedback from each engagement opportunity will be captured in the template and then transposed across to the tracker which will be used to identify themes. From this an engagement report on the proposal will be published to allow the governing bodies and membership of the CCGs to determine what mitigation can be put in place to address the feedback received.

Single Strategic Commissioner/Group Attended Feedback Form

Date	Location	Who from CCG Attended	Group Name	Equalities Group	No of People
Feedback:					

Appendix 4
In development - A feedback log will be developed to record the feedback and cross reference

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NHS
Shropshire
Clinical Commissioning Group

NHS
Telford and Wrekin
Clinical Commissioning Group

SHROPSHIRE ANDTELFORD & WREKIN COUNCILS JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE:	**2nd October 2019**
REPORT TITLE:	**Single Strategic Commissioner for Shropshire & Telford and Wrekin CCGs – Update Report**
REPORT OF:	**Mr David Stout, Accountable Officer, NHS Shropshire Clinical Commissioning Group** **Mr David Evans, Accountable Officer NHS Telford and Wrekin Clinical Commissioning Group**

1. RECOMMENDATIONS

The Joint Health Overview and Scrutiny Committee is asked to:

- Note the report;
- Comment on the programme engagement report and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and
- Indicate their level of support for the proposals.

DATE:	2nd October 2019
TITLE OF PAPER:	Single Strategic Commissioner for Shropshire and Telford and Wrekin CCGs – Update Report
EXECUTIVE RESPONSIBLE: **Contact Details:**	David Stout, Accountable Officer, NHS Shropshire CCG David Evans, Accountable Officer, NHS Telford & Wrekin CCG Ext: Email:
AUTHOR (if different from above) **Contact Details:**	Alison Smith, Executive Lead Governance & Engagement, NHS Telford & Wrekin CCG Sam Tilley, Director Corporate affairs, NHS Shropshire CCG Ext: Email:
CCG OBJECTIVE:	All CCG Objectives
X For Information X For decision For performance monitoring	
EXECUTIVE SUMMARY	In November 2018 NHS England (NHSE) set a new running cost savings target of 20% for CCG's to attain by the end of the financial year 2019/20 Following this announcement in January 2019, the NHS Long Term Plan was published setting out key ambitions for the service over the next 10 years. The long term plan included the requirement to streamline commissioning organisations with typically one commissioner for each STP/Integrated Care System. In response to these announcements and with NHSE support, Shropshire CCG and Telford & Wrekin CCG carried out separate facilitated sessions and then a joint session early in 2019 to begin exploring the appetite for and mechanisms required to support closer working. These sessions were positively received and resulted in the governing bodies of both CCGs agreeing to commence work to support an application to NHS England by 30th September 2019 to approve the dissolution of the existing CCGs in order to create a new single strategic commissioner across the whole footprint of Shropshire, Telford and Wrekin. This report seeks to update the Joint Overview and Scrutiny Committee with the work that both CCGs has been undertaking and to share the feedback received through our engagement with our membership, staff, stakeholders and members of the public.
FINANCIAL IMPLICATIONS:	Future working arrangements will impact on future resources required by the CCG's
EQUALITY & INCLUSION:	The CCGs have commissioned equality impact assessments on both their workforce and on the populations they serve.
PATIENT & PUBLIC ENGAGEMENT:	The programme has a Communications and Engagement Plan which is attached as appendix 1 for information.

LEGAL IMPACT:	In proposing the dissolution of the existing two statutory bodies and the creation of new statutory body across the whole footprint, the CCGs will be required by NHS England to follow a prescribed process for authorisation.
CONFLICTS OF INTEREST:	There are no identified conflicts of interest.
RISKS/OPPORTUNITIES:	Future working arrangements are a key consideration in the financial and clinical sustainability of the CCG's going forward.
RECOMMENDATIONS:	The Joint Health Overview and Scrutiny Committee is asked to: • Note the report; • Comment on the programme engagement report and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and • Indicate their level of support for the proposals.

Joint Health Overview and Scrutiny Committee Meeting 2nd October 2019

Single Strategic Commissioner for Shropshire & Telford & Wrekin CCGs – Update Report

David Stout, Accountable Officer, NHS Shropshire CCG

David Evans, Accountable Officer, NHS Telford & Wrekin CCG

Introduction

1. The NHS is now in a period of transition with new emerging concepts of the role of commissioner and provider organisations. CCGs must respond flexibly to the new landscape and consider where best to focus clinical and managerial leadership and how they can adapt and interface with their local Sustainability and Transformation Partnership to transform into a commissioning organisations fit for this future. The recently published NHS Long Term Plan reinforces this direction of travel.

2. In addition CCGs have been tasked with making 20% reductions in their running costs by the end of the financial year, 2019/2020.

3. This report is to provide a further update to the Joint Health Scrutiny Committee on the decision by Shropshire CCG and Telford and Wrekin CCG to undertake work on an application to NHS England proposing to dissolve the existing two organisations with a view to creating one single strategic commissioner across Shropshire and Telford and Wrekin footprint.

4. With NHS England (NHSE) support, Shropshire and Telford & Wrekin CCGs carried out separate facilitated sessions and then a joint session early in 2019, to begin exploring the appetite for and mechanisms required for closer working. These sessions were positively received and resulted in a commitment to explore this further, including the formation of a new single strategic commissioning organisation.

5. In order to ensure it is fit for purpose, remains efficient and effective and can best serve its population, Telford and Wrekin CCG must consider the most appropriate organisational form for strategic commissioning going forward. Discussions have included both options of closer working; informal working using joint management and collaborative mechanisms whilst still retaining two statutory bodies and the alternative of dissolving the two CCGs and creating one new strategic commissioning organisation.

6. To meet the 20% reduction in running costs*, the total reduction in allocations between 2018/19 and 2019/20 is £1.218m across both CCG's (£0.775m Shropshire and £0.443 for T&W). Although the first option has some benefits, it was felt that the efficiencies both CCGs could achieve by stripping out all the duplication of effort, time and staff resource currently used to commission services and oversee contractual performance of the same providers would not be fully realised, as some duplication will still remain.

7. The conclusion of these discussions was that the second option of dissolution of both CCGs and the creation of a new strategic commissioning organisation across the whole footprint of Shropshire, Telford and Wrekin will realise the following benefits:

*The '20%' reduction quoted in the NHSE guidance is based on comparing 2019/20 allocations to 2017/18 outturns adjusting for pay awards , pension changes etc. and assumes that the CCGs are operating within their running cost allocations.

- Creating a new single organisation will allow us to create a single set of decision making processes across the county. Over time, this should reduce variation in patient outcomes and create more equal access to services for patients across the county.
- For example, it will stop the current position where neighbouring practices can access different services because they are in different CCGs.
- Furthermore, the new organisation will be free to allocate money to those patients that really need it, wherever they are in the county, therefore reducing health inequalities.
- The new organisation will also have greater influence with its providers through having control over more money and acting with one voice. This will make it easier to improve outcomes and reduce costs.
- The new organisation will be more efficient, ensuring reduced duplication, better use of clinical and managerial time on the things that count, Therefore money will be saved that can be spent on services for patients, and resources can be focused on improving services for patients.
- Ultimately this is national policy and the CCGs have an opportunity to design the future organisation that they wish to see, rather than having this taken out of their hands in future.

8. At CCG Board meetings in May 2019, the Governing Bodies of both CCGs gave support for the creation of a single strategic commissioner for the Shropshire, Telford and Wrekin footprint by April 2020, with an application deadline to NHS England of the 30th September 2019.

9. On 17 September 2019 GP membership across both Telford and Wrekin and Shropshire voted to support the dissolution of the two current CCGs and the creation of a single strategic commissioning organisation. The results of this vote are set out in the table below. In addition the GP membership also voted to support the clinical composition of the Governing Body of the new CCG initially being three GPs from Telford and Wrekin and three from Shropshire. The Chair of the new organisation will be elected from (and by) these six GPs.

	Organisation	Yes	%	No	%	No Vote Entered	Abstained
Do you support the dissolution of Shropshire CCG and Telford & Wrekin CCG in order to create a new single strategic commissioning organisation covering Shropshire, Telford & Wrekin?	Shropshire CCG	35	97	1	3	4	1
	Telford & Wrekin CCG	7	88	1	12	0	5

Report
Programme Management Infrastructure

10. In moving towards the creation of a single strategic commissioning organisation and acknowledging the ambitious timescale of creating a new CCG by April 2020, the CCGs have set up a programme management office to oversee the project, created a Joint Executive Group to act as the project board and created 5 work streams that report to it, to focus on the key deliverables of the programme.

11. The CCGs have secured support from Deloitte as an organisational Development (OD) Partner to help facilitate at pace engagement with the membership of both CCGs, staff and key stakeholders to help inform the development and vision of a new single strategic commissioner.

12. The CCGs have convened a Joint Executive Group, composed of the Directors and Executive leads from both CCGs and chaired by the Accountable Officers, which is meeting weekly to provide the necessary oversight to the programme and to ensure project timelines are adhered to and risks are identified and mitigated where possible. The Joint Executive Group is supported by a Programme Management Office (PMO) team to ensure that the project timelines and interdependencies are sufficiently managed.

Key deliverables

13. The CCG Chairs have completed a recruitment process for a joint Accountable Officer across both existing CCGs with a view that this person will become the new Accountable Officer for the single strategic commissioning CCG in the future. The recruitment to a single Accountable Officer role has been completed and a recommendation of a preferred candidate has been made to NHS England. There is not prescribed timeline for NHS England to respond, however we expect a response imminently.

14. Further to the successful GP membership vote on 17 September 2019 work has now commenced on the process of electing clinical members to the new Governing Body followed by the election of a Chair. A meeting of the full membership is also in development to discuss the development of the Constitution for the new organisations and to develop key governance arrangements.

15. Work supported by Deloitte started on 8th August with discussions with both CCG Governing Bodies, CCG membership, local authorities, other stakeholders and staff within the CCGs. The Deloitte work has been structured into two phases, the first being initial engagement to help inform the case for change, high level operating model and initial Organisational Development (OD) Plan which all form key documentary evidence for application to NHS England on 30th September. This will then be followed by a second phase which will be to deliver the OD plan agreed from 30th September through to 31st March 2020.

16. The programme has a structured Communications and Engagement Plan (appendix 1) which outlines who and how engagement with our stakeholder would be delivered in this initial stage. Outputs from the discussions facilitated by Deloitte and from engagement with the public have been captured in the Programme Engagement Report (appendix 2) which outlines in themes the issues that were fed back to the CCGs about the proposal to dissolve the existing CCGs and create a new single strategic commissioner.

17. The programme has also established 5 workstreams to undertake the detailed work required to prepare for creation of a single strategic commissioner. During August and September the workstreams have been focussed on producing drafts of the evidence required for application submission on 30th September.

- Functionality – this will include engagement with members and stakeholders, determine the new operating model for the single strategic commissioner and respective documents that will support this model.

  The workstream has produced a first draft of a Clinical Commissioning Strategy, Operating Model and a Case for Change document which are all being dynamically informed by the OD engagement taking place.

  Work has also been undertaken to produce a Quality Strategy, Benefits Realisation Plan and Procurement Strategy, which will also form part of the application to NHS England on 30th September.

  Key risks at this stage include; the need for further detailed discussion to inform the refinement of the operating model which in turn will provide more detail for the Clinical Commissioning Strategy, Case for Change, Benefits Realisation Plan and future governance structure. This work is still taking place. The Commissioning Strategy also has to be based on the Long Term Plan for the Shropshire health system which will not be fully developed until November 2019.

- Communications and Engagement – to provide oversight of the development of a Communications and Engagement Strategy for the new CCG and to develop and oversee the delivery of a communications and engagement plan for the project itself, across all stakeholders.

  A Communications and Engagement plan has been developed and is attached as appendix 1 for information. The plan includes all key stakeholders, staff, CCG membership, senior managers, public and key patient groups. Delivery of the plan has already commenced. However, we are at the beginning of the engagement journey and ongoing activity is planned throughout the remainder of the process leading up to the creation of the new organisation on 1 April 2020 and beyond.

  A Communications and Engagement Strategy for the new single strategic commissioner has been developed and was submitted on 19th August in preparation for the pre application meeting on 5th September. This is not fully completed as key areas of the strategy that described engagement at a local level has yet to be determined as this will be informed by the OD discussions planned by yet to be delivered fully.

  The work stream has also take advice on the level of equality impact assessment (EIA) that would be required to support this proposal. The advice has highlighted that the application process for NHS England requires an EIA of the proposal on the workforce of both CCGs. In addition, although the proposal is a structural change to the CCGs and has no immediate impact on the populations both CCGs serve, the CCGs have been advised to undertake an EIA of the proposal on the populations of Shropshire, Telford and Wrekin. As a result the CCGs have commissioned from Arden and GEM CSU Equality Impact Assessments on both the workforce of both CCGs and of the populations the CCGs serve.

The key risks at this stage are; the need for further detailed discussion to inform the refinement of the operating model which in turn will provide the basis for describing engagement at a local level in the Communications and Engagement Strategy and that we have a very short timescale to deliver the project engagement plan and EIA work.

- Finance – to provide oversight of the development of the Medium Term Financial Plan for the new CCG and to plan for the creation of a new financial ledger for the new CCG.

  The work stream has produced a first draft of a Medium Term Financial Plan (MTFP) for the new CCG and has undertaken a piece of work to compare Standing Financial Instructions of both CCGs as required by the application criteria.

  The key risk at this stage is that the MTFP requires alignment with the STP financial model which is not due to be completed until the end of September.

- HR – to provide oversight of the management of change process that both CCGs will be required to run in order to identify staff who will transfer into the new legal entity.

  This work stream has been focussed to date on the recruitment process for the Accountable Officer across both CCGs. In addition some preparatory work has been continuing on ensuring job descriptions for existing staff are up to date. A series of specific engagement sessions are planned with staff which will commence at the end of September

  Key risks are around delays in commencement of management of change process due to any further delays in appointing an Accountable Officer.

- Governance – to provide oversight of the development of a new corporate governance framework, constitution and governance processes for the new CCG.

  Delivery of a Constitution and governance structure is scheduled for delivery after 30th September in line with requirements from NHS England. Further the GP membership vote on 17 September 2019 plans are in place to ensure membership engagement in the development of governance arrangements for the new organisation

  The key risk at this stage is that OD discussions do not produce outcomes to support the design of a high level governance structure that will be required to produce a draft Constitution and Governance Handbook.

15. Project timeline

The high level timeline is as follows:

14th May 2019	Governing Bodies agree to support proposal to apply for dissolution of existing CCGs and creation of a new single strategic commissioner.
June	Creation of a project overview group – Joint Executive Group Creation of 5 work streams and confirmation of work stream and sub work stream leads Confirmation of deliverables for each work stream against NHS England application criteria and inter dependencies
1st July By 30th July By 8th August	PMO in place – produce programme plan Additional technical HR support in place – begin planning for Accountable Officer recruitment Procure OD partner Accountable Officer recruitment process completed Recommendation to NHS England on preferred candidate for Accountable Officer
1st August 19th August	OD partner in place Deadline for submission for pre-application evidence
5th September w/c 16th September w/c 23rd September 27th September	Pre application meeting with NHS England Membership support for application Governing Body support for application Final application and evidence submission to NHS England
3rd October	Make application to NHS SBS to create a new ledger
11th October	NHS England Regional Application Panel Meeting
18th October	NHS England Regional Management Team to make recommendation on status of application to national team.
29th October	NHS England Statutory Committee to consider application
21st November	Application to NHS Digital for new organisational code made if application is successful.
21st January	National team notify Government Banking Services
27th February	Draft Constitution prepared and submitted to NHS England for review and approval
5th March	Staff transfer schemes and grant of merger documents to be signed off
6th March	Letter to existing CCGs regarding dissolution
31st March`	New CCG established.

Next steps:

The CCGs will be making their formal submission to the Regional NHS England team on 11th October based upon the evidence that was submitted on 30th September from which a recommendation will be made to the NHS England National Statutory Committee who will make a decision on whether the application is accepted in late October 2019.

Recommendations

The Joint Health Overview and Scrutiny Committee is asked to:

- Note the report;
- Comment on the programme engagement report and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and
- Indicate their level of support for the proposals.

Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

STW STP Long Term Plan: An Overview

October 2019

In Development

Developing ST&W STP's Long Term Plan

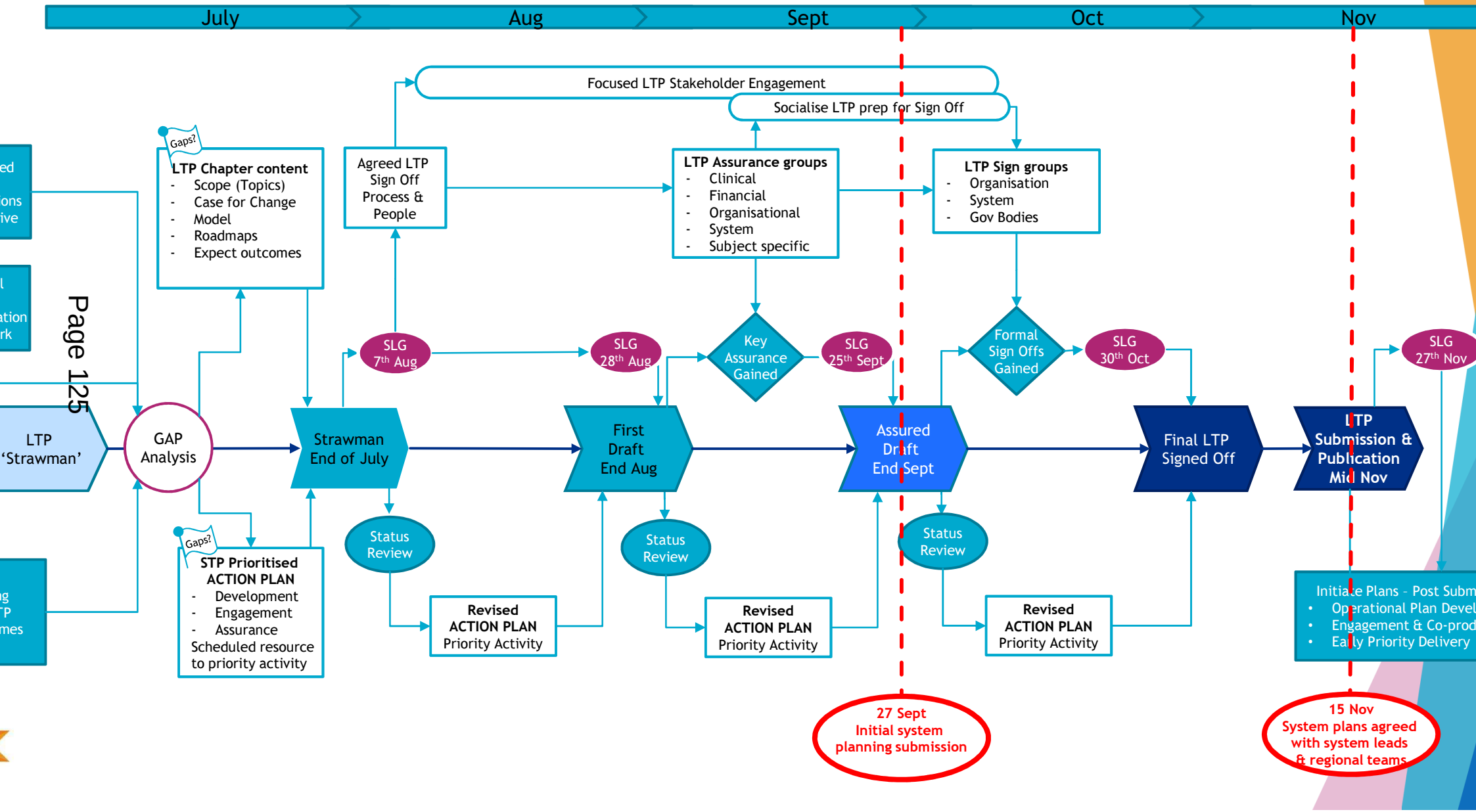
- Our one system plan will describe how all partners within the STP will work together locally to ensure current and future health and care needs are met. It will describe how the STP will deliver its agreed priorities and the requirements of NHS Long Term Plan Implementation Framework.

- The Long Term Implementation Framework expects ICSs and STPs to develop and publish their five year plans according to the following timetable:

27 September 2019	Initial submission of ST&W STP draft plan to NHSE/NHSI Midlands Team
By 15 November 2019	STP plan agreed with Senior Leadership Group and NHSE/NHSIMidlands team
November onwards	Local delivery plans to be developed

- Currently our ST&W STP Long Term Plan is DRAFT and will continue to evolve and change based on the feedback and views gathered across the system.

LTP Document Development & Sign-off Process



HWBB involvement in the development of STW LTP

- Audit of stakeholder engagement delivered to date and planned for future (including Shropshire, Telford & Wrekin Council's engagement)
- STP and Long Term Plan updates presented at the HWBB
- Council Councillors /Staff / VCS engagement on the NHS Long Term Plan via survey (August)
- HWB Board Member involvement in the development of the ST&W LTP:
  - Senior Leadership Group (SLG)
  - Healthwatch ST&W STP LTP Report
  - VCS ST&W STP LTP Engagement Event
  - Population Health Management and Business Intelligence (Chapter 2 of ST&W LTP)
  - Prevention & Place Based Care Cluster (Chapter 3 of ST&W LTP)
  - Telford & Wrekin Place (Chapter 3 of ST&W LTP)
  - Acute Care Development Cluster (Chapter 5 of ST&W LTP)

Long Term Plan – Draft Content

Chapter 1: Our System Structure and Governance to support delivery of change

Chapter 2: What underpins our ambitions

Chapter 3: Delivering a new service model for Prevention and Place based integrated care

Chapter 4: Delivery of world class Mental Health services

Chapter 5: Acute Care Development

Chapter 6: Support Services

Chapter 7: A comprehensive new Workforce plan

Chapter 8: Digital Enabled Care

Chapter 9: Estates

Chapter 10: Financial Sustainability & Productivity

Chapter 11: Next Steps – New Ways of Working

Our System Structure and Governance to support delivery of change

Our vision

We will work together with the people of Shropshire, Telford and Wrekin to develop innovative, safe and high quality services delivering world class care that meets our current, and future, rural and urban needs.

We will support people – in their own communities – to live healthy and independent lives, helping them to stay well for as long as possible.

As the world faces up to a climate emergency, we are committed to delivering an internationally recognised system known for its environmentally friendly services that make the best use of our resources.

In Development

Together as one, transforming health and care for Shropshire, Telford & Wrekin

- Shropshire, Telford & Wrekin's Sustainability and Transformation Partnership (STP) brings together health and social care organisations across the county
- Working more closely than ever before to transform health and care services to deliver world class care which meet current and future needs of our rural and urban populations
- We want all our residents in Shropshire, Telford and Wrekin – children, adults of working age, and older people, to live in good health for a long as possible throughout their life
- We will help them to live independent lives with a greater emphasis on preventing illness and staying well, but also providing the right care when and where they need it
- By joining up local services and working in collaboration with local people and our voluntary sector, we can achieve much greater benefits for our community
-

In Development

Together as one, transforming health and care for Shropshire, Telford & Wrekin

- Together we need to tackle the cause of the problems such as loneliness, poverty and obesity, and work differently so that services are joined up, making the most of new digital technology and using buildings that are fit for modern day health and care
- We need to do more to support people lead happier and healthier lifestyles by encouraging people to be more physically active, manage their weight or change habits such as stop smoking or alcohol abuse
- We need to reduce the growing demand on our services, staff and resources, making it easier for people to get an appointment, as some are waiting longer than we would like for treatment, and some are spending longer in hospital than they need to
- By working together, we can tackle some of the big problems we are facing, and can share skills, resources and money and give a better service to everyone, no matter where they live in Shropshire, Telford and Wrekin.

In Development

Together as one we will:

- Provide a greater emphasis on prevention and self-care
- Help people to stay at home with the right support with fewer people needing to go into hospital
- Give people better health information and making sure everyone gets the same high quality care
- Utilise developing technologies to fuel innovation, support people to stay independent and manage their conditions
- Attract, develop and retain world class staff
- Involve and engage our staff, local partners, carers, the voluntary sector and residents in the planning and shaping of future services
- Develop an environmentally friendly health and care system

In Development

ST&W LTP - Sign off approach
- Key groups to achieve sign off by 15th November

	Groups	Engage	Develop/ Input	Scrutiny	Sign Off	Approve
	Commissioning Governing Bodies	8&9 Oct				12&13 Nov
	Provider Governing Bodies	26 Sept				31 Oct
	STP Chairs Group	**25 Sept**				
	Telford & Wrekin H&WBB	26 Sept	TBC			
	Shrop H&WBB	12 Sept	22 Oct			
	Joint HOSC			2 Oct		
	Senior Leadership Group	Sept -	- Oct		30 Oct	
	Workstream SRO – LTP Chapter	Sept -	- Oct		24 Oct	