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Telford & Wrekin COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date	**Wednesday, 10 June 2020**	Time	**10.00 am**
Venue	**Remote Meeting**		

Enquiries Regarding this Agenda		
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Committee Membership:		
	J Baker	Community Safety Partnership
	Cllr A J Burford	Cabinet Member for Health & Social Care, TWC
	S Dillon	Director: Adult Social Care
	D Evans	Telford & Wrekin CCG
	Cllr I T W Fletcher	Conservative Group, TWC
	C Hart	Voluntary Sector Representative
	C Jones	Director of Children's & Family Services, TWC
	J Leahy (Co-Chair)	Telford & Wrekin CCG
	Cllr K Middleton (Chair)	Labour Group, TWC
	L Noakes	Director: Health, Wellbeing & Commissioning
	Cllr R A Overton	Deputy Leader and Cabinet Member for Enforcement, Community Safety & Customer Services
	B Parnaby	Healthwatch, Telford & Wrekin
	Cllr S A W Reynolds	Cabinet Member for Children, Young People, Education & Lifelong Learning, TWC
	J Rowe	Executive Director: Adults Social Care, Health Integration and Wellbeing.
	Cllr K T Tomlinson	Liberal Democrat / Independent Group, TWC
	Cllr P Watling	Cabinet Member for Co-Operative Communities, Engagement and Partnerships
	R Woods	NHS England (North Midlands - Shropshire & Staffordshire)

Continued…

AGENDA

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1.	**Apologies for Absence**	
2.	**Declarations of Interest**	
3.	**Minutes of the Previous Meeting** To confirm the minutes of the previous meeting.	5 - 10
4.	**Public Speaking**	
5.	**COVID-19: CCG Approach to Restoration and Recovery** To receive a presentation from David Evans, Accountable Officer for Telford and Wrekin CCG.	11 - 22
6.	**Care Act Easement: Implementation of the Coronavirus Act 2020** To receive the report of Jonathan Rowe, Executive Director: Adults Social Care, Health Integration & Wellbeing, Telford and Wrekin Council.	23 - 34
7.	**Health & Wellbeing Strategy Refresh Proposals 2020/21-2022/23** To receive and agree the Health and Wellbeing Strategy from Helen Onions, Consultant in Public Health, Telford and Wrekin Council.	35 - 54
8.	**Single Strategic Commissioner for Shropshire & Telford and Wrekin CCG - Update Report** To receive an update from Alison Smith, Director of Corporate Affairs, NHS Shropshire CCG and NHS Telford and Wrekin CCG.	55 - 152
9.	**Telford and Wrekin Integrated Place Partnership - Health and Social Care Rapid Response Team Update** To receive an update on the Telford and Wrekin Integrated Place Partnership's work on the Health and Social Care Rapid Response Team from Tracey Jones Integrated Place Partnership Manager**,** Telford & Wrekin Clinical Commissioning Group and Sarah Downes, Integrated Place Partnership Manager, Telford & Wrekin Council.	153 - 168
10.	**Telford and Wrekin Community Safety Partnership - Domestic Abuse Progress Report** To receive an update on the Telford and Wrekin Community Safety Partnership - Domestic Abuse Progress from Helen Onions, Consultant in Public Health, Telford and Wrekin Council.	To Follow
11.	**Mental Health & Inequalities - STP Trauma & Adversity Work Stream Update** To receive an update and presentation from Steve Trenchard, Programme Director for Mental Health, Sustainability and Transformation Plan.	169 - 178

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HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Tuesday, 11 February 2020 at 2.00 pm in SC Juniper Room, Telford Innovation Campus, Shifnal Road, Priorslee, Telford, Shropshire, TF2 9NN

Present:
Supt. J Baker – Community Safety Partnership
Cllr A J Burford - Cabinet Member for Health & Social Care, TWC
Cllr R C Evans - Cabinet Member for Customer Services, Partnership, Culture & Leisure TWC
D Evans - Telford & Wrekin CCG
Cllr I T W Fletcher, Conservative Group TWC
C Hart – Voluntary Sector Representative
L Noakes – Director: Public Health
Cllr P Watling (Chair) – Labour Group TWC
B Parnaby - Healthwatch, Telford & Wrekin
TWC Cllr H Rhodes - Cabinet Member for Parks Green Spaces & The Natural Environment, TWC
J Rowe – Executive Director: Adult Social Care & Health and Wellbeing.
TWC Cllr K T Tomlinson - Liberal Democrat / Independent Group,

In Attendance:

M Bennet – Service Delivery Manager: ASC Prevention and Enablement TWC
S Bass – Service Delivery Manager: Commissioning, Procurement & Brokerage TWC
J Galkowski – Democratic Services and Scrutiny Officer TWC
J Eatough – Director: Governance TWC
Cllr K Middleton – Labour Group TWC
H Onions – Consultant in Public Health TWC

Apologies: Cllr S A W Reynolds, S Dillon, C Jones, J Leahy

HWB22 Declarations of Interest

David Evans – Joint Accountable Officer for NHS Telford and Wrekin Clinical Commissioning Group and NHS Shropshire Clinical Commissioning Group.

HWB23 Minutes of the Previous Meeting

RESOLVED – that the minutes from the meeting on the 26 September 2019 be approved by the Chair.

HWB24 Public Speaking

None.

HWB25 Health & Wellbeing Board Draft Strategy Progress Report

The Health and Wellbeing Board received a report from Liz Noakes, Director for Public Health at Telford and Wrekin Council on the Health & Wellbeing Strategy

Refresh Proposals for 2020-21 and 2022-23. The report introduced the proposals for the strategy for 2020-21 and 2022-23:

- An overview of partnership progress made in improving health and wellbeing since the establishment of the Health & Wellbeing Board in 2013.
- An outline of the changing way partners had worked together to improve outcomes.
- An update on the partnership landscape, in terms of the formation of the Telford & Wrekin Integrated Place Partnership (TWIPP), aligned to the NHS Sustainability and Transformation Partnership (STP) Long Term Plan (LTP).
- An outline of the process undertaken to develop the refreshed strategy.
- Proposals for the refreshed strategy vision, framework, approach and priorities.

Likewise the report made reference to a number of proposed priorities:

- Continue to develop, evolve and deliver the Telford & Wrekin Integrated Place Partnership (TWIPP) priority programmes:
  - Building community capacity and resilience.
  - Prevention and healthy lifestyles.
  - Early access to advice and information.
  - Integrated care and support pathways.
- A priority focus to drive progress on tackling health inequalities.
- Set a priority call to action to improve emotional and mental wellbeing.

Helen Onions, Consultant in Public Health also made a presentation which summarised;

- The evolution of the approach taken to ensure the delivery of service, predominately through integrated and community-centred approaches.
- Areas of recorded improvement of outcomes.
- The challenges faced in the borough such as inequality in life expectancy and the average health of population being lower than the national level.
- The progression made against the priority to encourage healthier lifestyles.
- How the refresh proposals were developed at a Joint Board Engagement session between the Health & Wellbeing Board and the Telford and Wrekin Integrated Placed Partnership (TWIPP).
- Progress made in relation to mental wellbeing and mental health.
- Progress made in relation to community resilience and community based support
- The Kings Fund framework used for the strategy.

Members asked for clarification on what Pathway Zero from Shropshire and Telford Hospitals was, to which they were informed that discharges from the hospital were put onto certain pathways which dictated the level of support that would be needed following discharge. Pathway Zero was a scheme in which people and carers were directed to a network of community based options, which would support and maintain outgoing patients in their home.

Members asked if information from the Joint Strategic Needs Assessment (JSNA) fed into the Health & Wellbeing Board Strategy. Ms. Onions responded that the JSNA provided useful profiling information which helped shape the direction of the priorities within the Strategy. Members welcomed the use of the JSNA but also said that the Strategy needed to make sure it didn't silo the priorities as they were interrelated to one another. David Evans gave the example of emotional health and that 25% of cases in the Urgent Care Centres related to Mental Health issues, and therefore the Strategy needed to be clear on early prevention. Liz Noakes responded to this by

saying that the framework that the strategy was based on was web-like and that the priorities overlapped to reflect their interrelatedness.

Members asked about the Independent Living Centre's (ILC), and where they were currently based. Ms. Onions responded that the locations were indicated on the Live Well Telford Website, and that there were currently five ILC's operating in Telford. The ILC's showcased the latest available technology and equipment for independent living to be harnessed by those wishing to retain their independence. Members were concerned about the accessibility of the information which seemed to be digitally-based and not many of the elderly population used the internet. Mr. Parnaby responded to this by saying that in the experience of Healthwatch Telford and Wrekin, they had observed lots of posters in public places and at the GP's, but more were needed.

RESOLVED – that the refreshed strategy proposals be approved and that a review of the final strategy following consultation feedback be agreed for March 2020.

HWB26 Domestic Abuse Strategy Progress Report

The Health and Wellbeing Board (HWB) received a progress report on the Domestic Abuse Strategy in Telford and Wrekin from Helen Onions, Consultant in Public Health at Telford and Wrekin Council. The strategy was approved by the Cabinet in 2018 and aimed to raise awareness, identify, prevent and provide better support for victims of domestic abuse and their children. The strategy had six objectives, these were;

1. To review and develop specialist services and support and implement comprehensive multi-agency pathways, for both victims and perpetrators and children and young people affected by domestic abuse.

2. To use intelligence to inform service provision and raising awareness campaign.

3. To develop practitioners' knowledge on the dynamics of domestic abuse within the whole family and provide them with the appropriate training and resources to support the family.

4. To increase awareness in the community of domestic abuse and how to seek support.

5. To review current policies and procedures associated with FGM, HBV and Forced Marriage within the community and across the professional workforce (OFSTED Recommendation).

6. To embed learning form Domestic Homicide Reviews (DHRs).

The report detailed the progress made for each objective, relating to the services that were being delivered, as well as the funding situation. Members welcomed the report and the progress that had been made on the Domestic Abuse Strategy and a discussion on partnerships occurred. One Member asked about the involvement the Police had with the Council with the formation of the Strategy. Ms. Onions responded by saying that the Council worked with Police on all levels of domestic abuse, from a strategic level to develop the domestic abuse strategy, to an operational level where they do a deep dive profile of intelligence from the Police which fed into family

connect, including a range of reports of domestic abuse, such as those from a neighbour. Supt. Jim Baker commented on changes in language used when dealing with domestic abuse related cases which had a positive impact on information gathering and subsequently minimising harm moving forward. Supt. Baker also said that the policing model had moved from the public sphere to the private sphere, which came with its own challenges, and there was a transition from Police to safeguarding.

RESOLVED – that the progress made in the implementation of the Telford and Wrekin Domestic Abuse Strategy be endorsed.

HWB27 One Strategic Clinical Commissioning Organisation in Shropshire, Telford & Wrekin AND Commissioning Strategy

The Health and Wellbeing Board received a progress report from David Evans, Accountable Officer for NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford and Wrekin CCG on the Single Strategic Commissioner (SSC) for Shropshire, Telford and Wrekin. The Committee heard how the two CCGs were working together to bring the two organisations closer together by hosting meetings in common between the two respective boards at the same meeting, that appointments had been made to the joint executive positions across the organisations, however two posts had not been filled at the time of this meeting. The report included reasons as to why the original application for the dissolution of the two CCGs and the formation of a SSC was rejected, and feedback as to how they could proceed to reach the criteria in which NHS England and NHS Improvement would accept the application. The Board were advised that the timeline agreed with NHS England for the re-application was as follows;

- Final submission of revised application evidence – 30th April 2020
- Regional NHS England/NHS Improvement Panel – early June 2020
- National NHS England / NHS Improvement Committee – July 2020
- Creation of new single CCG – April 2021.

Members welcomed Mr. Evans comments that the Director of Partnerships would be a joint-post who would work closely with senior officers from Telford and Wrekin Council and Shropshire Council. Members conveyed their concern over the dissolution of the two CCGs with a creation of a singular one; citing the pooling of debt that had been attained at Shropshire CCG was greater than at Telford and Wrekin CCG, the centralization of the agenda and moving the accountability away from the Borough. Mr. Evans responded that he recognised the financial concerns that Members had, but insisted that the plan was financially sound and would lead to cost reductions in the future through a preventative system. Likewise he acknowledged the concern members had about the loss of localization on an organisational level, but said that CCG's recognised the health needs were different across the population which was why Primary Care Networks were established to reflect the needs of the population and invest in the acute services as necessary.

RESOLVED – that the contents of the report be noted.

HWB28 Better Care Fund Plan 2019-20

The Health and Wellbeing Board (HWB) received a progress update from Sarah Bass, Commissioning, Procurement & Brokerage Service Delivery Manager and Michael Bennett, Service Delivery Manager: Prevention and Enablement on the Better Care Fund (BCF). The report outlined the current performance of the BCF against the BCF programme. The aim of the BCF was to locally transform the health and social care system towards a fully integrated intermediate care service at a neighbourhood level which comprised of resilient local communities focusing on well-being and prevention, aimed at preventing avoidable admission into acute hospitals to free up resources, and support residents to live independently and with reduced dependency on social care services. The report included a table based on the successfulness of the BCF.

RESOLVED – that the agreed Programme for 2019/2020; progress made to date this year and how it will support the integrated delivery of the cross-cutting priorities of the Health & Wellbeing Strategy be noted.

HWB29 Healthwatch Telford and Wrekin Annual Report 2019-20

The Health and Wellbeing Board received the Healthwatch Telford and Wrekin Annual Report 2018-2019 from Barry Parnaby, a representative from Healthwatch Telford and Wrekin. The report included sections on;

- Areas where improvement could be made to help the patient experience.
- Highlights of the year
- How Healthwatch Telford and Wrekin had made a difference
- Plans for the future.

Mr. Parnaby informed the board that the organisation had undertaken a total of 233 days of volunteer work, hosted 94 community events, engaged with more than 115,000 people through their social media channels and website.

Members keenly welcomed the report and work that Healthwatch Telford and Wrekin had undertaken. Members also commented on the approach Healthwatch Telford and Wrekin had taken on reaching out to various groups within the Council, health service and other partners which allowed them to play the role of a critical friend. Other members commented on the work in the community that Healthwatch had done and the outward approach they had taken to engage with seldom heard groups, which had generated positive messages at meetings.

RESOLVED –the report be noted.

The meeting ended at 3.30pm.

Chairman: ----------

Date: Tuesday 10 June 2020

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Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Moving from Restoration to System Recovery & New Norm

Presentation for T&W Health and Well-being Board
David Evans
10th June 2020

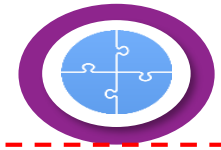
Framework for planning & managing the stages of the pandemic

Preparation and Immediate Response

'Moving to the 'new normal'







	phase 1 - Resolve	phase 2 - Resilience	phase 3 - Return	phase 4 - Reimagine	phase 5 – Reset
Considerations	Crisis response efforts • Increased capacity, workforce, supplies • Cancellation of elective surgery and routine outpatients • Fast track tech-enabled changes • Specific work in designated hospitals • Critical Care capacity	Broader resilience plans • Active management of patient risk • Resetting of established structures and pathways • Hot and cold primary care pathways • Management of Covid and non-covid workstreams • Staff testing • Staff well-being	Re-establishing essential services to recover operational performance • Data driven prioritisation of patient groups and pathways • Reassessment and management of PTL • Planning for winter surge • Allocation of lead roles for redesign of pathways • Staff well-being	Developing our vision • Understanding of vulnerabilities & opportunities • Consideration of fixed vs variable costs • Technology adoption (big data) • Shift in preferences and expectations • Consider what changes Adapt/Adopt/Abandon • Understanding of critical success factors & required infrastructure	Embedding new ways of working •ICS and future shape of system •STW clinical strategy development •Refresh of Cluster programmes of work and system plan •Differential population health impacts •Alignment of PCNs with care homes and MDTs •Review of urgent care, PC and system capacity assumptions •MH & Physical health integration
Timeline (tbc)	Months 1 – 2	Months 3 – 6	Months 2 – 12	Months 2 – 10	Months 6 – 18

LHRP Groups

Utilise the current LHRP Groups to map Covid-19 learning to the above phases and new national guidance

The 8 Tests STW Must Meet

Meet Patient Need			Address new priorities		Reset to an improved health & care system		
1.Covid Treatment Infrastructure	2. Non-Covid Urgent Care	3.Elective Care	4. Public Health burden of pandemic response	5.Staff and Carer well-being	6. Innovation	7.Equality	8. The new Health & Care landscape
Maintain the total system infrastructure needed to sustain readiness for future Covid demand and future pandemics (e.g., capacity and surge capability in primary care, critical care, equipment, workforce, transportation, supply chain; strict segregation of health and care infrastructure; treatment innovation; role of the Nightingale)	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic (e.g., reductions in presentations; reduced access for cancer diagnostics and treatment; implications of screening programme hiatus; care for those with long-term conditions)	Quantify the backlog; act now to slow growth in backlog as much as possible; develop the plan for clearing over time (e.g., prevention and community- based treatment, the rapid increase in 52 week waiters and the overall RTT backlog; major increase in capacity to diagnose and treat; use of independent sector for waiting list clearance)	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic (e.g., mental illness, domestic violence, child abuse, other safeguarding issues, lack of exercise, economic hardship; retaining the positives such as handwashing/ acceptance of vaccination, air quality, greater self care for minor conditions)	Catalogue the interventions now in place; identify additional actions now to support staff; develop the plan for recovery (e.g., address workforce gaps, Support psychological burden; developing a “new compact and a new normal” for support to staff in social care, primary care, community care, mental health, critical care, acute care settings; BAME staff and carers a particular priority)	Catalogue the innovations made; determine those to be retained; evaluate; plan for widespread adoption (e.g., virtual primary care. outpatients, remote diagnostics, new approaches to triage, workforce models, use of volunteers, remote working, pace and urgency to decision making, financial models)	Understand the needs of people and places who are the most impacted by inequalities and co-create models based on what matters to them (e.g., capturing the right data to inform service design, need models of identifying and reaching out proactively to meet need; integrated health and care approaches to addressing inequalities)	Catalogue the service and governance changes made and made more possible; deliver the new system (e.g., new place-based integrated care pathways and in frastructure; configuration of specialist services; governance and regulatory landscape implications; streamlined decision-making)
#1 We retained resilience to deal with on-going Covid 19 and pandemic needs	**#2 We did everything we could to minimise excess mortality and morbidity from non Covid causes**	**#3 We returned to the right level of access performance for elective cases prioritised by clinical need**	**#4 We put in place an effective response to the other effects on public health of the pandemic**	**#5 We helped our people to recover from dealing with the pandemic and established a new compact with them**	**#6 The positive innovations we made during the pandemic were retained, improved and generalised**	**#7 The new health and social care system that emerged was fundamentally better at addressing inequalities**	**#8 The new health and social care system that emerged was materially higher quality, more productive and better governed**
LHRP Gold Command System CEO Group	LHRP Gold Command System CEO Group	Elective Care Pathways Group	Prevention & Public Health	People Enabler	All Enablers	PHM & BI	ICS Development System CEO Group

STW ICS Principles & Expectations

- **System First** - A recognition that all work programmes cross all system partners
- **Distributed Leadership** is key, SRO roles will be System not Organisational
  - All partners will require an **agile approach** to plans as we transition from Restoration to Recovery,
  - a philosophy of shared understanding & learning, **effective communication**, transparency of progress and risk will be required.
  - The recognition that as a system all programmes of work are **multi-professionally led** through the SDPG
- **Ability to evolve** and make **rapid decisions** as we transition from Restoration to Recovery, we will review Governance arrangements 3 monthly at System CEO Meetings
- All Programmes of work are expected to be **co-produced** with relevant partners, users and stakeholders their implementation plans
- All Programmes are required to **build upon accelerated transformation** as a result of Covid-19 response, particularly digital acceleration **(Digital where possible & appropriate)** and voluntary and community sector partnerships
- Clear SRO responsibilities, with **aligned leadership and programme support**
- All programmes required to work in a system manner with regard **to monitoring & reporting** & will be available to all system partners
- **System Risks will be addressed collectively** through Programmes SRO's in the first instance and escalated to CEO's only if not able to mitigate

STW Vision

"Together as one we will transform health & care for our Population"

(Taken from LTP Nov 2019)

		People, places & Partnerships to support well-being and self-care	Integration to provide joined-up community-based services	STW residents receive high-quality care across 7-day week
Start well		Our environment, schools & communities nurture health and well-being of all children & families	Schools and Health & Care service work together to provide seamless services to equip families with tools to manage their own health	Children & young people have access to high quality specialist care, with safe and supported transitions to adult services
Live well		Our environments & local communities help us avoid unhealthy habits and eliminate homelessness and stigma surrounding mental health	Early support for health issues is consistently available and there is true parity of esteem between physical and mental health	STW Residents have access to high quality 24/7 emergency mental and physical health care with care plans in place
Age Well		STW residents are supported to manage their Long-Term Conditions and maintain independence within their community	As people grow older, they are supported in their community with seamless care between organisations	All care is consistent, of high quality, safe and ensures STW residents get in and out of services / hospital as fast as possible

Financially sustainable services
Enabled by:
Refreshed system strategies:

STW C&E Strategy | **STW Digital Strategy** | **STW People Strategy** | **STW Estates Strategy** | **STW PHM Strategy**

Capturing Innovation

Meet Patient Need			Address new priorities		Reset to an improved health & care system		
1.Covid Treatment Infrastructure	2. Non-Covid Urgent Care	3.Elective Care	4. Public Health burden of pandemic response	5.Staff and Carer well-being	6. Innovation	7.Equality	8. The new Health & Care landscape
Maintain the total system infrastructure needed to sustain readiness for future Covid demand and future pandemics (e.g., capacity and surge capability in primary care, critical care, equipment, workforce, transportation, supply chain; strict segregation of health and care infrastructure; treatment innovation; role of the Nightingale)	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic (e.g., reductions in presentations; reduced access for cancer diagnostics and treatment; implications of screening programme hiatus; care for those with long-term conditions)	Quantify the backlog; act now to slow growth in backlog as much as possible; develop the plan for clearing over time (e.g., prevention and community- based treatment, the rapid increase in 52 week waiters and the overall RTT backlog; major increase in capacity to diagnose and treat; use of independent sector for waiting list clearance)	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic (e.g., mental illness, domestic violence, child abuse, other safeguarding issues, lack of exercise, economic hardship; retaining the positives such as handwashing/ acceptance of vaccination, air quality, greater self care for minor conditions)	Catalogue the interventions now in place; identify additional actions now to support staff; develop the plan for recovery (e.g., address workforce gaps, Support psychological burden; developing a "new compact and a new normal" for support to staff in social care, primary care, community care, mental health, critical care, acute care settings; BAME staff and carers a particular priority)	Catalogue the innovations made; determine those to be retained; evaluate; plan for widespread adoption (e.g., virtual primary care. outpatients, remote diagnostics, new approaches to triage, workforce models, use of volunteers, remote working, pace and urgency to decision making, financial models)	Understand the needs of people and places who are the most impacted by inequalities and co-create models based on what matters to them (e.g., capturing the right data to inform service design, need models of identifying and reaching out proactively to meet need; integrated health and care approaches to addressing inequalities)	Catalogue the service and governance changes made and made more possible; deliver the new system (e.g., new place-based integrated care pathways and in frastructure; configuration of specialist services; governance and regulatory landscape implications; streamlined decision-making)
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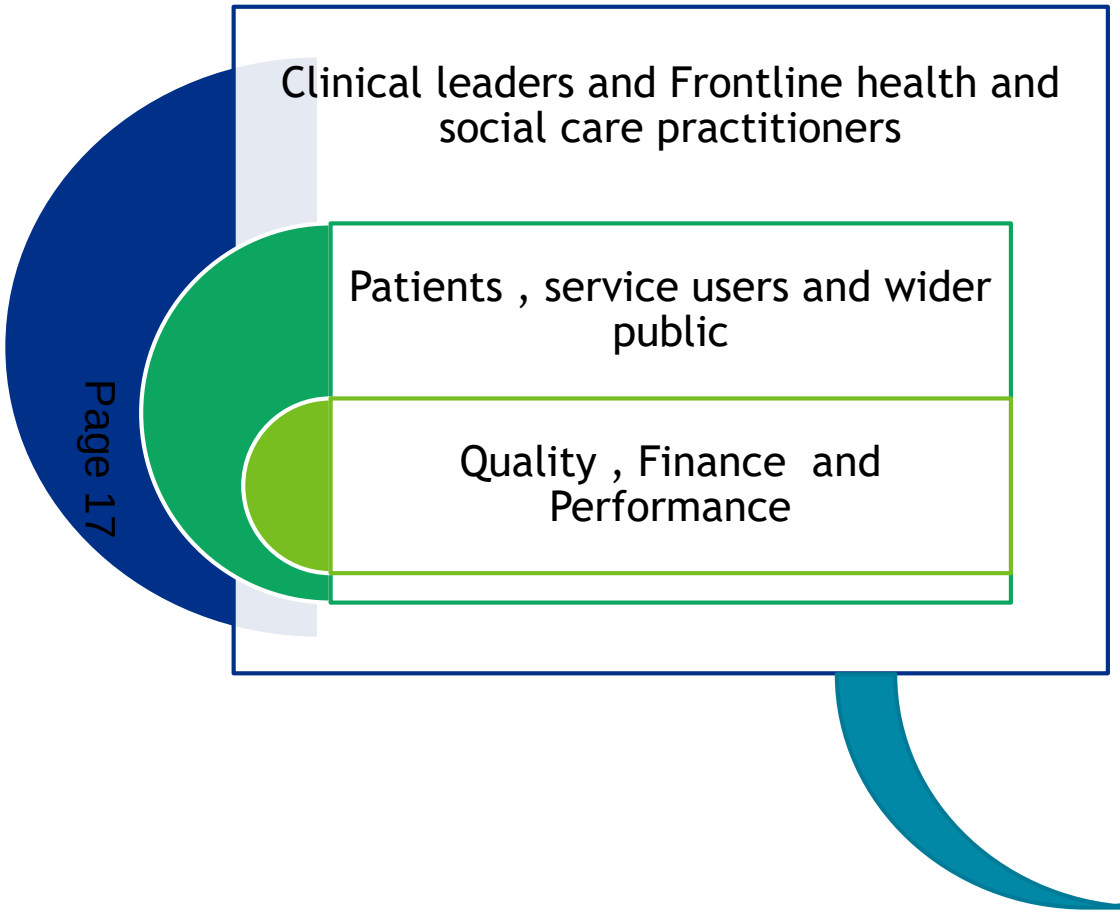
LHRP Gold Command System CEO Group	LHRP Gold Command System CEO Group	Elective Care Pathways Group	Prevention & Public Health	People Enabler	All Enablers	PHM & BI	ICS Development System CEO Group

Learning Captured through Triple Lens



Cease Things we implemented during covid response that were just specific to crisis	**Keep and Accelerate** Things we have done during covid response we really want to keep and accelerate
Pause and Evaluate Things we have stopped during covid response that we believe we may be able to stop longer term	**Restore/ Redesign** Things we know we need to restart but Covid experiences suggest a different way

Methods of Information Gathering to Inform learning about impact of changes

Clinical leaders and Front Line Health and Social Care Practitioners	Patients Service Users and Wider Public	Quality , Finance and Performance
Feedback from Clinical Leaders Group / Gold Command	Shropshire and Telford Healthwatch undertaking online surveys with Public	Monitoring data from QIAs submitted as part of service changes
Feedback mechanisms within provider organisations	Healthwatch Online Feedback Centres	Indicative cost benefit analysis for system of service changes
Feedback from LHRP Pathway groups	Provider Patient feedback Mechanism	Evaluation of available performance data for services still live in covid
Capturing of experiences/learning evolving form restore/recover groups	CCGs capture of Community Groups Views	Evaluation of available performance data for services on hold

Timescales for Assimilating Learning

Continuous Process of Information Gathering

Use of learning to inform Restoration Phases

Use of Learning to inform Refreshed System plans

Weeks 1-6 Mid March to end of April

- Collate early feedback from initial 6 weeks experience of service changes
- Develop plan for feedback from LHRP groups
- Develop plan for wider frontline staff feedback processes
- Promote Healthwatch surveys
- Establish Quality review sub group
- Establish finance and performance subgroup

Weeks 7-12 May to mid June

- Incorporate initial learning into system plan submission 14th May
- Implement wider feedback processes for front line health and Social care Practitioners
- Synthesise emerging feedback with initial learning as system begins wider restoration of services
- Initial analysis of quality , performance and financial learning available

Weeks 13-20 Mid June to end of July

- Assimilate learning from local and other systems to inform what to keep and accelerate as part of refreshed System LTP submission arising from assimilated data
- Re-instate refreshed transformational pathways eg Care Closer to Home
- Use information to accelerate recovery of pre covid baselines
- Commence engagement/consultation re permanent changes

Weeks 21-30 August to end of Sept

Recovery & New Normal Governance Structure (Future)

Four Roles

1. ICS – Oversight & Approval

2. CEO's – Leadership & Design

3. SDPG – Prioritisation & Assurance

4. ICS Development- Setting the conditions for ICS Success

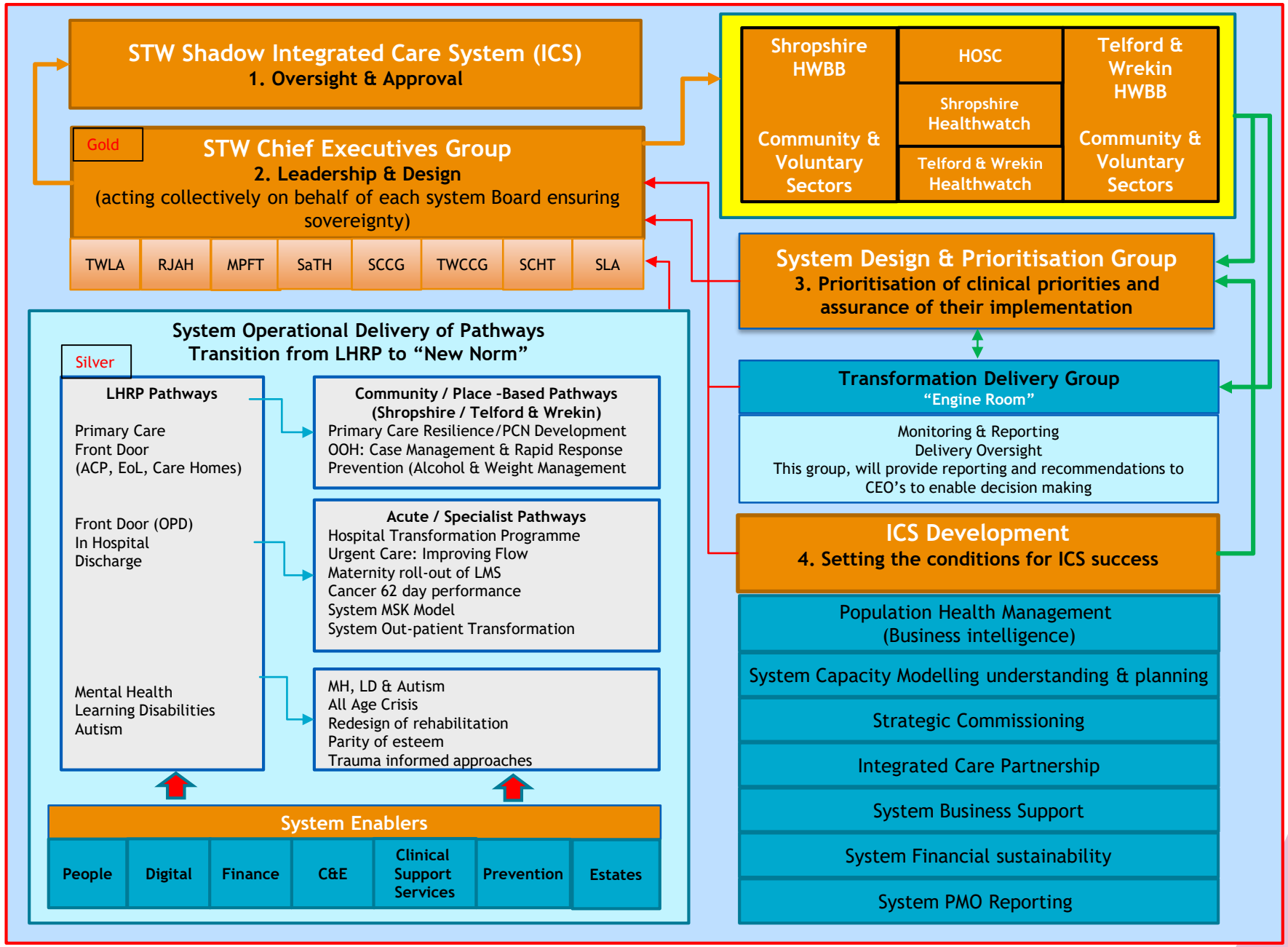
Accountability →

Informing →

Transition →

Responsibility →

Enabling all Programmes ↑



System strengths in response to Covid-19

- Strong response and effective leadership from CEOs and Boards
- LHRP governance well established and good rhythm of meetings with all system providers across health and social care, including care home sector
- Response aligned to STP work and new governance arrangement for restore sign off agreed
- Approach to capturing learning and innovations agreed
- Workforce and OD plan developed and agreed for whole system to meet gaps and psychological impact
- Visible changes in behaviour to tackle Covid-19, innovations around digital, flexible working, hot and cold sites, inter-provider collaboration all positive
- Excellent response from community and third sector
- MOU agreed between Staffordshire and Shropshire

Key Risks

- Ongoing impact of social distancing and compliance with IPC
- PPE equipment
- Workforce resilience
- Estate utilisation
- Establishing green and blue zones/sites
- Backlog from services stopping
- Population behaviour as log-down ceases
- Potential for second surge of Covid-19
- Care home and domiciliary care sector

Telford and Wrekin - Care Act Easements 2020

This report has been published to support decision making within Adult Social Care relating to the implementation of the Coronavirus Act 2020 (which allows easement of some Care Act 2014 duties). The government has issued guidance relating to the Coronavirus Act 2020; Telford & Wrekin Council are operating flexibilities under the pre-amendment Care Act and, therefore, are at Stage 2 as set out within the guidance.

Stage 2 Flexibilities under the pre-amendment Care Act

Stage 2 flexibilities under the pre-amendment Care Act are required due to the impact on service types and usual duties that have been changed, delayed or cancelled short term. It outlines decisions made for individuals, families, carers who ordinarily use the service or duties to be advised. Each easement permitted under the legislation and the flexibility applied by Telford and Wrekin Council is highlighted below:

Easement:
We will not need to carry out detailed assessments of individuals care and support needs, as per Care Act requirements, but will respond in a timely way and make an assessment of what care and support is needed. We will continue to involve the people who are important to the individual in this process, this will include families, carers, current care and support teams, and/or other agencies.

Flexibility and Impact:
We have made adjustments to the way we carry out Care Act assessments and Carers assessments as we have suspended all none essential visits.
All staff will need to complete pre-visit questionnaires where visits are required, including all AMHP assessments to support government guidelines around social distancing.
This may impact on the details captured within an assessment and our ability to operate in a strength based way may also be effected.
We will use a variety of ways to carry out assessments including video calling, the telephone, and/or email(s). This will ensure we are able to gather information to carry out assessments. Pre-easement business processes should be followed, there have been no amendments to assessment paperwork.

Easement:
Local Authorities will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements. They will, however, have powers to charge people retrospectively for the care and support they receive during this period, subject to giving reasonable information in advance about this, and a later financial assessment.

Flexibility and Impact:
A 3-month suspension of client contribution for all care and support delivered to any individuals in the community (this does not include those who are already in, or placed in, residential or nursing care during this period), this does include all individuals who are receiving or start care and support in the community during this period.
All financial assessment activity will continue during this period, including front line workers following business as usual processes. Requests for financial information from individuals or their representatives will also continue. It is however, recognised that there will be a delay in the client contribution being communicated with the individual – this will be communicated at the earliest point.

Easement:
Local Authorities will not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions. They will however still be expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned, particularly those providing care and support, often at short notice.

Flexibility and Impact:
Scheduled reviews will continue to be completed, however these will be completed remotely where possible. Information should be gathered from the provider, all people important to the individual and consideration be given to an earlier review period if necessary to follow up any actions, particular that promote independence using a strength based approach, that are unable to be followed up at this time due to social distancing.
Pre-easement business processes should be followed, there have been no amendments to review paperwork.

Easement:
The duties on Local Authorities to meet eligible care and support needs, or the support needs of a carer, are replaced with a power to meet needs. Local Authorities will still be expected to take all reasonable steps to continue to meet needs as now. In the event that they are unable to do so, the powers will enable them to prioritise the most pressing needs, for example enhanced support for people who are ill or self-isolating, and to temporarily delay or reduce other care provision.

Impact:
This would allow Adult Social Care to temporarily remove and reduce support in order to allow the market to support those with the most pressing needs. We have had no need at this stage, to implement this easement. We have not experienced an impact on front line staff or a surge in demand which has impacted the care market.
Any decisions to implement this easement would involve contact with all those individuals, carers and families this would impact on**.**

Additional activity:

Where people decide to cancel or suspend their own care and support and manage alone or with support of their own family and community networks, this will mostly be for the person to decide themselves. However, where there are concerns that this may lead to unmanageable risk or safeguarding issues, practice oversight is applied.
This is not to undermine the views of the individual making the decisions about their care, but to ensure that where necessary, in conjunction with the practitioner, the individual and their family have considered the possible consequences and the principles of safeguarding have been upheld.

We have introduced a system of welfare checks for individuals known to ASC that require monitoring calls or well-being checks. This has included the following:

- Direct Payment recipients
- Identified vulnerable individuals on Special Factors list
- Carers over 50 years old
- Everyone receiving a service from My Options Learning Disability service
- Those identified with Autism diagnosis
- Those identified with a Dementia diagnosis
- Awaiting Occupational Therapy involvement

There has been increased multi-agency working across all partners to ensure a seamless approach to information sharing, communication with individuals, their families and carers and efficient response time to additional care and support. This has included:

a) Two, weekly Learning Disability multi-disciplinary meetings

b) Weekly multi-agency Mental Health meetings

c) Continuation of a virtual Calm Café to support people with their mental health

d) Integrated Discharge HUB to support acute hospitals

e) Contact with individuals known to Adult Social Care, cross referenced to individuals known to Midlands Partnership Foundation Trust – Mental Health and Learning Disability Teams and the Clinical Commissioning Group – Complex Care Team, and third sector partners.

f) Introduction of Telford and Wrekin unpaid Carers and Direct Payment Personal Assistance card to recognise the essential visits they will carry out during this time.

g) Updated advice and information on Live Well Telford and various social media platforms.

h) Increased contact with Well-being Independence Partnership (WiP) and individual partners within the consortium

i) Twice weekly legal meetings for urgent Court of Protection applications

j) Training available to front line workers through Zoom, to continue to support Continued Professional Development

One of the Council's strategic objectives for management of the immediate impact of the coronavirus COVID-19 epidemic is to: ensure sustainability of Adult Social Care during the coronavirus COVID-19 epidemic, and that planning and actions to sustain Adult Social Care link with planning and actions in the NHS. In order to achieve this we will need to:

a) Manage demand and redirect front line staff to support the coronavirus COVID-19 hospital discharge pathway, 8.00am to 8.00pm 7 days per week.

b) Reduce the risk of spreading by identifying key provisions to be delivered in a different way.

c) Reduce the risk of spreading infection by reducing staff-client contacts.

Governance

The decision-making process for approving the use of flexibilities is set out in the government guidance. The final decision rests with the statutory Director for Adult Social Services (in this case the Executive Director of Adults Social Care and Health & Wellbeing) following consultation with the Principal Social Worker and the Director: Adult Social Care.

The decision to implement Stage 2 Flexibilities under the pre-amendment Care Act will be communicated with key partner agencies, including the Clinical Commissioning Groups.

Additionally once flexibilities are approved the following will be notified:

- Health and Well-being Board co-chairs

- Department of Health and Social Care

Key Decisions and rationale impacting on services

Nature of Change	**Temp. suspension of internal Learning Disability day activities provision**
Steps taken to mitigate the need for change	Due to the nature of the provisions, the number of people accessing the services and set up of building bases it was not possible to manage social distancing or reduce physical contact between people attending, and the staff supporting. Furthermore, a significant amount of the activities were provided were individuals, with staff support accessing the community as part of their weekly timetabled support. The majority of these activities were to meet the assessed need to reduce social isolation, or relieve carer pressures to support carers in their caring roles
Impact of Measure	This has impacted on people, families and carers as day activities are temp unavailable. Families and Carers are now supporting people on a full time basis, in their own home. A small amount of individuals were accessing the day activities while residing in residential or supported living, these individuals are now supported by their residential or supported living providers.
How change will help to avoid breaches of Human Rights at a population level	These changes were felt necessary due to Covid-19 risks and the measures required to reduce the spread of Coronavirus. There are a significant number of individuals accessing these services who also identify as the vulnerable group which required isolation during this time. Every person identified was contacted, all carers and family members that were impacted were also contacted to firstly confirm what alternative arrangements could be made or would be needed to support the individual and carer.
Individuals involved in Decision Making	Jonathan Rowe – Executive Director - DASS Sarah Dillon – Director of Adult Social Care Amardeep Grewal – Principal Social Worker – Service Delivery Manager Deb Williams – Service Delivery Manager
Review and Monitoring point of Decision	Weekly contact made with all those individuals, families and carers impacted on the closure Virtual MDT's held with specialist health staff to support monitoring.
Communication	CCG, Midlands Partnership Foundation Trust (Specialist Health Learning Disability Service), Carers Centre, Wellbeing Independence Partnership (Advice and Information service) , Pohwer (direct payments support service), Front Line Social Work Teams.

Key Decisions and rationale impacting on services

Nature of Change	**Temp. suspension of internal Learning Disability respite provision**
Steps taken to mitigate the need for change	To support respite or emergency provision in a separate environment to ensure minimum disruption to individual delivered care. Support individual decisions taken by individuals, carers and families to support individuals at home during this period.
Impact of Measure	This has impacted on people, families and carers as internal respite provision is not available for a temporary period. Families and Carers are now supporting people on a full time basis, in their own home.
How change will help to avoid breaches of Human Rights at a population level	These changes were felt necessary due to Covid-19 risks and the measures required to reduce the spread of Coronavirus. There are permanent residents within Lakewood Court residential home, who have profound physical and learning disabilities who would be in the high risk category should they contract coronavirus. Every person effected was contacted, all carers and family members that were impacted were also contacted to firstly confirm what alternative arrangements could be made or would be needed to support the individual and carer.
Individuals involved in Decision Making	Jonathan Rowe – Executive Director - DASS Sarah Dillon – Director of Adult Social Care Amardeep Grewal – Principal Social Worker – Service Delivery Manager Deb Williams – Service Delivery Manager – My Options
Review and Monitoring point of Decision	Weekly contact made with all those individuals, families and carers impacted on the closure Virtual MDT's held with specialist health staff to support monitoring. To support any urgent respite provision that may be required 2 flats and a house have been identified to support people in an emergency situation should the need arise. This will allow a smaller staff team to support on a 1:1 basis.
Communication	CCG, Midlands Partnership Foundation Trust (Specialist Health Learning Disability Service), Carers Centre, Wellbeing Independence Partnership (Advice and Information service), Front Line Social Work Teams.

Key Decisions and rationale impacting on services

Nature of Change	**Extend the 12 week property disregard period**
Steps taken to mitigate the need for change	Due to the impact of Covid-19 of the housing market properties are not selling within the 12 week period, consideration to be given to an extension period for individuals were properties are not selling within the 12 week timeframe.
Impact of Measure	Potential loss of income to the council.
How change will help to avoid breaches of Human Rights at a population level	Care would be delivered as per Care Act assessment and/or Care Act Review, there would be no breach of Human Rights
Individuals involved in Decision Making	Jonathan Rowe – Executive Director - DASS Sarah Dillon – Director of Adult Social Care Amardeep Grewal – Principal Social Worker – Service Delivery Manager Lee Higgins – Service Delivery Manager
Review and Monitoring point of Decision	Monthly review Decision making on individual cases through Peer Review, with sign off at Practice Decision Forum
Communication	Internal Communications with financial Case Management team, brokerage and SDM's, Team Leaders, Senior Social Workers, front line Social Workers and Adult Practitioners Individuals, and/or their representatives on a 12 week property disregard

Key Decisions and rationale impacting on services

Nature of Change	**Delay in DFG applications**
Steps taken to mitigate the need for change	Urgent and high priority DFG applications are being completed, information is being gathered from previous information known about the environment and video assessments to be completed.
Impact of Measure	There will be a delay in works being carried out due to some contractors not working during this period.
How change will help to avoid breaches of Human Rights at a population level	Each person, or there appropriate representative, impacted will be informed and a part of the decision making to delay or go ahead with the works
Individuals involved in Decision Making	Jonathan Rowe – Executive Director - DASS Sarah Dillon – Director of Adult Social Care Amardeep Grewal – Principal Social Worker – Service Delivery Manager Heidi Minifie – Advanced Occupational Therapist
Review and Monitoring point of Decision	1 month
Communication	BiT team, all OT's and OTA's within the service

Key Decisions and rational impacting on services

Nature of Change	**Assessment/provision of preventative equipment and minor adaptations**
Steps taken to mitigate the need for change	In order to support social distancing guidelines and to reduce the risk of spread to vulnerable group home visits were reduced and consideration given to alternative support to ensure equipment and minor adaptations were installed. Some equipment and minor adaptations have continued to be provided if they have been deemed urgent or high priority. PPE has then be worn when required.
Impact of Measure	Delay in some equipment and minor adaptations being installed due to longer installation times
How change will help to avoid breaches of Human Rights at a population level	Each person impacted is contacted, or a household member, or carer (both informal and paid) can support the installation of kits to ensure the necessary equipment in place. Video assessments/ reviews are also to be trialled.
Individuals involved in Decision Making	Jonathan Rowe – Executive Director - DASS Sarah Dillon – Director of Adult Social Care Amardeep Grewal – Principal Social Worker – Service Delivery Manager Heidi Minifie – Occupational Therapist
Review and Monitoring point of Decision	1 month
Communication	Loan stores, all OT's and OTA's within the service

The Principal Social Worker has considered the flexibilities required and is in agreement with each documented. These will be reviewed and monitored to ensure impact on individual, carers/families and front line practice is minimal during the Stage 2 period.

In my capacity as the statutory Director of Adult Social Services, I confirm that the flexibilities outlined in this report can be implemented.

Signed:

Jonathan Rowe
Executive Director: Adults Social Care and Health & Wellbeing

Background documents

https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities#what-the-powers-actually-change

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TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – TUESDAY 11 FEBRUARY 2020 & WEDNESDAY 10 JUNE 2020

HEALTH & WELLBEING STRATEGY REFRESH PROPOSALS 2020/21-2022/23

REPORT OF LIZ NOAKES, DIRECTOR HEALTH, WELLBEING & COMMISSIONING (STATUTORY DIRECTOR OF PUBLIC HEALTH)

LEAD CABINET MEMBER – CLLR ANDY BURFORD
HEALTH & WELLBEING BOARD CHAIR – CLLR KELLY MIDDLETON

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 Introduction

The Health & Wellbeing Board approved the draft proposals for the refreshed Health & Wellbeing Strategy for 2020/21 - 2022/23 in February 2020, before the full nature and scale of the coronavirus pandemic was imagined. Since then the impact of COVID-19 has profoundly affected us all as individuals, within our families and communities, and also in the statutory and voluntary organisations which offer services and support to improve health and wellbeing in Telford & Wrekin.

The pandemic has impacted on our health and wellbeing in significant and far reaching ways, particularly challenging our emotional and mental wellbeing and resilience. Health inequalities have been especially apparent not only for COVID-19 infection, but more widely as vulnerable children and adults have been most adversely affected due to the pressure of the lock down period. We know that during the pandemic many people have not sought medical advice and that urgent treatment has been delayed. The pandemic has also clearly impacted significantly the wider determinants of health, such as business and economy and education.

The refreshed strategy demonstrates the partnership progress made in improving health and wellbeing through the changing way partners have worked together to improve outcomes since the establishment of the Health & Wellbeing Board in 2013. Our proposals have now been updated to reflect the recovery, reform and reset agenda, providing a unique opportunity for the council, partners and our communities to re-imagine and re-invent how we work together to improve health and wellbeing.

The strategy priorities proposed in early 2020 are all still highly relevant to our communities and we are also proposing an additional health protection priority, to

ensure we have a focus on preventing and reducing the impact of infectious disease in our communities.

The proposed priorities are as follows:

- Continue to develop, evolve and deliver our Telford & Wrekin Integrated Place Partnership (TWIPP) priority programmes:
  - Building community capacity and resilience
  - Prevention and healthy lifestyles
  - Early access to advice and information
  - Integrated care and support pathways
- Have a priority focus to drive progress on tackling health inequalities
- Set a priority call to action to improve emotional and mental wellbeing
- Ensure we protect people's health as much as possible from infectious diseases and other threats

A series of engagement workshops in late 2019 informed the development of the original strategy refresh proposals, including valuable conversations with Community and Voluntary Sector organisations.

The consultation on the strategy priorities planned for March 2020 did not take place given the urgent need to respond to the COVID-19 situation. If the Board approve these reset strategy proposals it is envisaged that consultation and engagement work will take place as part of the programmes being developed to deliver against the priorities.

The governance arrangements for the implementation of this strategy will be managed through the Health & Wellbeing Board, Telford & Wrekin Integrated Place Partnership and the Telford & Wrekin Community Safety Partnership. There will also be alignment with the governance structure being planned as part of recovery coordination in the local authority and as part of NHS system restoration plans. A governance model for the strategy, which aligns with partner's recovery and reset plans will be brought back to the HWB in due course.

2. RECOMMENDATIONS

The Health & Wellbeing Board is asked to approve the reset strategy proposals.

SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Council priorities?	
	Yes	• Improving health and wellbeing across Telford and Wrekin, and; • Protect and support our most vulnerable children and adults • Securing the best start in life for children and young people
	Will the proposals impact on specific groups of people?	
	Yes	The Strategy aims to improve health and wellbeing for everybody in Telford & Wrekin, with a drive to reduce health inequalities, in our most disadvantaged communities, and for people with poor mental health. There is a particular focus on our most vulnerable and complex children, young people and adults.
TARGET COMPLETION/ DELIVERY DATE	The Strategy will cover the three year period 2020/21-2022/23. Key early commitments for 2020/21 are proposed against the priorities.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The delivery of this strategy will need to be within available resources, including Public Health grant and other budgets within the Council including those funding adult and children social care services, homelessness and housing support. The Public Health grant for 2020/21 is £12.7million. The level of Council funding beyond 2020/21 is uncertain and current projections indicate that overall the Council will have to make savings of around £18million by 2023. The Better Care Pooled Fund currently provides £6.7m of funding for Integrated care and support delivered by the Council and CCG. The Council was selected to participate in the Government's Strengthening Families programme (Hertfordshire model) which is investing £84 million over 5 years to support up to 20 local authorities to improve work with families to safely reduce the number of children entering care. A whole system approach to delivery of this strategy provides the opportunity to maximise the efficient use of the available resources to enable delivery of effective outcomes for the community. The Government have provided significant resources to support the immediate system wide response to the Covid-19 pandemic, however, this has only been

		provided as one off and it is uncertain whether there will be any legacy funding available to deal with any longer term impacts. TS 28.5.2020
LEGAL ISSUES	Yes	The HWBB has a statutory obligation to encourage integrated working and to encourage health and care services to work closely with the HWBB (s.195 Health and Social Care Act 2012). The principles within the strategy have already been approved by the HWBB; this report simply deals with the need for the strategy to reflect the health priorities arising out of the Covid-19 pandemic. The strategy continues to set out how the HWBB will encourage integrated working to satisfy its statutory obligation. AL 26/05/2020
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	There are clear opportunities for public sector organisations to work more closely with the community and voluntary sector. The NHS Long Term Plan expectations provides new opportunities to collaborate, so the NHS strengthens its role in the prevention of ill health and duty to reduce inequalities.
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact is expected, but particularly wards with highest levels socioeconomic deprivation and health inequalities.

PART B) – ADDITIONAL INFORMATION

3. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

4. PREVIOUS MINUTES

Health & Wellbeing Strategy – Update 9th March 2016
Health & Wellbeing Strategy – Refresh proposals Feb 2020

5. BACKGROUND PAPERS

None.

Report prepared by Helen Onions, Consultant in Public Health Email: Helen.Onions@telford.gov.uk

TELFORD & WREKIN HEALTH & WELLBEING STRATEGY 2020/21 – 2022/23

Reset Draft for HWB 10.06.2020

Foreword

The Health & Wellbeing Board approved the refresh strategy proposals in February 2020, before the full nature and scale of the coronavirus pandemic could be imagined. Since then the impact of COVID-19 has profoundly affected us all as individuals, within our families and communities and also in the statutory and voluntary organisations which offer services and support to improve health and wellbeing in Telford & Wrekin.

Beyond COVID-19 infection, we know the pandemic response has impacted on our health and wellbeing in significant and far reaching ways, particularly challenging our emotional wellbeing and resilience. Health inequalities have been especially apparent during the coronavirus pandemic, as factors such as: age, occupation, ethnicity and deprivation have disproportionately affected COVID-19 infection, and sadly death rates across different groups of people. Health inequalities have been exacerbated as the most vulnerable children and adults have been adversely affected, for example due to the pressure the lock down period has had on mental health impacting the health and wellbeing of families.

It is also acknowledged that during the pandemic many people have lived with worrying symptoms without seeking medical advice and that urgent treatment has needed to be delayed as the NHS coped with COVID-19. These wider issues will all have been exacerbated further among people living in our most disadvantaged communities, where lifestyle risks are greater and people are less likely to seek advice.

More broadly the pandemic and the lock down has clearly impacted significantly the wider determinants of health, such as business and economy and education.

The local and national response to the impact of COVID-19 in the first few months of 2020 was planned and delivered as an emergency response to the pandemic. Now the recovery, reform and reset context for the council and partners provides a unique opportunity to re-imagine and re-invent how we work together on the health and wellbeing agenda for the future.

The strategy priorities proposed in early 2020 are all still highly relevant to our communities and all the work programmes will have a post pandemic, recovery and reset context. We are also proposing an additional health protection priority, to ensure we have a focus on preventing and reducing the impact of infectious disease in our communities.

Finally, the Health and Wellbeing Board members and partners organisations remain indebted to all the local health and social care workers and other key workers who have shown such dedication, courage and commitment in treating, caring for, looking after and supporting their fellow citizens in Telford & Wrekin during this unprecedented time – a huge thank you to you all.

Introduction

Since 2013 the Health & Wellbeing Board has driven improvements in the health and wellbeing of residents across Telford & Wrekin. Our strong track-record of effective partnership working has been key to: improving health and wellbeing outcomes, tackling health inequalities, and addressing the wider, social determinants of health, such as housing, employment, education and crime.

As our population grows, ages and becomes more diverse, more people are living with multiple long-term conditions. The impact of poverty has increased the risks of people experiencing poor mental health, substance misuse and domestic abuse, and so hereby increasing the vulnerability and complexity of individuals and families living in some of our communities.

As partners we have been working more progressively together in an integrated way, to change the way support, care and treatment is now offered - taking a more strengths-based approach which helps us consider people's physical, emotional and social more holistically.

Community-centered approaches – underpinned by asset-based community development, which nurtures social connections and networks, and community assets, such as skills and knowledge in community organisations, are being increasingly used to connect and support people better. This is making our communities and individuals stronger and more resilient, and in turn is leading to better outcomes for people and reducing the demand for health and social care services.

Nurturing the current strengths and capacity in our communities to improve our own and each other's wellbeing, while offering joined up care and support to the most vulnerable people is a key driver for this new Strategy. It is especially important as we emerge from the coronavirus pandemic that we coproduce and re-shape with, and not to, our residents, businesses, partners and employees. If we do this meaningfully, we can develop an increased sense of belonging in Telford & Wrekin as part of the new world.

The Health & Wellbeing Board has a unique leadership role, given its duty for system-wide improvement in integrating health and social care, prevention services and community and voluntary sector support. Moving through the pandemic and the immediate post-crisis response this Strategy will contribute to multiple Recovery programmes, beyond the obvious health, care, community and welfare recovery and more widely to education, economy and business recovery.

Key delivery partnerships which will drive progress on the priorities in this Strategy are:

- The **Telford & Wrekin Integrated Place Partnership (TWIPP)** which covers all place-based developments to ensure better prevention, community focus and a more proactive and collaborative approach. TWIPP links to the **Shropshire, Telford & Wrekin Sustainability & Transformation Partnership** (STP) of health and social care organisations working on the NHS Long Term Plan to improve benefits for the community and to improve financial sustainability
- The Telford & Wrekin Community Safety Partnership, which will continue to deliver progress in preventing and tackling crime and anti-social behaviour and reducing violence to improve the quality of life for our most vulnerable and at risk children, young people and adults

Our Journey - What impact have Health & Wellbeing Board partners made?

Since the Health & Wellbeing Board was established in 2013, partners have successfully worked together to improve a number of outcome indicators, including:

- Healthy life expectancy which is rising faster than the national rate, with men gaining one additional year in good health and women 3.5 years[1]
- Teenage conception rates which were historically high in the borough, have fallen progressively and are now similar to the national average
- Smoking rates which overall have fallen, and rates of smoking in pregnancy which have reduced to an extent, but still require further improvement
- Physical activity rates which have increased significantly, making us the top Council in England for improving the number of people who are active
- Alcohol treatment rates which have risen from worse than the national average to become one of the best rates in the Country
- Satisfaction with social care and support services which has improved markedly
- Admissions to residential and nursing care which have reduced and are now significantly better than the England average

[1] From 2009-11 to 2015-17

The health of our population, as measured by life expectancy and healthy life expectancy has been improving, and at a faster rate than nationally. However, these measures remain still largely worse than the England average, and our key issue is that inequalities in life expectancy have been widening – meaning the health of our poorest communities has either worsened or not improved.

The gap in healthy life expectancy, between people living in the most deprived communities compared to those in the most affluent, is more than a decade for both men and women.

In addition, the life expectancy gap between people with serious mental problems is twenty years less than the rest of population.

Health & Wellbeing Strategy 2016-2019: Highlights of progress against our priorities

Encourage healthier lifestyles

- Increasing access to modern young people friendly sexual health services
- Tackling the excess weight epidemic through a joined up, innovative whole system approach, which is improving physical activity levels
- Healthy Telford social media channels - Twitter, Facebook and blog with following of 4,000+ people and excess of 47,000 visits
- Healthy Lifestyle Service offers family-based behaviour change support, through health chats, checks and personal plans at 80 weekly community clinics, including delivering good quality smoking quit rates.

Improve mental wellbeing and mental health

- Future in Mind, vibrant Continuing Professional Development network offering an emotional wellbeing focussed programme to schools
- BeeU jointly commissioned to help children and young people with emotional problems get more help and to support and manage crisis
- Emotional health and wellbeing panel for children and young people enabling health, social care, and education to discuss ways better support can be offered
- Telford Mental Health Forum providing a voice for people with mental problems and their carers to support coproduction
- The Emotional Wellbeing service (IAPT) providing therapy to many more adults who are depressed or anxious, with a good recovery rate
- Suicide prevention partnership offering annual networking events, face-to-face and online awareness raising sessions, and campaigns
- Branches providing peer-led drop in and support activities for people with mental health issues, plus a more formal listening service

Strengthen our communities and community-based support

- Health Champion volunteers are using their own life experience and social connections to give lifestyle advice and act as Community Connectors
- Live Well hubs are improving support in the community
- Live Well Telford - Telford & Wrekin's all age online community directory, signposts people to a range of services, support and activities
- My Choice - the Information Advice and Advocacy service commissioned for adults with care and support needs
- Multi-disciplinary team support offering comprehensive care for care homes
- Early integration of teams joining up across organisations, so a wider range of professionals can support individuals more holistically
- Better Care Fund - pooled financial resources to enabling the development and delivery of integrated health and social care services

Our communities

Population & Projections

The estimated population of **178,600** people in **2019** is projected to rise to **196,900** by **2031**; with the greatest increase **(+32%)** expected in people aged **65+.**

18.1% 60+ YEARS

7,243 ADULTS

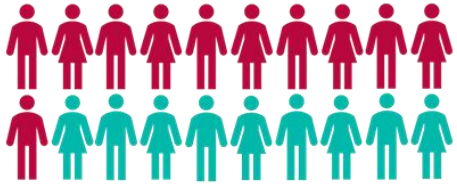
LIVE IN INCOME DEPRIVED HOUSEHOLDS

23.9% 0-15 YEARS

8,603 CHILDREN

LIVE IN INCOME DEPRIVED HOUSEHOLDS

Long term health & disability



55%

Of the population aged 65 and over **(16,600 people)** are estimated to have a **long term health problem or disability.**

Mental Health

1 in 5

People **aged 16-64 (20,000 people)** are estimated to have a **common mental disorder.**

Developing the strategy

The proposals in this refreshed strategy have been developed through a process which has included:

- Review of local intelligence – in terms of our changing population and local need and demand information, demonstrated in our Joint Strategic Needs Assessment - Understanding Telford and Wrekin
- An Engagement workshop with voluntary sector partners, in October 2019, where 54 people from 25 different organisations contributed to discussions on our challenges and potential solutions
- A Joint Board engagement session for the Health & Wellbeing Board and Telford & Wrekin Integrated Place Partnership (TWIPP) members to review progress and discuss and align priorities
- Alignment to the 2019 Telford & Wrekin Annual Public Health Report Looking back, looking forward, Making health everyone's business recommendations
- Synthesis of the Shropshire, Telford & Wrekin STP commitments, priorities and programmes, identified through the development of the Long Term Plan for 2019 – 2024.

The Shropshire, Telford & Wrekin Sustainability & Transformation Partnership (STP) context

The STP strategic priorities aim to:

- Support people in Shropshire, Telford & Wrekin to lead healthy lives
- Develop an Integrated Care System that joins up health and social care
- Develop a system infrastructure, to make the best use of resources, reduce duplication and achieve financial stability
- Improve communication and involvement of patient, public and all stakeholders

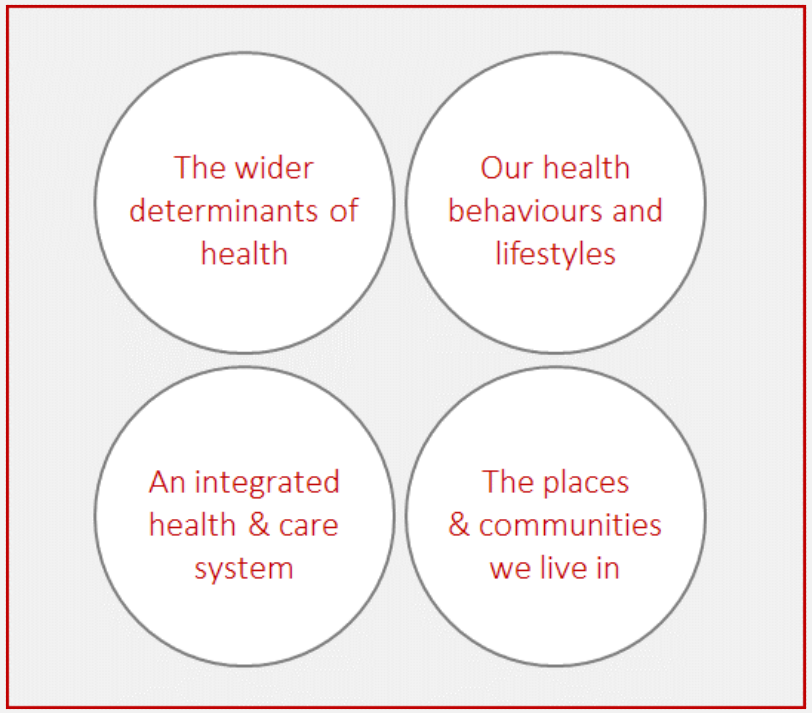
Bringing together elements of the Long Term Plan, this strategy will inform the development of one single plan for Telford & Wrekin, covering all place-based and prevention activities in the borough.

Our Vision

"Working together to enable people in Telford and Wrekin to enjoy healthier, happier and more fulfilling lives"

Our Framework

Delivering our vision means we need a comprehensive approach to improving health and wellbeing across the following pillars



Kings Fund A vision for population health: Towards a healthier future

Our Priorities

- We will continue to develop, evolve and deliver our Telford & Wrekin Integrated Place Partnership (TWIPP) priority programmes:
  - Building community capacity and resilience
  - Prevention and healthy lifestyles
  - Early access to advice and information
  - Integrated care and support pathways
- We will have a priority focus to drive progress on tackling health inequalities
- We will set a priority call to action to improve emotional and mental wellbeing
- We will develop a priority plan to ensure people's health is protected as much as possible from infectious diseases and other threats

Our Outcomes

- Improve overall healthy life expectancy in men and women by at least one year by 2023
- Halt the increasing inequalities gap in healthy life expectancy, and continue to narrow the gap
- Narrow the inequalities gap in life expectancy for people with serious mental health problems

A detailed outcomes and performance framework will be developed to track progress of the strategy. As part of the recovery phase a deep dive will need to be undertaken to understand the scale and impact of the coronavirus pandemic on a range of health and wellbeing outcomes and inequalities indicators.

Our approach

How will we work better together?

- ✓ Focus on prevention, recognising the impact of wider determinants of health - homes, jobs, education
- ✓ Person-centred, family-focused, place-based and community-led approach
- ✓ Intelligence-led planning and delivery – using population health management
- ✓ One team - delivering integrated, seamless services
- ✓ Making good use of all our resources, to manage demand away from high cost health and care services
- ✓ Being radical and innovative
- ✓ Promoting wellbeing, foster self-help and maximise independence regardless of need or dependency

How will people's lives be different?

- ✓ People will be empowered to take control of their health and will stay healthy for longer
- ✓ Communities will be connected and empowered, and will grow to support each other
- ✓ Our towns and villages will enable people to make healthier choices
- ✓ People will have one conversation - one point of contact – to get the right information and advice at the right time
- ✓ Home will be seen as normal – with services available closer to home
- ✓ Clinical treatment outcomes for patients will be improved
- ✓ People and their carers will feel supported during times of crisis and at the end of their lives

Our delivery partnerships

The Shropshire, Telford & Wrekin Sustainability & Transformation Partnership aims to tackle health and social care problems by tailoring care to individual needs, drawing on the expertise of all partners and improving communication. The STP will evolve into an Integrated Care System (ICS), to deliver, sustainable system-wide transformational change.

The Health & Wellbeing Board will work together as part of the wider STP/ICS, ensuring that the NHS focusses on preventing ill health and providing personalised, person-centred, place-based care.

The Telford & Wrekin Integrated Place Partnership (TWIPP), a key part of STP, encompasses all prevention and place-based developments, including; volunteering, community health and social care services and joint working between GP practices. Key partners include: the Council, the Clinical Commissioning Group (CCG), GPs - through Primary Care Networks, Midlands Partnership Foundation Trust, Shropshire Community Health Trust, Shrewsbury and Telford Hospital Trust, voluntary sector organisations, Healthwatch.

The Telford & Wrekin Community Safety Partnership (CSP) reports to the Health & Wellbeing Board, and includes representatives from: the police and probation services, the CCG, the fire and rescue service and as well as various council teams. The CSP steers progress to tackle community safety issues, including: domestic abuse, drug and alcohol misuse, exploitation and violence reduction.

Priority Programmes for 2020/21

Building community capacity and resilience

To ensure Telford & Wrekin is a place where all communities are well supported to take ownership of the challenges that they face, to make them stronger and more resilient

- Social isolation and loneliness
- Building resilience in children & young people
- Making effective links with community business, projects and activities

Prevention and healthy lifestyles

To ensure people stay healthy throughout their lives - starting with preconception and birth to ensure every child gets the best start in life, and targeting those with the greatest need to reduce inequalities, whilst maintaining an effective universal offer for everybody

- Healthy weight and physical activity
- Healthy Pregnancy, Healthy Families

Early access to advice and information

To provide a comprehensive, integrated approach to offering information and advice for all ages, from health and social care services, to voluntary sector organisations, community groups, activities and support

- Live Well hubs
- Independent living centre
- VCSE Partnerships

Integrated care and support pathways

To deliver joined up, effective services, support, and care, which connect and empower people to stay healthier for longer and support families to stay together, preventing avoidable admission to care homes, hospital and children being taken into care

- Expanding Pathway Zero
- Integrated community frailty model
- Improving care for people with alcohol problems
- Strengthening Families, Family Safeguarding
- Social prescribing

Priority Call to Action

Emotional and mental wellbeing

To co-produce with people, communities and partners ways to live well, with improved emotional health and wellbeing

- Year of Wellbeing
- Tackling Trauma & Adversity, including Adverse Childhood Experiences (ACEs) and the psychological impact of COVID-19
- Homelessness and Housing Support
- Improving Mental Health services

Priority Focus

Driving progress to reducing health inequalities

To accelerate, targeted collaborative local action to reduce health inequalities

- Tackling the wider determinants of health
- Giving every child the best start in life
- Improving the lives of the most vulnerable people, those with complex needs, and those at risk of abuse, neglect or exploitation

Priority Plan

Health Protection

To ensure people's health is protected as much as possible from infectious diseases and other threats

- Improve immunisation rates
- Continue to give advice on good hygiene and infection control

Our Priorities

Driving progress to reduce health inequalities

With health inequalities increasing, and the most important influences on health recognised as the wider social determinants, based on the findings of the Marmot report 'Fair Society, Healthy Lives' strategic review of health inequalities, we commit:

To accelerate, targeted collaborative local action to reduce health inequalities, by:

- Tackling the "wider determinants of health" – such as healthy homes, standards of living, positive work and employment, income and education
- Giving every child the best start in life – to influence a range of outcomes throughout people's lives
- Improving the lives of the most vulnerable, people with complex needs, and those at risk of abuse, neglect or exploitation[2] - some of whom fall between our current support offer.

Priority programmes

Building community capacity and resilience

To ensure Telford & Wrekin is a place where all communities are well supported to take ownership of the challenges that they face, to make them stronger and more resilient

Key commitments for 2020/21:

- **Social isolation and loneliness –** building on already strong relationships, collaborative work with our vibrant Voluntary, Community and Social Enterprise sector, individuals, and community networks will continue to improve social connections and reduce loneliness
- **Building resilience in children & young people –** the Mental Health Taskforce will develop a plan to improve emotional health and wellbeing outcomes, for all children and young people, to keep them well, support them resist risky behaviour and reduce the impact of adverse childhood experiences
- **Making effective links with community business, projects and activities -** colleagues in Adult Social Care and Children's Safeguarding and Family Support are collaborating to identify alternative community-based services to support clients accessing services

[2] For example: carers, young care leavers, people with disabilities, older people, those with multiple conditions and children, young people and families suffering from the impact of poor mental health, drugs and alcohol abuse, domestic abuse and homelessness.

Prevention and healthy lifestyles

To ensure people stay healthy throughout their lives - starting with preconception and birth to ensure every child gets the best start in life, and targeting those with the greatest need to reduce inequalities, whilst maintaining an effective universal offer for everybody

Key commitments for 2020/21:

- **Healthy weight and physical activity** through implementing a whole-system approach and closer working with planning to create an environment that supports an active and healthy lifestyle
- **Healthy Pregnancy, Healthy Families** – enhance prevention activities to improve pregnancy and birth outcomes for women, their babies and families, as part of the local maternity system, including the public health midwifery service and development of community peer support initiatives

Early access to advice and information

To provide a comprehensive, integrated approach to offering information and advice for all ages, from health and social care services, to voluntary sector organisations, community groups, activities and support

Key commitments for 2020/21:

- **Live Well Telford Hubs** – further developing the drop ins available across all localities to include Adult Social Care, further partners from health and the voluntary sector (e.g. mental health, community nursing, carers centre) will join the collaboration
- **Independent Living Centre** - development of a centrally located specialised hub focussed on promoting independence, showcasing assistive technology and digital equipment with the emphasis on people being able to seek early information and advice to help them live in their own home for longer
- **VCSE partnerships** – further develop links with community and voluntary organisations and community businesses that provide associated and "wrap-around" services which support peoples' mental and physical health by tackling social isolation, empowering people to deal with their problems, providing advice, advocacy and other support, to mobilise the high degree of social capital in support of this strategy

Integrated care and support pathways

To deliver joined up, effective services, support, treatment and care, which connect and empower people to stay healthier for longer, and support families to stay together, preventing unnecessary admission to care homes, hospital and children being taken into care

Key commitments for 2020/21:

- Building on the foundations of the **Health and Social Care Rapid Response Team**, (which co-locates Nurses, Social Workers, Occupational Therapists, GP Clinical Advisor and call handlers) single point of access for health and social care will be developed to enable a streamlined access point for all
- **Expanding Pathway Zero** to encompass all hospital wards, with a preventative pathway to direct people and carers to a network of community-based options to support and maintain people in their normal place of residence
- **Strengthening Families -** Family Safeguarding transformation to improve preventative and early help services and safeguarding processes to respond differently to the needs of our local children and families, improving range of outcomes, including reducing the number of children entering care
- **Improving the quality of care for people with alcohol problems –** by developing an Alcohol Care Team to provide specialist support to alcohol-dependent patients and the "Blue Light project" pilot for people with the most complex, longstanding alcohol issues.
- **Social prescribing** – the Primary Care Network Link Worker Role will be implemented and referral pathways agreed to connect with our work in communities and with the voluntary sector to further develop our community offer for self-help and preventative health improvement activity

Priority call to action - Emotional and mental wellbeing

To co-produce with people, communities and partners ways to live well, with improved emotional health and wellbeing

Key commitments for 2020/21:

- **Year of Wellbeing** – a year of positive events and awareness raising to encourage a community conversation on the importance of emotional wellbeing and mental health, to encourage and inspire everybody, to take action to make themselves and others to feel good and function well
- **Tackling Trauma and Adversity**
  - develop a local response, based on evidence of what works and best practice, given that Adverse Childhood Experiences (ACEs) and other emotionally traumatic events are clearly linked to poor mental and physical health
  - use a trauma-informed approach to support our key workers and communities deal with some of the impacts of the COVID-19 pandemic
- **Homelessness and Housing Support** – improve housing support to reduce homelessness and improve outcomes for the most vulnerable people, by working differently with our community-based supported and specialist housing providers, linking with the specialist and supported housing strategy
- **Improve access to mental health services** – through the STP Long Term Plan commitments to transform services for:
  - People with mental health and alcohol and drug misuse issues – dual diagnosis
  - People with mild - moderate mental health problems
  - People with serious mental illness – by improving crisis and out of hours support
  - Children and young people
  - People with a learning disability
  - Older people i.e. dementia

Priority Plan – Health Protection

To ensure people's health is protected as much as possible from infectious diseases and other threats

Key commitments for 2020/21:

- **Improve immunisation uptake** – for all vaccine preventable diseases, but especially for infections which impact most in the winter, such as influenza
- **Continue to work together protect people from COVID-19 infection** – supporting system-wide response – care homes Test and Trace, promoting adherence to self-isolation advice, promoting hand washing and good personal hygiene

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CCG Governance Board
Agenda Item

NHS
Telford and Wrekin
Clinical Commissioning Group

HEALTH AND WELLBEING BOARD
EXECUTIVE SUMMARY SHEET

DATE:	10th June 2020
TITLE OF PAPER:	Single Strategic Commissioner for Shropshire & Telford and Wrekin CCG – Update Report
EXECUTIVE RESPONSIBLE: **Contact Details:**	David Evans, Accountable Officer, NHS Shropshire CCG and NHS Telford and Wrekin CCG Ext: Email:
AUTHOR (if different from above) **Contact Details:**	Alison Smith, Director of Corporate Affairs, NHS Shropshire CCG and NHS Telford and Wrekin CCG Ext: Email: Alison.smith112@nhs.net
CCG OBJECTIVE:	All CCG Objectives
[X] For Discussion [ ] For decision [ ] For performance monitoring	
EXECUTIVE SUMMARY	The purpose of this report is to provide an update on the application process for creating a single strategic commissioner across Shropshire and Telford and Wrekin. The Health and Wellbeing Board is asked to note that the application for dissolution of the two existing CCGs and proposal to create a single CCG from April 2021 was made on 30th April 2020.
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 the workforce of both CCGs and of the populations the CCGs serve.
PATIENT & PUBLIC ENGAGEMENT:	Public engagement forms part of the Communications and Engagement Plan for the programme. The Engagement Report for the proposal to create a single CCG in April 2021 is attached for information.
LEGAL IMPACT:	In proposing the dissolution of the existing two statutory bodies and the creation of a new statutory body across the whole footprint, the CCGs will be required by NHS England to follow a prescribed application process for authorisation.
CONFLICTS OF INTEREST:	None specifically linked to this paper

RISKS/OPPORTUNITIES:	A risk register for the programme is in place and monitored by the Joint Executive Group.
RECOMMENDATIONS:	The Health and Wellbeing Board is asked to: • Note the actions taken to date on creating a single strategic commissioner for Shropshire and Telford and Wrekin. • Note the feedback outlined in the Engagement Report attached.

Telford and Wrekin Health and Wellbeing Board Meeting 10th June 2020

Single Strategic Commissioner for Shropshire and Telford and Wrekin – Update Report

David Evans, Accountable Officer, NHS Shropshire and NHS Telford and Wrekin CCGs

1.Introduction

1.1 At its meeting held on 14th May 2019, the Telford and Wrekin CCG Governance Board agreed to support the dissolution of both CCGs and the formation of a single strategic commissioning organisation for the Shropshire, Telford & Wrekin footprint. It also supported recruitment of a single Accountable Officer across both CCGs and the establishment of a single management team, whether an early application to NHS England for establishment of a single CCG was accepted or not.

1.2 On September 17th both CCG memberships supported this proposal and an application was formally made to NHS England/NHS Improvement on 30th September to dissolve the two existing CCGs with a view to creating a single CCG from April 2020.

1.3 An NHS England panel meeting was convened by the regional team to consider the application in more detail on 11th October 2019 with the outcome that the application was unsuccessful, mainly due to lack of time to develop some of the key evidence to a sufficient level, to satisfy the criteria used to judge the application by NHS England.

1.4 Since October 2019 the CCGs have undertaken significant work on developing the proposal to create a single CCG culminating in the Governance Board's support to make another application on 30 April 2020, with a view to a single CCG being created in April 2021. This report seeks to provide the Health and Wellbeing Board with a further update on progress in moving towards becoming a single strategic commissioner with NHS Shropshire CCG and in making a re-application to NHS England/Improvement on 30th April 2020.

2. Report on progress of the programme

2.1 The NHS England/NHS Improvement have supported the CCGs to make a further application earlier than the normal deadline of September 2020, as they believe our application can be enhanced to meet the 10 application criteria in full, if we continue to work at pace. We have agreed with NHS England the following new timescale for re-application and the programme timelines have been amended accordingly:

- Final submission of revised application evidence - 30th April 2020
- Regional NHS England/NHS Improvement panel – 3rd June 2020
- National NHS England/NHS Improvement Committee – July 2020
- Creation of a new single CCG – April 2021

The Health and Wellbeing Board are asked to note that regional scrutiny of the application will take place as a panel meeting on 3rd June 2020 to then proceed to the national committee a date for which has not yet been confirmed.

2.2 As part of NHS England's commitment to supporting both CCGs through this process and acknowledging their feedback from the panel process, two national merger leads on Organisational Development/HR and Strategy had been asked by NHS England/NHS Improvement to provide support to the programme in relation to the next steps required on Organisational Development and further support on developing the Commissioning Strategy. The involvement of these national leads has now ended but has resulted in the draft Commissioning Strategy being further enhanced with more detail on the approach the single CCG will take to utilising population health management, refining our proposed operating model and being clearer about what we will commission in the future and in what way. The Organisational Development Plan has also been enhanced with a series of actions agreed to scope further pieces of work on clinical leadership, a Board Development programme, and a talent management process now included in the plan.

2.3 Public engagement on the proposal to create one single CCG across Shropshire, Telford and Wrekin was undertaken from late January to February 2020 with a public engagement launch event taking place on 24th January in Shrewsbury. In addition this was supplemented with a hard copy and online survey and pop ups at Oswestry Library, Darwin Shopping Centre Shrewsbury, Ludlow Library, Park Lane Centre Telford, Telford Shopping Centre and Tesco Supermarket Wellington. Feedback from the launch event has been shared with participants and all engagement feedback, whether through face to face discussions or via the survey has been collated in an Engagement Report which forms part of the application submission and which is attached for information to this report. The Engagement Report has been shared with Healthwatch for their comment, and has now been published on both CCGs websites and distributed to those that participated in the engagement exercise and expressed an interest in receiving the engagement output. There were 71 survey responses received together with feedback from the Engagement Workshop and pop-ups. Generally those that responded from both Shropshire and Telford and Wrekin were in support of the proposal. The key headline feedback of concerns received can be summarised around five areas:

- Local voice, is lost by the creation of a bigger CCG
- Fear that particular population needs will become invisible in a larger geography i.e. deprivation in Telford and Wrekin and rurality in Shropshire.
- Fear that local delivery and local partnerships will be abandoned/lost within a geographically larger CCG
- Fear that the benefits hoped for will not materialise
- Fear that talented staff will be lost in the transition

2.4 The management of change process to create one single staffing structure for senior managers and staff had started with Directors appointed in December 2019. However, due to the Covid 19 response both CCGs have placed the staff management of change process, which had begun on hold, until earliest September 2020.

2.5 The highest risks to the programme are currently; developing a financial plan that will meet the NHS England criteria for the application process, the continuing impact of Covid 19 and the delay in proceeding with the planned staff management of change process.

2.6 Work has continued to develop the financial plan for the new single CCG, however this has been challenging as much of the content and modelling continues to be dependent on the parallel work to develop a sustainable financial plan to support the local Long Term Plan, which has not yet be approved by NHS England/Improvement. Discussions have taken place with NHS England/Improvement on a way forward which has enabled a finance plan to be submitted.

2.7 Following the last CCG Governance Board meeting in March, drafting of a new Constitution for the CCG that will align with a similarly drafted Constitution for Shropshire, has been completed and agreed by both memberships for adoption. This has been followed by completion of a management of change process for existing Governing Body members on both CCG Boards during April. An election process of shared GP/Health Care Professional Governing Body members to both CCG Boards was completed in May with the following individuals elected to the joint 6 Governing Body roles:

Elected from Telford and Wrekin CCG membership:

- Mrs Rachael Bryceland, Advanced Nurse Practitioner, Stirchley Medical Practice
- Dr Adam Pringle, GP, Teldoc
- Ms Fiona Smith, Advanced Nurse Practitioner, Shawbirch Medical Practice

Elected from Shropshire CCG membership:

- Dr Michael Matthee, GP, Market Drayton Medical Practice
- Dr John Pepper, GP, Belvidere Medical Practice
- Dr Julian Povey, GP, Pontesbury Medical Practice

This will be followed by election of a Joint CCG Chair and recruitment of other jointly appointed Governing body members in June and July 2020, with a view to having newly appointed Governing bodies for both CCGs for the beginning of August 2020.

3. Recommendations

The Health and Wellbeing Board is asked to:

- Note the actions taken to date on creating a single strategic commissioner for Shropshire and Telford and Wrekin.
- Note the feedback outlined in the Engagement Report attached.

NHS Shropshire CCG and NHS Telford and Wrekin CCG

Transition to a Single Strategic Commissioner

Engagement Report

May 2020

Single Strategic Commissioner Transition Engagement Report

Outline

This is a document to evidence the delivery and outcomes of engagement activity up to the end of April 2020 to support the application for transition to one single strategic commissioning organisation and the dissolution of Shropshire CCG and Telford and Wrekin CCG.

Aims

To provide a record of engagement, evidence how feedback has been captured with clear processes, and then show how this feedback will be taken forward and used, if appropriate.

As this transition is a national requirement, the engagement will be framed within those constraints taking into account those areas where there can be meaningful and proper engagement.

This report should be referenced against the Communications and Engagement Transition Plan which outlines the plan for delivering communications and engagement to support this project and provides the broader overview of engagement activity and also covers methodology and audiences.

Objectives

The overarching objectives are those that are already referenced in the Communications and Engagement Transition Plan to ensure continuity and consistency:

- 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

- Engage with key stakeholders and CCG staff on the design of the new organisation to ensure that collaborative approaches are intrinsic to the way it operates.

A Phased Approach to Engagement

The engagement has been split into three key phases. The first phase was to create understanding and awareness of the transition with our staff, our GP membership and key partner stakeholders, who are the most significantly impacted groups by the transition. It was also important as they could become advocates for the change through developing knowledge of the process and why the change was necessary.

The second phase focused on patient and public engagement to create understanding of the proposal and explain the need for change, factoring in any concerns or issues.

Phase three will involve follow up engagement workshops post application. Details of what these workshops will involve have been included in the Communications and Engagement Transition Plan for the programme.

Phase One

The initial focus in this phase has principally been on engagement with staff and key stakeholders as well as our GP membership.

This engagement work focused primarily on information sharing as the move to a single strategic commissioner is a mandatory requirement to meet reductions in management costs and the aims of the Long Term Plan. It also sought to capture people's views on the proposal to ensure any negative impact identified could be mitigated wherever possible.

Captured feedback focused on the first step of seeking support for the dissolution of the two current CCGs and the formation of a new single strategic commissioning organisation.

Below is a summary of activity:

Governing Body Engagement

From initial scoping work through to a final proposal paper in May 2019

Staff Engagement

To co-ordinate with the proposal paper, staff were briefed in a face-to-face meeting with each respective Accountable Officer (AO) and these have been delivered on an on-going basis

GP Practice Membership

Face-to-face briefings have been conducted with the GP practice membership across Shropshire CCG and for Telford and Wrekin membership through Practice Forum Meetings in June and July 2019

Key Partners

A range of meetings with Joint Health Overview and Scrutiny Committee and other key partners including both local authorities and the two respective Healthwatch organisations have been held.

How this Feedback is Managed

Formal feedback is collated through reporting forms and then recorded before it is cascaded to the newly-formed Joint Executive Group for discussion and actions.

The Joint Executive Group then provides an update on how the feedback should be progressed and this is then forwarded to the appropriate transition programme work streams.

An example of how this feedback is used can be demonstrated in the design of the operating model where refinements have been made following discussions with partners.

Key Engagement Activity

Governing Body Engagement

This commenced with two separate externally facilitated sessions with the Governing Bodies to explore the option of coming together as a single commissioning organisation. As a result of feedback from these sessions, a further joint session of both Governing Bodies was convened.

Following discussions that took place at these joint sessions, plans were formulated for the steps forward in the process, including an agreement for Governing Body papers and joint communications.

Prior to the GP membership vote, a further Joint Governing Body session was held, facilitated by our Organisational Development partner Deloitte. Feedback from this session was used to finalise the Questions GP members were to be asked to vote on and to ensure the process as well as communications with practices leading up to the vote were acceptable.

Deloitte facilitated two sessions with Governing Body Members. This included engagement with Telford and Wrekin CCG Board (13 August), Shropshire CCG Governing Body (14 August), and Joint Board/Governing Body session bringing board members from both CCGs together (2 September).

These sessions debated and refined the case for change and the future operating model of the new CCG, including consideration of the move towards strategic commissioning and what this means and the role of place within the new operating model.

Significant debate occurred and the feedback received was fed into the creation of a paper for GP Members to provide background information for the vote on whether to dissolve the two CCGs and create a new organisation.

Key documentation was established and its development was on the basis of input from Governing Body members.

The creation of a single commissioning organisation continues to be a standing item on Governing Body agendas and will remain so until such time as the transition is complete.

As further evidence of engagement partnership working, a Joint Executive Group has been established and meets weekly. We are also reviewing other opportunities to develop other joint meetings across both organisations.

Internal Staff Communications

The key messages to staff in the first phase have focused on:

- Please talk to us about any concerns or issues either through formal channels or confidentially
- Very early stages of the process at this point so may not have all the answers at this stage, but we are developing a way forward. Information about the process and the timeline, setting out next steps
- Honest and transparent approach about where we are in the process and that impacts on what information is known and available
- Everyone is doing a good job and these are challenging times but we need to remain focused
- Promotion of a confidential wellbeing support service for staff which can be contacted 24/7.

Staff Q&A

The transition is a standing update item in staff newsletters as well as the formal weekly team huddle meetings. Additional information is also shared through regular updates sent electronically to all staff across both sites. Staff are pro-actively encouraged to raise any questions and comments across both these mediums.

The channels for feedback also include messaging on speaking direct to Directors/Line Managers.

Post boxes are available at both CCGs for staff to post questions and these can also be submitted anonymously.

Questions are then fed back to the Communications Team and follow the standard process where they are included in the overall weekly submission of all questions received to go before the Joint Executive Group for consideration.

Staff Q&A – Recording and Evidencing

From the initial announcement, a Q&A staff question sheet was developed and this is on-going. The questions are correlated and submitted for review and answers from the Joint Executive Group.

These are then included on an updated Q&As and cascaded to all staff via the usual internal electronic email system.

Staff input

Deloitte undertook a session with the wider staff group to discuss the case for change and the benefits realisation narrative. Staff had the opportunity to feed into the development of this narrative.

Sessions were held w/c23 September across both CCGs to answer any further questions on the proposed changes. Staff had questions on the timescales for the anticipated changes but also what is planned over the next two to three years.

Staff were open to the fact this was the first of many steps to becoming a Strategic Commissioner and the progress towards this would be determined by system-wide developments creating the right environment.

Staff felt it was important to acknowledge there were good elements of their organisation they wished to try and keep and that they felt the change ahead may lead to a loss of some of the positives of the organisation. This was particularly in reference to the culture of the organisation and efforts will be made to articulate this as best as possible so that this is preserved moving forward.

The Senior Manager Organisational Development Session that took place on 27 September had good representation from both Shropshire CCG and Telford and Wrekin CCG and positive engagement from both sides.

It was felt in general this organisational change was the right thing to do, in order to avoid duplication and serve the population as best as possible but concern was expressed about keeping a strong place voice. Both CCGs felt there was a sense of divorce, uncertainty and loss, and would like to see as much information as possible as soon as it is available.

Both CCGs agree that staff want to operate with autonomy, with the freedom to speak openly, to feel valued and that their opinions are taken on board.

Staff were also concerned that the talent, commitment and innovation currently in teams would be lost by the change and they were keen to ensure this was preserved. The outputs of both sessions are being used to support the design of the OD programme to ensure that staff concerns are being addressed.

This session marked the launch of a dedicated staff OD engagement programme. The feedback was collected and recorded through a series of interactive workshops with open and honest discussion.

The key themes have been identified and these will be taken forward to develop a further programme of sessions with staff to develop the operating model and structure of the new organisation are planned. Staff feedback with be used directly to inform these areas.

GP Membership Vote

Both CCGs took legal advice on their respective Constitution's decision making requirements with regard to agreeing to dissolve their existing CCG to then create a new CCG with their partner CCG.

This highlighted that the two CCG constitutions differed in that Shropshire CCG required its CCG membership to make the decision, whereas Telford and Wrekin CCG required the Governing Body to make the decision, but clearly there was a need to identify Telford and Wrekin membership support of the proposal in order to satisfy the requirements of the application process.

A comprehensive engagement plan was delivered for the vote to encourage participation. Offers were made to individual practices for Accountable Officers and Chairs to meet with them. Locality Meetings and Practice Forums were also utilised to communicate key messages and give an opportunity for questions and feedback.

The challenge was clearly explaining the voting process which was different over the two CCGs to account for geography and timing around pre-planned meeting dates. In Shropshire, a dedicated electronic survey was developed. Through electronic e-mail communications, each practice was asked to nominate a representative and this was recorded on an overall voting record spreadsheet. For the Telford and Wrekin CCG GP Practices, the vote was held face-to-face at their Practice Forum meeting. In Shropshire only one practice did not take part, due to an operational issue, and in Telford and Wrekin all practices attended the Practice Forum Meeting.

To support the vote there was further direct engagement with GP Practices through e-mail alerts and direct phone calls with personal briefings carried out in partnership with the Primary Care Team.

The result was:

Question 1	Organisation	Yes	%	No	%	No vote entered	Abstained
Do you support the dissolution of Shropshire CCG and Telford and Wrekin CCG in order to create a new single strategic commissioning organisation covering Shropshire, Telford and Wrekin?							
	Shropshire CCG	35	97%	1	3%	4	1
	Telford and Wrekin CCG	7	88%	1	12%	0	5
Question 2	Organisation	Yes	%	No	%	No vote entered	Abstained
Do you agree that we set up a Governing Body for the new strategic commissioning organisation which has three representatives of GPs members' practices from Shropshire CCG and three representatives of GP members' practices from Telford and Wrekin CCG from whom they then select a Chair?							
	Shropshire CCG	25	71%	10	29%	5	1
	Telford and Wrekin CCG	11	100%	0	0%	0	2

The results of the GP membership vote were communicated to Member Practices, Governing Bodies, staff and stakeholders on the same day as the vote.

The results of the vote for the Shropshire membership constituted the final agreement by that CCG as per its Constitution. Telford and Wrekin CCG constitution required a decision by the Governing Body.

Therefore, in Telford and Wrekin the result of the membership vote and case for change document were then presented at an Extraordinary Governing Body meeting held on the 24 September, where there was unanimous agreement to the proposal to dissolve the existing CCGs and create a new single CCG across the Shropshire, Telford and Wrekin footprint.

Key Partners

The CCGs have been keen to ensure the views of key partners are built in to the design of the new organisation. To this end a series of steps have been taken to elicit the views of key partners:

Patient Groups – The creation of a single commissioning organisation has been a regular item at the Shropshire Patient Group with the Chair and Accountable Office attending. At its meeting in September SPG agreed that they support the creation of a single organisation. Deloitte also gave an update and the SPG feedback was built into the organisational Development work stream.

An early draft of the communications and engagement transition plan was circulated and shared with Telford and Wrekin CCG's Assurance Involvement Committee for review by their members from across GP practices. Their direct feedback was included in a revised draft and covered changes to the key messages, using additional channels so there was not a reliance on the CCG web sites as well as attention to language.

The Committee was supportive of the approach in the plan and the invitation to be involved in the engagement planning and delivery was accepted by the Committee with attendance by the CCGs at further meetings to be scheduled.

Local Authorities – there has been an ongoing dialogue with both Local Authorities to ensure their feedback is incorporated into the design of the new organisation. An engagement session has been held with the two local authorities, Shropshire Council and Telford and Wrekin Council (3 September).

Initial thoughts on the case for change and operating model were presented to both councils. A commitment was made to involving both councils in working up further detail for the operating model and both councils appeared happy to be involved in the process and asked that further detail specifically on the operating model was shared with them for comment and feedback.

Since then, there have been dedicated meetings with Local Authority Chief Officers to assist in the development of the Operating Model facilitated by Deloitte. The operating model has now been further developed and shared with both local authorities who have helped to add more detail to it.

Health and Wellbeing Boards – Presentations have been made to both Health and Wellbeing Boards and this will continue to be the case throughout the transition period. The feedback was generally supportive with issues raised around place, impact on centralization, as well as the issue of rurality.

To address these key identified themes of concerns, the loss of voice was anticipated early in the process when it was highlighted by HOSC.

To remedy this, governance arrangements have been put in place for the Governing Body of the newly-created organisation to have an equal 3/3 split of clinical GP members to ensure equal representation from the current footprints of both CCGs.

Joint Heath Overview Scrutiny Committee (JHOSC) – Presentations have been made to the JHOSC and this will continue to be the case throughout the transition period.

Sustainability and Transformation Partnership/ ICS Development - Presentations have been made at the Senior Leaders Group, of which Deloitte have participated, and this will continue to be the case throughout the transition period.

The Operating Model has been shared with the lead for the ICS development work stream to ensure the development of the new organisation is aligned, as far as possible, with the developing ICS. A letter of support for the creation of a single strategic commissioner has been received from the STP Chair and Programme Director.

Healthwatch – There has been ongoing dialogue with both Healthwatch organisations who have agreed to pass on any comments received from the public. Healthwatch has also been directly involved developing the engagement plan and have actively supported implementing it. Further detail is included in the Phase 2 update.

Public – social media channels, patient liaison channels and CCG customer enquiry channels are being monitored for patient feedback which will be incorporated into development work streams. Public messaging is being managed though media contacts and the CCGs websites. Further dedicated public engagement was planned as outlined in the Phase Two section.

Summary of Phase One Engagement Feedback and CCG Consideration

During the first phase of engagement we have generally received positive feedback from both CCGs' membership, NHS partners and providers to both CCGs and from stakeholders in Shropshire in line with our working assumption that the Communications and Engagement Transition Plan was based upon.

Staff at both CCGs are understandably concerned about how this will affect their future, but are generally understanding of the rationale for making the proposal.

Feedback

Some stakeholders, particularly Telford and Wrekin Council and the Telford and Wrekin Health and Wellbeing Board, have shared some fundamental concerns with the proposal in the early stages of engaging on the proposal. This has required the CCGs to make some changes to the operating model (see appendix 1 of the Commissioning Strategy) and the mechanism by which we will further develop the operating model.

The key headline feedback received can be summarised around three key areas of concern:

- Local voice, particularly Telford and Wrekin, is lost by the creation of a bigger CCG

  CCG response: we are proposing that the Clinical GP/Primary Health professional representation on the Board is split half and half between those GPs based in Shropshire and those based in Telford and Wrekin. This ensures that each area has equal opportunity and influence over decision making.

- Fear that particular population needs will become invisible in a larger geography i.e. deprivation in Telford and Wrekin and rurality in Shropshire.

  CCG response: we have made a clear commitment in our proposed operating model and commissioning strategy that the needs of the whole population based upon evidence and the requirement to address health inequalities will drive commissioning of services across the whole geography. We are planning, with our partners in the ICS to develop strong population health management tools and mechanisms to help us do this.

- Fear that local delivery and local partnerships will be abandoned/lost within a geographically larger CCG

  CCG response: we have committed to partners, particularly the local authorities, that we will undertake further work on the operating model in collaboration with them to develop the detail of how place based commissioning will work in practice.

Phase Two

Patient and Public Engagement Programme

This phase was aimed at the target audience of our patients, public and wider stakeholders including those from the third sector.

Stakeholders' Engagement Programme

A programme of activity was developed with the aim of providing our patients, public and patient-facing stakeholders an opportunity to give direct feedback on the plans.

A collaborative approach was taken with Shropshire Healthwatch and an outline planned engagement activity plan was agreed. This included a pro-active programme of face-to-face public engagement. Recommendations made by both Healthwatch organisations were directly taken on board to help compile an events programme with suitable locations.

For the engagement programme, both Healthwatch organisations also offered practical support. They attended the pop up events and this increased our inclusivity by demonstrating we had an independent organisation in attendance if attendees wished to speech to someone outside the CCGs.

At the stakeholder event, Healthwatch representatives also acted as facilitators in interactive sessions.

Workshop Programme

A programme of updates is scheduled through a series of workshops to encourage engagement feedback staged at key strategic points in the transition process. The schedule and outline of each workshop follow:

The first workshop – following feedback from NHS England on the Submission

This workshop asked delegates the following questions:

- 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 and any concerns
- How do they fit and work with the new organisation.

The feedback was collected through a series of interactive activities and then recorded and collated into a formal engagement activity report. This was then fed back to the Joint Executive Group for any recommended actions and cascaded through the appropriate work streams.

All the feedback will also help to inform the next planned workshops in Phase Three post the April 2020 application and build on the any identified themes and resolve any potential challenges. Details of how these will be structured are included in the Communications and Engagement Transition Plan

Workshop One – Full Details can be seen in Appendix 1

The first stakeholder workshop was planned in collaboration with Healthwatch Shropshire and Healthwatch Telford and Wrekin. The input from Healthwatch also helped shape the event format for a workshop stakeholder event and their feedback helped to contribute to its success. This includes input on venues and the agenda, with a focus on what to ask as part of engagement activities.

This event was open to an invited set of stakeholders who represent groups and organisations who would be directly impacted by the move to one single strategic commissioner. The event was attended by a total of 39 delegates with representatives drawn from patient groups and the voluntary and community sectors. An agenda covered an overview and information sharing as well as discussion groups based on three identified key questions which were discussed in small focus groups.

Activity 1
This aimed to explore what the perceived benefits would be of bringing the existing two CCGs together and creating a new commissioning body

Question 1 – What do you see as the advantages of a single commissioning organisation

The headline and most frequent responses were:

- Cost savings and reinvestment into services
- Sharing best practice and supporting roll out of successful programmes of work
- Equity and accessibility of services across the County
- Improved partnership working and communication
- Cohesion and reduction of duplication

Question 2 – Do you have any concerns about the proposal?

The headline and most frequent responses were:

- Concerns around implemented timescales and process for the new organisation
- Loss of valuable and experienced staff
- Will the reinvestment of savings into services be seen

Question 3 – What are the challenges?

The headline and most frequent responses were:

- Choice of location
- Achieving savings in running costs
- Bigger organisation – can be more remote
- Cultural change from two very different organisations
- Would you like to see money diverted from A&E into primary care

Group activity 2
This activity aimed to investigate what the perceptions and thoughts were on how this new organisation should look and operate.

Question 1 – About the new single strategic commissioning organisation - what should it do?
The headline and most frequent responses

- Be open, transparent, and accessible
- Have a culture of ownership and accountability
- Commission services where people can access them
- Focus on prevention
- Talk to communities, listen to the public, engage actively don't just inform, use the media
- Engage well with patient groups

Question 2 – About the new single strategic commissioning organisation - what shouldn't it do?
The headline and most frequent responses were:

- We shouldn't keep doing what we're doing now
- We shouldn't hide behind closed doors
- Assume we always know best – we should listen to the patient voice
- We shouldn't micromanage – we should trust services to deliver clear specifications.

Question 3 – About the new single strategic commissioning organisation – what should it include?
The headline and most frequent responses were:

- Professionalism and transparency
- Effective patient representation at a local and strategic level
- Properly resourced patient and VCS involvement and liaison

Wider Engagement

To gain feedback from the wider public during Phase One engagement, a dedicated programme of face-to-face events were scheduled across the county. The format of this activity is manned information stands known as pop ups.

Pop ups – a full report of the findings can be seen In Appendix 2

The location of the pop ups was determined in consultation with both Healthwatch organisations to ensure an even spread across the County for accessibility.

These were delivered by the Communications and Engagement Team with support from the Executive Group to ensure there was an appropriate director on hand. The Accountable Officer also attended a local pop up and spoke directly to residents.

Also offering practical support were Healthwatch Shropshire and Healthwatch Telford and Wrekin who attended the pops up and provided and independent party for people to talk to with any concerns or issues.

Each pop-up ran between 10am and 12noon, with no appointment necessary:

- Wednesday, 29 January, 2020 - Park Lane Centre, Telford, TF7 5QZ
- Thursday, 30 January, 2020 - Oswestry Library, SY11 1JN
- Thursday, 30 January, 2020 - Tesco Extra, Wrekin Retail Park, TF1 2DE
- Friday, 31 January, 2020 - Meeting Point House, Telford, TF3 4HS
- Friday, 31 January, 2020 - Whitchurch Library, SY13 1AX
- Monday, 3 February, 2020 - Darwin Shopping Centre, Shrewsbury, SY1 1PL
- Friday, 7 February, 2020 - Ludlow Library, SY8 2PG

There was attendance across each event from members of the public with a range of questions and a breakdown follows:

Park Lane Centre
This was a key venue chosen because it had good established community links with a café facility.

Q: One organisation - will it mean extra work for staff?
R: Both CCGs commission from the same providers so we believe we will reduce existing duplication.

Q: Is the population large enough to warrant a single organisation?
R:Telford pop approx. 180,000 and Shropshire pop approx. 430,000 so yes think it will work as this will total near to 500,000 population, which is the current indicative size for STP system working.

Q: If you become a bigger organisation will you still be responsible for what has been commissioned in the past i.e. repeat prescriptions?
R: There are different processes for ordering prescriptions which will need to be reviewed and there needs to be more education on the process once this is done.

Oswestry Library
Oswestry Library was selected to reach the far segment of the County and the venue was offered through our partnership with the local authority.

Q: Number of issues and Councillors not being kept in touch.
R: We are looking to achieve more parity across the county through this proposal and to ensure a standard response to everyone.

Q: Any improvements to mental health services with the creation of a new CCG?
R: Benefit of one organisation is to take best practice and apply it where we can and to develop closer connection between partner organisations.

Tesco Wellington
This site is a major shopping site and has been used in previous engagement exercises.

Q: Transport is an issue
R: Recognition that transport is a continuing issue across both Telford and Wrekin and the wider county of Shropshire.

Meeting Point House
This site is a good public thoroughfare in Telford Town Centre

Q: What will change for patients?
R: No noticeable change for patients and keep the same GP and go to the same hospitals.

Whitchurch Library
This site was chosen as a central location and key point in the county which was arranged through support from our local authority partners.

Q: How would the changes affect me?
R: Changes would mean that the patient would be put at the centre and more flexible high quality and sustainable services would be created.

Q: Concerns about where the new organisation would be based.
R: It has not yet been decided where the single CCG would be based.

Q: Would patients see a difference?
R: We do not believe patients will see a difference as a result of this proposal as it is largely around changing how the two CCGs function but we believe they would benefit from the efficiencies of one single CCG.

Q: What are the cost savings?
R: An estimate is £1.2M-£1.3M across both CCGs.

Q: Concerns over doctor appointments and the individual getting lost.
R: Aim is that with a single and bigger CCG we can cut down on duplication and provide a greater focus on addressing issues of inconsistent services across the whole County whilst endeavouring to promote more tailored services for individuals.

Darwin Shopping Centre
As this is a main shopping centre, it generated the highest response rate with a total of 26 visitors and the following questions received.

Q: What efficiencies are you hoping to achieve?
R: Creating a stronger voice and buying power with more streamlined operations with less duplication.

Q: Loss of talent should be avoided at all costs.
R: Aim is to retain and to ensure best practices are used from both CCGs

Q: Protecting local services
R: We are looking for a more uniform arrangement in the new organisation.

Q: Is bigger better?
R: Stronger voice and buying power but coupled with the need to retain local services near to peoples home where that is sensible to do so.

Ludlow Library
In line with being publically accessible the library was chosen as a central public place.

Q: Don’t go far enough should be commissioning at a regional level.
R: This is a direction of travel to becoming a single CCG that is flexible enough to commission regionally with other CCG partners but also to commission at a place level and County level.

Q: CCGs are rubbish and a merger won’t help.
R: We are looking at improving effectiveness and efficiency with the new organisation.

Q: Do we get a bonus if we get bigger? How much efficiency do you anticipate? Will your computer systems speak to one another?
R: We're looking to avoid duplication across two organisations and streamline our processes, as well as boards and committees. We sometimes do have issues in the NHS of systems not "speaking to each other" but these can be overcome by NHS organisations working together to reach a sensible outcome.

Engagement Survey – a full report of the findings can be found in Appendix 3

In recognition of our rurality issue and accessibility we also held a survey to capture feedback and comments.

The survey ran for a four week period from 23 January, 2020, to 20 February, 2020. It asked how supportive people were of the dissolution of the two CCGS and the creation of a single commissioning organisation.

This was an opportunity to gain the wider pubic view of the creation of the new organisation.

Overall 79% of respondents were very, or moderately supportive, with only five respondents saying there were not at all supportive.

Respondents were then offered the opportunity to explain the reason for the answer and the clear top replies were:

- A single CCG would reduce costs and is a better use of resources
- A single CCG would increase efficiency and reduce bureaucracy
- A single CCG would increase consistency across the area and provide a more equitable service

For the small minority who reported they were somewhat, slightly or not at all supportive, the key reason was the proposal might reduce the focus on the needs of local people.

Key concerns and issues highlighted were:

- Proposal may reduce the focus and knowledge of local people's needs
- The proposal may not lead to change
- Consider access to local services.

The survey also investigated views on the potential benefits of the proposal:

- Improvements for providing co-ordinating services aimed at those who need them

- A total of 82% agreed, with more than half strongly agreeing, with the outlined aim

- Streamlining was also tested with a total of 80% agreeing this was an aim of the proposal.

Summary of Overall Survey Findings

Reducing duplication scored the highest result with 63% strongly agreeing it out of all the benefits and this it is the strongest supported factor of respondents to move to a single strategic commissioner.

Cost savings were also an important consideration for respondents with a total of 75% agreeing this is what the move to one organisation could achieve.

In contrast just three respondents disagreed strongly that the new organisation would achieve cost savings.

Phase Two Evaluation

A reference file capturing key engagement has been produced and circulated across the programme work stream for them to investigate. This is recorded in Appendix 4.

A full engagement report has captured all the feedback from the stakeholder event and can be seen at Appendix 1.Each engagement event had its own monitoring form and this has been compiled into a single event record file which can be seen in Appendix 2.

A full survey evaluation was produced by our independent external provider, including methodology and coding. The full report is available at Appendix 3.
As we progress through the assurance process, procedures have been put in place to capture and cascade feedback as well as mechanisms to record and evidence it.

Governing Body Support

The Governing Bodies of both CCGs noted and supported the re-application of the proposal to create a single strategic commissioner from April 2021 at their meetings on 10 and 11 March, 2020.

Conclusion on Engagement Feedback from Phases One and Two

In summary the feedback from both engagement phases demonstrates generally positive support of the proposal from; NHS partners and providers in the STP/ICS and Shropshire Council. Shropshire Health and Wellbeing Board is also supportive of the direction of travel. There has been general support from the public who have engaged with us either face-to-face or via a survey, Their feedback has highlighted their support for the transition on the basis of gaining efficiencies and developing best practice and

improved partnership working, provided these are not at the expense of patient services or patient experience.

The Joint Health Overview and Scrutiny Committee has given mixed responses to the proposal, with Shropshire members supportive and Telford and Wrekin members expressing some concerns about the impact on Telford residents. We are currently unable to establish an updated position from them due to the local authority meetings being cancelled as a result of the Covid-19 pandemic.

There have also been concerns expressed by Telford and Wrekin Council and the Telford and Wrekin Health and Wellbeing Board around loss of local focus. Again we are seeking an up-to-date position on their views of the proposal, given the significant developments made on the operating model which we believe mitigates some, or all, of these concerns.

Shropshire Healthwatch and Telford and Wrekin Healthwatch have been approached for indication of their support following completion of the Engagement Report. Both Healthwatch organisations confirmed they had not received any comments from their respective populations on the proposal and therefore were unable to provide a position statement. A summary of the feedback is below:

Healthwatch	**Feedback**
Shropshire	• Received no comments from the public and so were unable to provide a position statement • Encouraged by the support given by the CCG membership • Wished to see that this proposal did not become a distraction from the CCG's statutory duties • Confirmed that Healthwatch was involved in some of the face-to-face engagement and confirmed that the Engagement Report accurately summarised this feedback. • Wish to encourage the CCG to continue with ongoing engagement and involvement of Healthwatch in the planned engagement activity • Wanted to see early communication with Healthwatch on any service changes arising from the proposal • Hoped to see this as a further opportunity to continue to enhance the good working relationship between the CCG and Healthwatch.
Telford and Wrekin	• Received no comments from the public and so were unable to provide a position statement • Wished to see continued engagement with the population of Telford and Wrekin on this proposal as it develops and to involve Healthwatch in supporting dissemination of information to the public. • An appreciation of the rationale for the proposal by the CCGs • Outline of Healthwatch involvement in the engagement activity to date • Confirmed that the Engagement Report accurately summarised the feedback Healthwatch observed whilst involved in the engagement activity

The key headline feedback of concerns received from all stakeholders and the public can be summarised around five key areas:

- Local voice is lost by the creation of a bigger CCG

  CCG response: we are proposing that the clinical GP/Primary Health professional representation on the Board is split half and half between those GPs based in Shropshire and those based in Telford and Wrekin. This ensures that each area has equal opportunity and influence over decision making.

- Fear that particular population needs will become invisible in a larger geography i.e. deprivation in Telford and Wrekin and rurality in Shropshire.

  CCG response: we have made a clear commitment in our proposed operating model outlined in the "Developing the Operating Model" document and Commissioning Strategy that the needs of the whole population, based upon evidence and the requirement to address health inequalities, will drive commissioning of services across the whole geography.

  We are planning, with our partners in the ICS, to develop strong population health management tools and mechanisms to help us do this.

- Fear that local delivery and local partnerships will be abandoned/lost within a geographically larger CCG
  CCG response: we have committed to partners, particularly the local authorities, that we will undertake further work on the operating model in collaboration with them to develop the detail of how place based commissioning will work in practice.

- Fear that the benefits hoped for will not materialise

  CCG response: We recognise that in large scale transformation of organisations the original benefits identified may not always fully materialise. The CCG therefore will undertake a benefits realisation exercise which will enable us to document the benefits we believe will arise from this proposal and to develop key performance indicators against which we can judge if the benefit has been realised and to what extent.

- Fear that talented staff will be lost in the transition

  CCG response: We recognise that there is a risk for both CCGs that we may lose talented individuals who we would want to retain. It is for this reason we have developed an Organisational Development Strategy and Plan that begins to set out what steps we will follow to try and mitigate the effect of this type of transition is likely to have on staff and to allow them to take an active involvement in the development of a new single CCG.

Next Steps

Engagement Outcomes for Phase Three

As we progress through the assurance process there is further engagement planned and this activity will be added to this report.

The intention is that a Phase Three engagement will begin when there is feedback from the assurance process.

This will focus on testing the modelling of the new organisation to review it to ensure stakeholder partners see how they fit and work with the new organisation as well as further opportunities to develop a joint strategic approach.

It will then begin the preparation for when the new organisation goes live and support the day-to-day operational delivery of services in a joined up approach. These will be delivered through an integrated campaign using multiple channels available to the CCGs. The key method will be with stakeholder engagement events in the form of workshops.

At the mid-way point following the panel feedback there will be a testing of the organisational model delivery in a workshop with key patient and public stakeholders.

This interactive event will aim to identify any further work required on the modelling and, in particular, anything that needs to be modified or added. This will be supported by a compliment of communications activity with press release updates and information cascaded through our corporate web sites and social media across our partners.

Just before the new proposed single commissioning organisation goes live, a final stakeholder event will be held for key stakeholders to support the operational and practical issues of working day-to-day with the new organisation. A key directive of this event will be to identify any operational issues from partners that may impact on the new organisation and further ways of developing joint working as we move forward with one single commissioning organisation.

These activities will now continue to be maintained and regularly updated as and when new information becomes available.

Appendices:

1 – Engagement Report from first Stakeholder Event
2 – Pop-up Stands Report
3 – Public Survey Findings
4 – Public Engagement Responses

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Engagement Report from a Network Event for the Development of a Single Strategic Commissioning Organisation for Shropshire, Telford and Wrekin

Friday, 24 January, 2020, University Centre Shrewsbury

The meeting was attended by 39 representatives of patient groups and voluntary and community sector (VCS) organisations from across Shropshire and Telford and Wrekin.

Welcome, Introductions and Outline of the Event

Meredith Vivian, Lay Member for Patient and Public Involvement on the Governing Body of Shropshire CCG, welcomed attendees and outlined the purpose and format of the meeting. He noted that the CCGs wished to understand the views of patients and representatives from the voluntary and community sector about a proposed new organisation, to address any questions and concerns and to listen to suggestions.

Observing that responsibility for redesigning health services was no longer solely the preserve of central Government, he described the importance of local engagement and thanked attendees for their time and the knowledge and experience they brought. Meredith also commented that the meeting marked the first occasion when representatives from patient groups in Shropshire and Telford and Wrekin had been brought together, which was symbolic of the proposed plans for a single organisation moving forward.

Alison Smith, Director of Corporate Affairs, outlined the aim of the meeting to share a proposal to dissolve the two existing CCGs and to create a new organisation, and to hear the views of services users, whether good or bad. She noted that a long programme of work would be required before the planned launch of the new single strategic commissioner in April 2021 and two further meetings would be organised during that process to design the detailed structure of the new organisation and how the patient voice would be heard. The aim would be to take the best from the two slightly different ways of working at present.

In this meeting Alison noted that attendees would be asked to work in groups to respond to specific questions about the proposal. It was also possible to post related questions and comments via a ‘car park’ board and a post box in the room. In addition each person had been provided with a printed survey to record their personal views. The CCGs wish to hear the opinions of as many people as possible and attendees were asked to encourage their contacts to complete the same survey which could be found on both CCGs’ websites or requested in hard copy. Pop-up events were also planned shortly in various locations, manned by members of the Executive Team, to gain further public insight. All feedback from this process would be fed into the development of the communications strategy, financial plans and operating model for the new organisation.

Overview of the Proposal and the Case for Change

David Evans (DE), Joint Accountable Officer for Shropshire and Telford and Wrekin CCGs, provided an overview of the proposal and the case for change. The NHS landscape is changing and there is an aspiration to meet the challenges of growing

health and social care needs associated with ageing, mental health, long term conditions, cancer etc. We need to work in a spirit of cooperation not competition, moving towards an integrated care system (ICS) involving both health and social care, and there is an aim set out within the NHS Long Term Plan to have just one commissioner for each area covered by an ICS. We are also moving away from commissioning individual lines of activity towards strategic commissioning – this is all about planning, performance management and quality of health and care services as well as cost.

The two CCGs in Shropshire and Telford and Wrekin have already been moving closer together in terms of how they operate, as a consequence of working with common providers. The change to one strategic commissioner will make this more efficient but also facilitate a different way of commissioning. It is also important to have these discussions with service users as we design a new organisation, in which we hope to become more efficient and divert savings into patient care.

The two CCGs have been in existence since 2013 and it is important to say that we are not talking about a merger now, but planning to create a radically new organisation. This is not about continuing to do the same things. David gave an example of the way urgent care works on a tariff-based system and commissioners are currently too focused on the detail of why targets may not be met. Arguably we should be talking with all our providers and specifying the required outcomes against key indicators (e.g. trolley waits, 12-hour breaches, DTOC). We have a budget for urgent care – our focus should be on clinical outcomes and assurance that targets and quality requirements are met, rather than the detail of how the money is spent.

David described other advantages of the proposal:

- Removal of the postcode lottery where patients in Shropshire and Telford and Wrekin currently have access to some different commissioned services
- Services can be coordinated to be fair and accessible across the whole county
- Services can be flexible and planned to meet the needs of a changing population. This includes not only an ageing demographic but also young families moving into some areas.
- Removing duplication. We will only have one board and also, for example, only one department monitoring quality. This should enable us to divert more money into patient care.
- A larger footprint with a population of c.500,000 will also allow more effective planning of services.

The proposal is about becoming a stronger commissioning organisation using knowledge differently. We want a different, collective relationship with providers, moving towards more system working. Considering the delivery of outpatient services the NHS Long Term plan suggests that a reduction of 30% is possible in the number of face-to-face appointments. In the case of regular follow-up consultant appointments for a long-term condition this is often clinical time which could be used

better; a system approach would examine how clinical time spent in primary care would prevent a later requirement for acute services.

Summing up, David noted the following key points which the CCGs believe will be addressed by the proposed new organisation:

- We need to adapt to benefit patients more
- We need to reduce running costs
- We need to future-proof the organisation (by planning now for working with an integrated care partnership).

Questions and Answers

The following questions were asked from the floor:

Q: Noting that the intention of providing equality for patients from Shropshire and Telford and Wrekin, will this also address inequity with patients coming into the area from Wales? The questioner specifically raised the point where patients coming in from Wales are able to access more IVF treatment than Shropshire patients.

DE: *Although the proposal will enhance our ability to plan services and provide equity across Shropshire and Telford and Wrekin there will still be inconsistency across the UK (related in part to devolved government). However going forward, working as a single strategic commissioner and through primary care networks will enable us to prioritise and look better at commissioning based on needs. In response to a further question DE confirmed that Welsh patients will effectively receive the treatment that the Welsh Government will purchase for them.*

Q: The emphasis on building a different relationship with providers is troubling. Particularly in view of current performance issues and concern about accuracy of reporting there is still a need for scrutiny from the commissioners.

DE: *It is not intended that there will be less scrutiny – however the focus should be more on measuring quality and outcomes and less on counting activity.*

Q: Will the new organisation address the current underspend on mental health services?

DE: *There is a planned increase in funding for mental health services at a national level as part of the Long Term Plan, our responsibility is to ensure we invest it well, e.g. through joint working with local authorities to prioritise spending to best effect in line with the needs of the local population. However there will always be a challenge to balance finite expenditure – if we spend more on mental health what do we spend less on elsewhere? Roughly 8% of the population are affected by mental health conditions including dementia, but they account for about 25% of demand on urgent care services. The solutions are about thinking differently and designing preventive services which will reduce the demands on urgent care. There is a similar need for a focus on prevention in physical health such as in obesity; overall we need to take a more holistic approach to health.*

Q: What is the single biggest issue which needs to be resolved by the new organisation?

DE: *This depends on how you look at the question. In the long term the focus must be on prevention, e.g. working with local authority partners in leisure, transport and education to reduce the incidence of conditions such as diabetes and cardiovascular disease. Looking at the immediate situation the biggest challenge in our local system is in emergency and urgent care, where performance is not always acceptable, we face challenges around workforce and need to find ways of working differently.*

Q: At present the key problem locally is the underfunding of community and primary care which impacts on demand for acute services. However the funding per patient is currently higher in Shropshire than in Telford and Wrekin; when the new organisation is formed will Shropshire patients experience a levelling down to bring spending in line across the footprint?

DE: *National funding formulae are always subject to change and adjustments are likely to be seen over time. If there is no immediate change our total income will not decrease but the emphasis must be on spending what we have more effectively, looking at the differing needs of the population across different parts of the county. There are issues of urban deprivation across both CCG areas as well as areas of rural deprivation and isolation in Shropshire.*

Q: Will the removal of the 'postcode lottery' result in a balancing out of provision and inevitable losers and winners?

DE: *Bringing together the two organisations will provide a greater opportunity for learning from best practice and the evidence base to ensure we provide the best services across the board. The two CCGs have followed national guidance differently in some instances, working in one organisation will result in consistent services being provided, our aspiration is to ensure this is the best possible care available within our resources.*

Q: Many voluntary sector organisations have experienced a reduction in CCG funding over the last two years with some having to close. Noting the requirement for a cost reduction in the new organisation, when will the voluntary sector see an injection of funding to prevent more closures?

DE: *The current requirement for cost reductions in the CCGs are related only to running costs, not commissioning of services, and will be addressed by improving efficiency and addressing duplication (e.g. only operating one board in the new single structure.) It is acknowledged that voluntary sector grants have been disproportionately reduced recently but moving forward the voluntary sector is very important and the emphasis should be on effective partnership working – DE cited an example of beneficial investment in a third sector organisation in Telford and Wrekin to provide crisis support in mental health.*

Q: Is there sufficient understanding of the landscape of the voluntary sector within the CCGs?

DE: *No, it is appreciated that we have a challenge to understand and engage with the sector and are grateful for the help and support that is offered.*

Q: The voluntary sector has latterly experienced much less communication and engagement with the CCGs, how will this be addressed in the new organisation?

DE: *There is a new role for a Director of Partnerships on the board of the new organisation which will enable us to build different relationships across primary care, social care and the voluntary sector. There should also be more consistency across the county moving forward.*

Q: There is a concern that giving more money to the acute trust is not a solution to local problems around workforce, which are more related to availability and retention of staff. How will the new organisation address this?

DE: *The new organisation will need to address workforce issues. However recruitment and retention are largely about treating staff well and providing a good working environment.*

Group Discussion and Feedback Activity 1 – views on the proposal

Delegates were asked to work in groups with a facilitator to answer three questions about the proposal. Headline responses from each table and key messages heard most frequently are presented here and all the comments recorded are listed in the boxes below.

Question 1: What do you see as the advantages of a single commissioning organisation?

Headline responses: The following comments represent the most important advantages as fed back to the room from the individual table discussions:

- Much better communication and consistent culture
- Sharing of best practice and wider rollout of successful programmes e.g. Care Closer to Home
- Coherence across the two areas, reduction of duplication and standardisation
- Removal of competition
- Cost savings and reinvestment into services
- Easier linkage into partnerships, navigation and planning
- Introduction of Director of Partnerships to better understand VCS
- Better relationship with the VCS, including education and communication
- End of the postcode lottery leading to equity of services
- Population health management leading to improved life expectancy across the county
- Aspiration to improve.

Most frequently heard comments: All comments recorded on all tables are listed in the box below, however some were recorded more frequently than others, as follows:

- Cost savings leading to more investment in services including primary care

- Sharing of good practice from the two organisations
- Equity and accessibility of services across Shropshire, Telford and Wrekin
- Improved partnership working and communication
- Coherence and reduced duplication.

What do you see as the advantages of a single commissioning organisation?- All responses

General
Reduced duplication
Streamlining and focus
Removal of a layer of management
Opportunity to look at the bigger picture and where resources should be targeted
Efficient delivery of services
Consistent quality
Political stability

Partnership and system working
Easier / improved partnership working
Working with care providers to drive change
Better relationship with the VCS e.g. through introduction of Director of Partnership
More joined up services

Culture and changing practices
Aspiration
Removal of acrimony
Removal of competition
Consistent culture
Coherence across both areas
Change in underlying ethos
Easier to navigate / better planning
Faster response e.g. to challenge from a new virus
Population health management leading to improved life expectancy across the county

Implementing improvements and changes in services
Wider rollout e.g. of Care Closer to Home
Sharing of good practice
Commitment to clinical policy alignment regardless of where you live
Removal of postcode lottery, equity and accessibility of service across the county
Improved outcomes
Increased funding / focus on prevention
More local level services provided investment is available

Finance
Cost reduction
More funding for services including primary care (from 20%savings on running costs)

Communications and engagement
Improved communication

Question 2: Do you have any concerns about the proposal?

Headline responses: The following comments represent the most important concerns as fed back from the individual table discussions:

- Primary care and VCS involvement needed from the start
- Will the CCG include balanced representation from all sectors and communities?
- Patient groups must be listened to over important decisions
- Where the new organisation is sited. Having two offices has been mentioned (one in Shropshire and one in Telford and Wrekin) – how will this affect team-working?
- Need a date and timeline for implementation in order to scrutinise the process
- Ensuring the focus is on primary care – get this right and the pressure is reduced down the line
- Will there be staff/teams with specialist interests e.g. mental health?
- What is the priority with regard to money – reducing the deficit or investing?
- Getting operational issues right to fulfil strategic aims
- One size doesn't fit all.

Most frequently heard comments: All comments recorded on all tables are listed in the box below, however some were recorded more frequently than others, as follows:

- Concerns around implementation timescale and process for the new organisation
- Loss of valuable / experienced staff
- Reinvestment of savings into services, will this be seen?

Do you have any concerns about the proposal? – all responses

General

The proof of the pudding is in the eating
Bigger is not always better, one size doesn't fit all
Emergency admissions to SaTH have gone up and people are getting sicker – need to invest in primary care and prevention

Partnership and system working

Will the CCG include balanced representation from all sectors and communities – e.g. there will be three GP reps each from Shropshire and Telford and Wrekin, is that representative?
How are PPGs and the VCS helping to shape the new organisation?
New role of the Director of Partnerships – requires a good head
Primary care and VCS involvement needed from the start
Role of social prescribing – more joined-up working required
Will health start to talk to social care?
Will providers be expected to make similar savings to the CCG, including small organisations with existing contracts?
Patient groups not being listened to over important decisions

VCS services lost / gone.

Culture and changing practices

It feels like change is being driven from the top down
No operational structure – who is doing the work?
New ideas for people, need enough thinking at the ground level
Getting operational issues right to fulfil strategic aims
Cultural change not seen
Loss of accountability as decision-making is centralised.

Implementing improvements and changes in services

Will change affect extended hours provided by Teldoc?
Will we have more or less clinics and locations?
Will there be staff/teams with specialist interests e.g. mental health – how will they commission services?
Patients getting lost in the system – how will they connect effectively and identify local need.

Practical Issues

Practical concerns around the working of the organisation
Where will the new organisation be sited? Two-site working could be difficult for teams
Will implementation be phased or occur on a specific date?
Timescale for implementation.

Staffing

Will staff have to travel between Shrewsbury and Telford?
Will there be staff redundancies? Who will pay for these?
Is there support in place for staff?

Risks

There are risks around a process of change
Loss of valuable / experienced staff

Scrutiny

Need a clear timeline so the process is open to scrutiny
Reinvestment of 20% running cost reduction into services including primary care – how will this be evidenced/audited

Finance

What is the priority – reducing the deficit or investing?

Communications and engagement

Getting communication right
Patient communications
Lack of feedback
What about people who don't receive care or engage with services, e.g. the homeless?

Question 3: What are the challenges?

Headline responses: The following comments represent the most important challenges as fed back from the individual table discussions:

- The time needed for planning and bedding down
- Implementing change – would this be phased or all completed by April 2021?
- Focus on doing things differently – don't slip back into old ways

- Changing the mindset, ethos and culture within the existing CCGs
- Location of headquarters
- Practical issues e.g. IT implementation
- Implement an effective preventative agenda – this needs time, resource and thinking outside the box
- Meeting the needs of different pockets of the population – particularly as working with two separate councils with differing priorities
- Would like to see money diverted from A&E into primary care
- Loss of valuable staff and knowledge
- VCS organisations have already been lost
- Loss of patient links
- Workforce
- Ensuring no part of the population feels they are losing out
- Demonstrating change is for the better
- Bigger is not always better – will we see real savings?

Most frequently heard comments: All comments recorded on all tables are listed in the box below, however some were recorded more frequently than others, as follows:

- Choice of location
- Achieving savings in running costs
- Bigger organisation – can be more remote
- Cultural change from two very different organisations
- Would like to see money diverted from A&E into primary care.

What are the challenges? All responses

General

Time required for planning and bedding down
Time to get up to speed and know what's going on
When will we stop changing and just get on?
Bigger not always better – will we see real savings?
A bigger organisation / decision makers can be more remote
Local issues may be overlooked in a larger organisation
Knowledge and info required to understand local needs
Accountability
Lack of money for primary care, community services, prevention and VCS provision
Education
Workforce
Community services.

Partnership and system working

Working with two councils representing different areas and achieving equality of access to services
Working with local authorities on adult social care
Loss of links with patients
Larger organisations better placed than VCS to receive investment

High expectations of VCS taking on more work
VCS organisations struggling and closing
More joined up working.

Culture and changing practices

Cultural change – the two CCGs currently work very differently e.g. in how they interact with patient groups
The CCG mind set – requires listening, flexibility, transparency
Changed staff mind set required to develop new collaborative culture
Requires support of staff in both CCGs
Focus on doing things differently – don't slip back into old ways
Measurement of outcomes
Focusing on outcomes risks a lack of focus on quality
Reduction in number of quality teams – will this lead to a drop in quality?

Implementing improvements and changes in services

Meeting the needs of different pockets of the population
Want to see money diverted from A&E back into primary care
Reduced support for rural practices / concentration on larger practices due to infrastructure and population
Ending the post code lottery – is money there / sufficient?
Investment is needed in transport and providing local services
Implement an effective preventative agenda – this needs time, resource and thinking outside the box.

Practical Issues

Will implementation be phased or complete by April 2021?
Merging IT systems
Choice of location – should teams be close to the coalface?

Finance

Achieving the 20% saving in running costs
Differential spend across the CCG areas.

Communications and engagement

Communication of health advice using plain English and Easy Read materials – awareness of learning disabilities
Making sure one part of the population don't feel they are losing out
Improving visibility of the organisation and its role
Demonstrating change is for the better
Siting of headquarters risks sending a particular message to part of the population
Effective consultation.

Group Discussion and Feedback Activity 2 – views on the proposed new single strategic commissioning organisation

Delegates were asked to work in groups with a facilitator to answer three questions about the most important elements of the proposed new organisation. Headline responses from each table and key messages heard most frequently are presented here and all the comments recorded are listed in the boxes below.

Question 1: About the new single strategic commissioning organisation. What should it do?

Headline responses: The following comments represent the most important things the new organisation should do, as fed back to the room from the individual table discussions:

- Be open and transparent in everything we do
- Listen and adapt
- Be approachable – with a first point of contact to help navigate the system
- Effect beneficial change
- Be brave – do what works and stop doing what doesn't
- Carry over good work. Take the best from each CCG so it is not lost – and learn from the less good.
- Think outside the box – view change as a new opportunity
- Partnership working – don't go it alone
- Be more accessible, build links with other organisations
- Focus on better contract management and smarter working
- Maximise benefits available from VCS with longer contracts
- Joined up working with social care including shared budgets
- A joint (HRG) coding unit
- Think proactively and always preventatively
- Prioritise local issues
- Demonstrate the role of the CCG to the public – consistent communication
- Listen to the public – active engagement
- Learn from best practice e.g. in relation to engagement with patient groups – ask them what this looks like
- Share good news stories through the media
- Keep local staff with local knowledge
- Fewer chiefs and more Indians
- Share clear timelines around the process of change
- Consider Shirehall in Shrewsbury as a new location
- Locate new organisation in a new building – with hubs in different areas.

Most frequently heard comments: All comments recorded on all tables are listed in the box below, however some were recorded more frequently than others, as follows:

- Be open, transparent and accessible
- Have a culture of ownership and accountability
- Commission services where people can access them
- Focus on prevention
- Talk to local communities, listen to the public, engage actively, don't just inform, use the media
- Engage well with patient groups

About the new single strategic commissioning organisation. What should it do? All responses

Culture and working practices

Be open and transparent
Be approachable – with a first point of contact to help navigate and simplify the system
Feel more accessible – use link workers
Have a culture of ownership and accountability
Have a 'can do' culture
Have a culture of aspiration
Listen and adapt
Think outside the box / look at a fresh approach
Set a good example
Be brave – do what works and stop doing what doesn't
Effect beneficial change
Strive for quality, not just cost-cutting
Prove there is parity of esteem
Equity across Shropshire and Telford and Wrekin
Smarter working practices
Fewer chiefs and more Indians
Keep local staff with local knowledge
Train staff well
Locate new organisation in a new building – with hubs in different areas
Consider Shirehall in Shrewsbury as a new location.

Partnership and system working

Encourage better partnerships – don't go it alone
Maximise benefits available from VCS with longer contracts (3+/5+ years with cut out clauses) to help small organisations to tender
Joined up working with social care including shared budgets – commit to a shared budget approach as an aspiration

Commissioning and working with providers

Commission services where people can access them
Accessibility – signposting to appropriate people and convenient physical location/transport
Have a specific point of contact for each area of service / diagnosis / GP practice
Make services local – use empty space in GP practices
Commission services based on outcomes
Service flexibility
Primary care should be a priority
Get back services we have lost
Focus on prevention, think proactively and always preventatively
Prioritise local issues – not just following national plans
Better contract management
Access reliable information
Funding
An independent joint coding unit (HRG).

Communications and engagement

Make sure larger organisation maintains and improves communications
Talk to local communities, listen to the public, engage actively, don't just inform
Promote the role of the CCG to the public, e.g. the services we commission

Demonstrate and measure performance and feedback to public (and providers) to provide assurance – e.g. publication in local press Share good news stories and explain changes through the media , build better media links and share information continuously, raise profile Learn from best practice e.g. in relation to engagement with patient groups – ask them what this looks like Engage with patient groups across the area and encourage their continuation. The role of the Patient Services Team is more evident in Telford and Wrekin Encourage consultation with Welsh patients – use networks Share clear timelines around the process of change

Question 2: About the new single strategic commissioning organisation. What <u>shouldn't</u> it do?

Headline responses: The following comments represent the most important things that the new organisation should not do, as fed back to the room from the individual table discussions:

We shouldn't:

- Reinvent the wheel
- Hide behind closed doors
- Take on bad practice
- Maintain old practices if change is required
- Be bureaucratic
- Be political
- Micro-manage providers
- Issue complex instructions
- Focus entirely on outcomes when buying services
- Abdicate responsibility for assuring quality of services
- Exclude the patient voice from service design
- Assume we know best – listen to the patient voice
- Lose care navigators
- Assume all messages are reaching all parts of Shropshire, Telford and Wrekin.

Most frequently heard comments: All comments recorded on all tables are listed in the box below, however some were recorded more frequently than others, as follows:

We shouldn't:

- Keep doing what we're doing now
- Hide behind closed doors
- Assume we always know best – we should listen to the patient voice
- Micromanage – we should trust services to deliver to clear specifications

About the new single strategic commissioning organisation. What shouldn't it do? All responses

Culture and working practices

We shouldn't:

Keep doing what we're doing now
Go back to old Area Health Authority
Take a dictatorial approach
Reinvent the wheel
Lose care navigators
Sub-contract
Be bureaucratic
Hide behind closed doors
Take on bad practice
Be political
Fight amongst ourselves
Discriminate / be ageist
Assume everyone has digital access.

Partnership and system working

We shouldn't:

Assume we always know best – we should listen to the patient voice.

Commissioning and working with providers

Commissioned services should be clearly understood by the provider with deliverables which are measurable and achievable – set SMART objectives

We shouldn't:

Issue complex instructions – we should be clear and concise
Micromanage – we should trust services to deliver to clear specifications
Focus only on outcomes when buying services
Abdicate responsibility for assuring quality of services
Ignore rural areas
Be so reliant on hospitals.

Communications and engagement

We shouldn't:

Assume all messages are reaching all parts of Shropshire, Telford and Wrekin
Use acronyms – use plain English.

Other

We shouldn't:

Change again within the foreseeable future
Do something completely different.

Question 3: About the new single strategic commissioning organisation. What should it include?

Headline responses: The following comments represent the most important things the new organisation should include, as fed back to the room from the individual table discussions:

- A flexible approach
- Strong stable leadership
- Effective induction process for commissioners and staff

- Patient representation on the board
- Common purpose with stakeholders
- CCG involvement in population planning from the start
- Properly resourced patient and VCS involvement and liaison
- Specific focus on the needs of rural and urban communities
- Wider access to funds and more openness
- Robust contract management
- A positive vibe – shared through the media, MP engagement and staff involvement in discussions
- Inclusion in the annual report of a narrative on the achievements of the VCS when commissioned to deliver services
- Rollout of Assuring Involvement Committee to Shropshire (including Shropshire patients)
- Public consultation – even when not a statutory requirement.

Most frequently heard comments: All comments recorded on all tables are listed in the box below, however some were recorded more frequently than others, as follows:

- Professionalism and transparency
- Effective patient representation at local and strategic level
- Properly resourced patient and VCS involvement and liaison.

About the new single strategic commissioning organisation. What should it include? All responses

Culture and working practices
Professionalism and transparency
Honesty
All areas represented – include diverse groups and people on boards and in groups and discussions
Patient representation on the board
Accessibility, clear pathways and routes to identify problems
Strong stable leadership
Effective induction process for commissioners and staff

Partnership and system working
Partnership working
Effective patient representation at local and strategic level
Properly resourced patient and VCS involvement and liaison – more networking opportunities
Wider access to funds and more openness to avoid duplication – transparency
Seek common purpose with other stakeholders
CCG involvement in population planning from the start
Talking with social care.

Commissioning and working with providers
Good quality services
Be equitable
Recognise and respond flexibly to different needs in different places – urban/rural

Robust contract management, particularly around the length of contracts.

Communications and engagement

Public consultation – even when not a statutory requirement

Feedback on the quality of services received by the public

Inclusion in the annual report of a narrative on the achievements of the VCS when commissioned to deliver services

A positive vibe – shared through the media, MP engagement and staff involvement in discussions

Rollout of Assuring Involvement Committee to Shropshire (including Shropshire patients).

Other

A clear timeline – stick to it or risk losing staff

Summing up

Following the initial presentations and group sessions Meredith Vivian summed up a number of the key messages and concerns heard during the course of the meeting, gaining the agreement of attendees that their views were represented.

We have talked a lot about the role of the voluntary sector. It is easy to pay lip service to its contribution but in reality it is at the foundation of health and social care. Historically voluntary services may have been the easiest to cut when looking for savings, moving forward we need to look at how we deliver the most efficient and effective care, and this will often be through the voluntary sector. Acknowledging the need to shift care into the community, Care Closer to Home is the programme of work which will deliver the transformation we require and relieve the pressure on our urgent care services, and this is a key area where the voluntary sector can get involved.

We discussed whether and how we should be maintaining pressure on our providers to ensure they deliver what they are commissioned to do. There is a fine line to tread and we need to make sure we keep getting what we pay for, whilst making sure we are counting the right things.

We have talked about equitability or fairness across Shropshire, Telford and Wrekin. This doesn't mean we can all have everything we want all the time, but it does mean that decision-making should be open and inclusive – no sitting in ivory towers.

We heard questions about the process of creating the new organisation and whether this would be a phased process or a 'big bang'. This is likely to be an evolutionary process – change doesn't happen overnight - but the key thing is to keep people informed.

Meredith highlighted the importance of basing commissioning decisions on need and not political boundaries, and questioned whether we needed to think more about this topic, noting earlier comments about political engagement and our need to work with two local authorities.

There is concern about loss of expertise in the creation of the new organisation and the need to understand the skillset we have. However we have also said that there is an opportunity to think outside the box and do things differently.

We have identified an opportunity to work more closely with public health to focus on prevention which is essential for the future of health services.

There has been concern expressed around the need for savings and whether funds will be available for investment rather than deficit reduction. A majority supported investment. Meredith also alluded to the cost savings associated with reduction of the governing body, noting that this should be as open to examination as all other parts of the organisation when considering value for money.

There has been a clear emphasis on the need for improved transparency, openness and accessibility in the new organisation and the importance of a strong patient voice in making decisions, even noting there is a cost involved.

Drawing the meeting to a close Meredith thanked everybody for their participation and reminded them of all the means of contributing their views.

Additional Questions and Comments

1. Anonymous questions and comments

The following additional questions and comments were submitted anonymously via the suggestion box, feedback form or 'car park' board and not answered during the meeting:

- How do you intend to attract the 'right staff' – both medical and professional?
- How can you be sure your data is accurate when making future decisions?
- How will you change the mind set to encourage new ways of thinking?
- Where will the new board be located?
- When will the CCG come to individual PPGs to explain the rationale and progress of the new CCG?
- Will the responsibilities shared between Shropshire Council / Telford and Wrekin Council and the new CCG be any different to now?
- Money is the elephant in the room. One CCG vs. two won't solve this. How to invest in community services, prevention etc. when there is no money?
- What happens to the debt that the two organisations have built up?
- Will provision of hearing aids be any different with the new CCG?
- Please consider family carers as well as patients / service users when planning services and making changes
- Patients / service users getting lost or forgotten – remember the patients
- Have the pop-up events been promoted on social media and shared with stakeholders (inc. VCS) to promote?
- Why no pop-up in Wem?

2. Questions from named individuals

Several questions /comments were also submitted by named individuals:

- NHS England wants great savings on stoma care. Shropshire CCG has been doing a pilot study on stoma care and has had stoma nurses seeing patients in a number of surgeries. However patients with urostomies were moved to urinary specialist nurses about four years ago (these nurses do not have training or experience of post-operative care). Who will be bringing about these savings and will the stoma charities be involved?
  Toni Haynes, secretary, Shropshire and Wales branch of the Urostomy Association
- We are an association currently commissioned by each CCG to provide a different service in the community in Telford and Shropshire. What will the process be in 2021? How will we move forward as a commissioned service? Re-tender? Make services the same?
  Dianne Beaumont, Alzheimers Society
- How were people invited to this event? Telford voluntary sector invited by email letter from Sharon. Not the same in Shropshire leading to lack of representation from wider voluntary sector.
  Julie Mellor
- Voluntary sector may not always need financial support – may need more technical support.
  Gemma Coulman-Smith

Appendix

Feedback reporting forms from Public Pop Up Events

Date: 29.01.2020	**Total number of visitors to the pop up stand (tally sheet):**
Venue: Park Lane Centre, Woodside, Telford	
Facilitators: Sharon Smith/Angie Porter/ Dave Evans Supported by Katie – T & W Healthwatch	**Total:** 8

Comments/questions/concerns	Response given	Further Action/Outcome
Too many equality monitoring questionnaires. "You need a dictionary to fill some of them in"	As a CCG we need to make sure that we are engaging and listening to as many people as possible, the form shows us if we are missing any part of our population i.e. male/female/geography/religion	Make sure that when someone fills in the survey that we point out that it is up to them if they would like to complete the monitoring form.
Going to one organisation, won't it mean extra work for staff and that they won't be able to do their work properly and there will be a knock on effect to patients?	Both CCGs already commission services from the same providers e.g. SaTH, ShropComm, Mental Health Trust so this is a duplication. In future it may initially mean some extra work, but it should get a lot better only doing it once	
What is the current population of Telford and Shropshire separately?	**Dave's responses** Roughly 180,000 for Telford and 430,000	

Will that be enough of a population to warrant being one organisation? We are from Shifnal & Priorslee PPG who has a population in Telford and Shrewsbury. When you move to a bigger organisation will you still be responsible for what you have commissioned in the past for example how we get our repeat medication? There is often a delay in patients actually receiving their medication once it has been ordered, up to 3 days. I think patients need to have more information/education about this.	for Shropshire I think that it will. The NHS has a tendency to change things on a regular basis by either having smaller organisations then larger, smaller now it's larger again. I think that it will work. Both CCGs have a prescription ordering system to make it easier for ordering prescriptions. This is not a core function of the CCG but it takes pressure of the GP practice and helps patients. In the future this service may move to the providers? There is a difference between the process of ordering the prescription and the availability of the medication at the pharmacy. Yes more education on the process and availability needs to happen.	

Any further observations/:

Shifnal and Priorslee PPG would like someone to go to their next meeting on Monday 20th April 2020 1.30pm, Old Fire Station in Shifnal to talk for 10-15 mins about the changes and then take 10-15mins of questions.

Date: **30.01.2020**	**Total number of visitors to the pop up stand (tally sheet):**
Venue: Tesco, Wellington Retail Park, Wellington	
Facilitators: Sharon Smith/Angie Porter/ Alison Smith Supported by Katie – T & W Healthwatch	**Total:** **18**

Comments/questions/concerns	Response given	Further Action/Outcome
Struggling to know what is out there. Desperate for day services and group activities for people with memory loss (Patient works for memory service)	As part of the new organisation there will be a Director of Partnerships whose role will include working with the voluntary sector to identify gaps	
People with long term health problems need extra support. Those with mobility issues have problems with transport, especially if services are moved.	Initially services will not change venues, however they may in the future. If people have mobility issues there are companies out there that can help (driving miss daisy) or if they meet the criteria NEPTS	
Message to the new directors and chief executive " Get out of your ivory tower and see what is going on"		
Cllr worried that we will allow focus on Telford & Wrekin to be watered down.		
Transport is an issue, parking at the hospital and some of the GP surgeries.	There is recognition about the transport and a separate work stream as part of NHS Future Fit was set up to look at this.	

Key Themes from the stand:

Transport and parking

Any further observations/:

People are more interested in not getting an appointment with their Doctor and the situation in A&Es.

Notes

Date: **30.01.2020**	**Total number of visitors to the pop up stand (tally sheet):**
Venue: Oswestry Library, Oswestry	
Facilitators: Rachael Jones/ Kate Manning/ Dr Jessica Sokolov Supported by Lynn Cawley – Healthwatch Shropshire	**Total:** **10**

Comments/questions/concerns	Response given	Further Action/Outcome
Referred to a rapid access appointment for chest pains on 7 January and will not be seen until 12 March – the service is just not good enough.	Understandable concerns and we will make a note of this to feedback during the reporting of these events.	N/A
There are several issues with the formation of a new CCG, the Future Fit proposals, maternity issues, A&E issues in general, Councillors not being kept in the loop and Welsh patients getting whatever they want but not contributing.	Answered by Jess Sokolov: We're looking to make sure there is more parity across the county and to ensure there is a standard response to everyone in Shropshire. At the moment things are very different between Shropshire, T&W but this move will level things out.	N/A
Were the pop-up events promoted?	The events were promoted via a press release and posters that were issued to the media and stakeholders. These contacts were then asked to cascade the information to their connections to increase the distribution and to spread the word as much as possible. The pop-up information was shared on the CCG website as well as on social media.	Actions for the Communications and Engagement Team is to include the following in circulation: - Oswestry Life - Community Connectors (QUBE) - Oswestry BID – Adele Nightingale

Transport issues to appointments from Oswestry to Shrewsbury or Telford and concern now over the cost saving measures. Why do people in a wheelchair get free transport but others with a disability have to find their own way?	We'll note down your concern which will be collated in all the feedback collected for this engagement event.	N/A
With the creation of a new CCG, will there be an improvement to the mental health services currently on offer in Shropshire. Telford and Wrekin have great support groups, but CAMHS is bad in Shropshire and I haven't been able to get in touch with Steve Trenchard in two years.	We believe one of the main advantages of creating a new organisation is to take best practices from the two CCGs to improve services as much as possible. We are also looking to create closer connection with our partners via the new Director of Partnerships role.	Jess to contact Steve Trenchard and request he speak to Lynda. Actioned.

Key Themes from the stand:

People we spoke with still do not know what a CCG is, or does.

Will the changes affect patients?

Date: **31 January, 2020**	**Total number of visitors to the pop up stand (tally sheet):** **Total:** 9
Venue: Whitchurch Library	
Facilitators: Alison Smith/ Lisa Bailey/ Kate Manning Supported by Healthwatch's Lynn Cawley	

Comments/questions/concerns	Response given	Further Action/Outcome
One man who had moved into the area wanted to know who does what at the moment. Also, asked how the changes would affect him in the future? He had retired from a job in the health service and wanted to know how it had changed. He acknowledged that it made sense to have efficiencies and greater buying power with a single CCG.	Potted history of CCGs given. Changes would mean that the patient would be put at the centre and a more fluid service would be created. Proposals would stop duplication.	N/A
A couple who visited the stand said they were positive about the healthcare provision in the county. They agreed with the proposal, but did have concerns about where it was based.	Said that it had not yet been decided where the single CCG would be based.	N/A
Comments/questions/concerns	**Response given**	**Further Action/Outcome**

Would patients see a difference?	No. What they would hopefully benefit from the efficiencies of one single CCG.	N/A
How do GPs get paid?	There is a contract with each practice and they will be given a lump sum depending on how many patients they have on its list and they are given more if they have a certain number of patients over 65. Other issues are taken into account when working out how much practices are paid.	N/A
What are the cost savings going to be and what does 20 per cent look like in 'figures'? She could understand on the face of it the rationale for one CCG as long as services were not secretly changed.	£1.2-1.3m across both CCGs. Costs savings will be made from having one board and cutting down on duplication.	N/A
Comments/questions/concerns	**Response given**	**Further Action/Outcome**
Another visitor to the stand was supportive of the proposal in terms of duplication.	Proposal for single CCG outlined	N/A

Is bigger better? Concerns over doctor appointments and that the individual was being 'lost'.	The aim is that with a single and bigger CCG we would cut down on duplication and it would give us greater buying power. The single CCG would be more efficient and have one voice. Access to GPs is a national issue with the population growing and fewer GPs in the workforce.	N/A
Public transport was a big concern – how would the elderly get to appointments in Telford?	Concern was noted.	N/A

Date: **31.01.2020**	**Total number of visitors to the pop up stand (tally sheet):**
Venue: Meeting Point House, Southwater Square, Telford	
Facilitators: Sharon Smith/Jane Hughes/ Claire Skidmore Supported by Paul – T & W Healthwatch	**Total:** **4**

Comments/questions/concerns	Response given	Further Action/Outcome
What will change for patients	No noticeable change for patients. Will still keep the same GPs and go to the same hospitals.	
Attending RSH for oncology appointments. Has travelled using patient transport but has to get there very early which is not too bad then has to wait after treatment (sometimes 2hrs) until collected to go home. The patient transport needs to be a more efficient and better service.	Patient asked if she was able to travel to her appointments by public transport or Taxi – she can but does not work so can't afford it. Explained that she might be able to claim back travel expenses.	Email patient link to website on how to claim travel expenses.

Key Themes from the stand:

Will they have to change their doctor or hospital?

Date: 03.02.2020	**Total number of visitors to the pop up stand (tally sheet):**
Venue: Darwin Shopping Centre, Shrewsbury	
Facilitators: Rachael Jones/ Kate Manning/ Rebecca Dolbey/ Sam Tilley Supported by Jane Hughes – Healthwatch Shropshire	**Total:** 26

Comments/questions/concerns	Response given	Further Action/Outcome
What efficiencies are you hoping to achieve?	We're hoping for a stronger voice and buying power, more streamlined operations, and less duplication across two organisations.	N/A
I think the NHS is wonderful and it is something we really need to look after. My only concern would be that talent is lost during the process - that is something that should be avoided at all costs.	With the two organisations coming together we are hoping to retain as much talent as possible and to ensure that best practices from both organisations are adopted by the new CCG.	N/A
I use the Audiology and Neurology services at RSH and I know that the Shropshire services are a lot better than Telford and Wrekin… how will you ensure that these services aren't negatively impacted once the CCG come together?	We are looking for a more uniform arrangement in the new organisation which will look to the better performing services of both CCGs to provide the best services and experience for patients.	N/A
Is bigger better? We should be moving towards more localised decision making.	We're hoping for a stronger voice and buying power, more streamlined operations and less duplication.	N/A

What about these private contracts – can we get rid of them? Only a left wing government will sort this out.	Some contracts will be maintained, but the move to a single CCG will mean that contracts will be looked at again going forwards.	N/A

Date: 07.02.2020	**Total number of visitors to the pop up stand (tally sheet):** **Total:** 8
Venue: Ludlow Library, Ludlow	
Facilitators: Rachael Jones/ Lisa Bailey/ Alison Smith Supported by Lynn Cawley – Healthwatch Shropshire	

Comments/questions/concerns	Response given	Further Action/Outcome
In my opinion the proposals don't go far enough as I think commissioning needs to be at a regional level.	Well that looks to be the direction of travel and healthcare will be moving towards being more regional.	N/A
Ludlow is out on a limb and PRH is almost impossible to get to via public transport. We're in our 80s and need more outpatient appointments in Ludlow hospital.	With the move we are looking to move focus away from the hospitals and bringing health and social care closer to the community so that we're utilising local hospitals and care settings more.	N/A
We want our hospital back please. There's an empty site now. The biggest problem is that no-one understands what's going on anymore – it's all gibberish. We're bored of hearing about the money issues; we just want to see a GP within two weeks.	Understandable – our move to become one CCG is not just to save money, it makes sense across a number of organisational function. Unsure of the situation in Ludlow but we can look into the latter relating to the hospital.	N/A
CCGs are rubbish and a merger isn't about to help that.	We're looking for an improvement in the effectiveness and efficiency of the CCG with the new organisations.	N/A

Do we get a bonus if we get bigger? How much efficiency do you anticipate? Will your computer systems speak to one another?	We're looking to avoid duplication across two organisations and streamline our processes, as well as boards and committees. Our computers don't currently speak to each other; it is something fundamentally wrong with many organisations, public and private.	N/A
This should have happened years ago… Shropshire, Telford and Wrekin need to stop bickering between them.	N/A	N/A

Date: 01.02.2020	**Total number of visitors to the pop up stand (tally sheet):** **Total:** 3
Venue: Polish Support Group, Strickland House, Wellington	
Facilitators: Sharon Smith/Angie Porter/	

Comments/questions/concerns	Response given	Further Action/Outcome
What will change for patients	No noticeable change for patients. Will still keep the same GPs and go to the same hospitals. Possible change to telephone numbers if some of the public facing services move i.e. referral, prescription ordering, PALS	
Most of the Polish Community will not know what a CCG is or does. They will not really be bothered more interested in their GP and hospital.		

Key Themes from the stand:
Any further observations/: Ela from the Polish Group will start to speak to individuals about the change and will then meet with the CCG to pass on the feedback. Sharon will send a simple paragraph explaining the process and the questions we are asking people.

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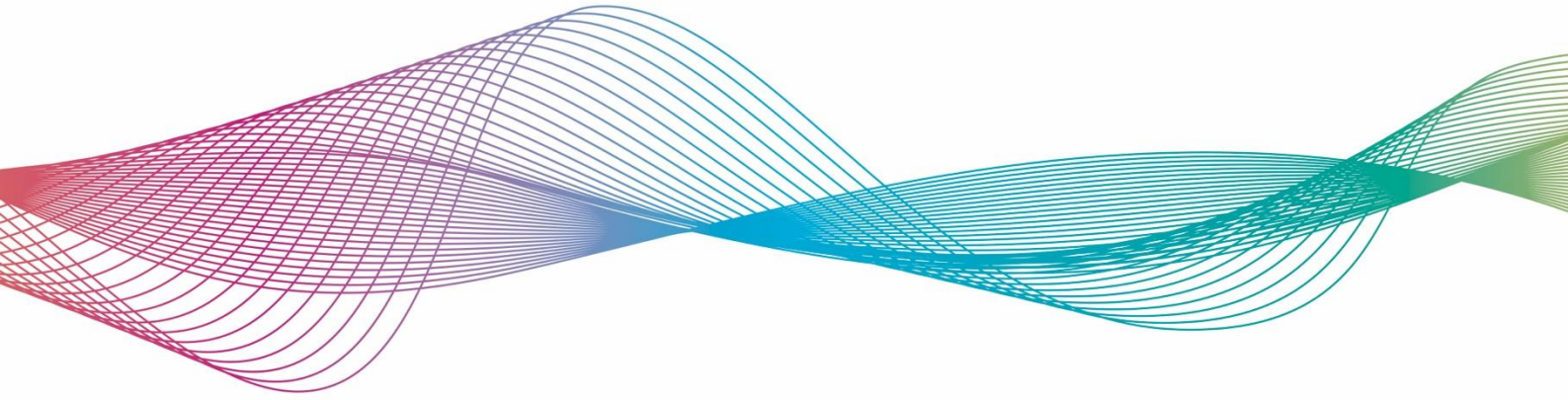
Your NHS partner for **improving health** and **integrating care**

Midlands and Lancashire Commissioning Support Unit

Single Commissioning Organisation involvement – engagement survey report of findings

Shropshire CCG and Telford and Wrekin CCG

Friday, 6 March 2020



The Consultation Institute Corporate Member

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References

1 Executive summary

1.1 Introduction

Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group (CCG) are looking to become one single organisation buying health services for local people across the county.

Across the whole country, CCGs are being asked to look at how they can work closer together to improve the way they commission and monitor services.

The CCGs gathered the views of stakeholders on the proposed plans to replace the two current CCGs with one new Single Commissioning Organisation that covers the whole county.

Feedback was gathered through a survey, which was live from **23 January 2020** until **20 February 2020.**

1.2 Survey methodology

Shropshire CCG and Telford and Wrekin CCG commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Engagement Service to host the engagement survey and analyse the findings. MLCSU scripted and hosted the survey using their in-house software, Snap, which has been licensed from Snap Surveys Ltd.

The survey was hosted online and a link to it distributed by the CCGs on their websites and social media. A printable PDF version of the survey was also created to allow the surveys to be distributed at events. Completed paper surveys were then inputted into Snap by the CCGs in preparation for analysis.

1.3 Numbers of respondents

75 responses to the engagement survey were received.

1.4 Demographic profiling

A summary of the demographic profile of respondents is provided below:

- 70 (96%) respondents were White British
- 54 (74%) respondents were aged 60 or over
- 39 (55%) respondents were Christian
- 39 (57%) respondents were female
- 60 (87%) respondents were heterosexual
- 44 (62%) respondents were married
- 6 (9%) respondents had a health condition or disability which limited their day-to-day activities a lot
- 17 (27%) respondents were carers for person(s) aged over 50 years
- 6 (9%) respondents had served in the armed forces.

For further details, please see Table 1.

1.5 Findings

Overall, 56 (79%) respondents were **very or moderately supportive** of the proposal, whereas 15 (21%) respondents were **somewhat, slightly or not at all supportive** of the proposal. When comparing by CCG area, support was greater in the Shropshire CCG area, with 36 (86%) respondents **very or moderately supportive**, compared to 15 (63%) in the Telford and Wrekin CCG area.

Key reasons respondents gave for supporting the proposal were:

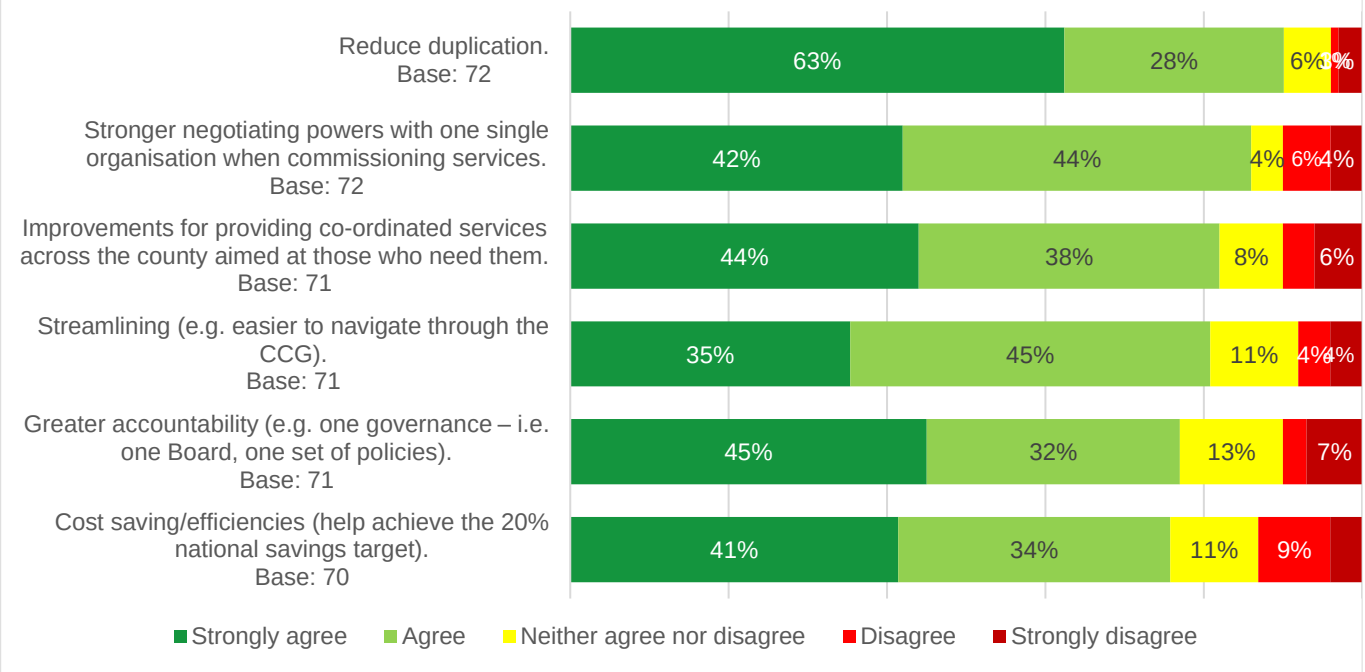
- ***A single CCG would reduce costs and is a better use of resources***
- ***A single CCG would increase efficiency and reduce bureaucracy.***

Key concerns or issues raised were:

- ***The proposal may reduce focus and knowledge of local people's needs***
- ***The proposal may not lead to change***
- ***The need to consider access to local services.***

Respondents were presented with a list of potential benefits of the proposal and were asked to what extent they agreed or disagreed with the statements (Figure 1). The level of agreement was high across all the statements, in particular: *'reduce duplication (e.g. one board/chair)'* (65 / 91%) and *'stronger negotiating powers with one single organisation when commissioning services'* (62 / 86%).

Figure 1. Overall feedback: To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve.



2 Introduction

2.1 Background

Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group (CCG) are looking to become one Single Commissioning Organisation, buying health services for local people across the county.

Across the whole country, CCGs are being asked to look at how they can work closer together to improve the way they commission and monitor services.

The CCGs gathered the views of stakeholders on the proposed plans to replace the two current CCGs with one new Single Commissioning Organisation to cover the whole county.

2.2 Overview of the engagement

Feedback was gathered through a survey, which was live from **23 January 2020** until **20 February 2020.**

2.3 Report authors

Shropshire CCG and Telford and Wrekin CCG commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Engagement Service to coordinate the independent hosting of the engagement survey, analysis of the feedback and production of this report.

2.4 Report structure

This report is structured into the following sections:

- **Section 1:** Executive summary
- **Section 2:** Introduction
- **Section 3:** Survey hosting and reporting methodology
- **Section 4:** Respondent profiling
- **Section 5:** Findings
- **Section 6:** Conclusion
- **Appendix.**

3 Survey hosting and reporting methodology

3.1 Survey methodology

Shropshire CCG and Telford and Wrekin CCG commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Engagement Service to host the engagement survey and analyse the findings. MLCSU scripted and hosted the survey using their in-house software, Snap, which has been licensed from Snap Surveys Ltd.

The survey was hosted online and a link to it distributed by the CCGs on their websites and social media. A printable PDF version of the survey was also created to allow surveys to be distributed at events. Completed paper surveys were then inputted into Snap by the CCGs in preparation for analysis.

The survey was compliant with Information Governance and included a Data Protection statement. The statement was presented at the start of the survey and respondents were asked to confirm they had read and agreed to it before being able to proceed.

3.2 Communications and engagement

A detailed overview of the engagement and promotion of this involvement can be found in the following documents:

- Single Strategic Commissioner Transition Communications and Engagement Plan
- Single Strategic Commissioner Transition Engagement Report

3.3 Geography of survey respondents

Survey respondents were asked to provide their postcode. This was used to undertake analysis of the feedback by CCG area.

Postcodes were cross-referenced against CCG areas using the NHS Postcode Directory: http://geoportal.statistics.gov.uk/datasets/nhs-postcode-directory-uk-extract-august-2018

Postcodes were also cross-referenced against the Index of Multiple Deprivation (IMD) using this online tool: http://imd-by-postcode.opendatacommunities.org

The IMD is the official measure of relative deprivation for small areas in England. Every small area (Lower Super Output Area) for England is ranked from one (most deprived area) to 32,844 (least deprived area). From this, the IMD 'deciles' are calculated. Deciles are created by dividing the 32,844 small areas into 10 equal groups. The most deprived 10 per cent of small areas nationally are categorised as 'decile 1' or '1' whilst the least deprived 10 per cent of small areas are described as 'decile 10' or '10'.

Some postcodes could not be profiled by the IMD as they were incomplete, not recognised or not in the database (e.g. postcodes of recently-built houses).

A map of respondents was also produced using ArcGIS Maps for Power BI.

3.4 Analysis of findings

The survey used a combination of 'open text' questions, for respondents to make written comments and 'closed' questions where respondents 'ticked' their response from a set of pre-set responses. All the open responses received have been read and coded into themes. This is a subjective process. Initially, a random sample of responses from each open question was read and the key themes (codes) mentioned by respondents were identified. As more open responses were read, any new themes that emerged were added to the list and used to code the responses. This was undertaken for every open question, meaning every comment has been read and coded and included in this analysis.

Exemplar verbatim comments are also presented in the report. These are presented as written by the respondent, including any errors.

For closed questions, percentages may not add up to 100 per cent due to rounding.

4 Respondent profiling

This section presents a profile of the 75 respondents completing the survey.

4.1 Demographic profiling

Table 1. Overall report: Demographic profile of survey respondents

Ethnicity		
White: British	70	96%
White: Irish	-	-
White: Gypsy or traveller	-	-
White: Other	1	1%
Mixed: White and Black Caribbean	-	-
Mixed: White and Black African	-	-
Mixed: White and Asian	1	1%
Mixed: Other	-	-
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	1	1%
Base	*73*	
Age category		
16 - 19	-	-
20 - 24	-	-
25 - 29	1	1%
30 - 34	1	1%
35 - 39	1	1%
40 - 44	3	4%
45 - 49	2	3%
50 - 54	6	8%
55 - 59	4	5%
60 - 64	16	22%
65 - 69	11	15%
70 - 74	17	23%
75 - 79	6	8%
80 and over	4	5%
Prefer not to say	1	1%
Base	*73*	
Religion		
No religion	13	18%
Christian	39	55%
Buddhist	-	-
Hindu	-	-
Jewish	-	-
Muslim	-	-
Sikh	-	-
Any other religion	6	8%
Prefer not to say	13	18%
Base	*61*	
Sex		
Male	28	41%
Female	39	57%
Intersex	-	-
Prefer not to say	2	3%
Other	-	-
Base	*69*	
Armed services		
Yes	6	9%
No	60	87%
Prefer not to say	3	4%
Base	*69*	

Sexual orientation		
Heterosexual	60	87%
Lesbian	1	1%
Gay	2	3%
Bisexual	1	1%
Other	-	-
Prefer not to say	5	7%
Base	*69*	
Relationship status		
Married	44	62%
Civil partnership	1	1%
Single	4	6%
Divorced	5	7%
Lives with partner	4	6%
Separated	3	4%
Widowed	7	10%
Other	-	-
Prefer not to say	3	4%
Base	*71*	
Pregnant currently		
Yes	-	--
No	61	95%
Prefer not to say	3	5%
Base	*64*	
Recently given birth		
Yes	-	-
No	60	95%
Prefer not to say	3	%
Base	*63*	
Health problem or disability		
Yes, limited a lot	6	9%
Yes, limited a little	16	24%
No	45	67%
Prefer not to say	-	-
Base	*67*	
Disability		
Physical disability	8	21%
Sensory disability	8	21%
Mental health need	3	8%
Learning disability or difficulty	1	3%
Long-term illness	16	41%
Other	13	33%
Prefer not to say	6	15%
Base	*39*	
Carer		
Yes - young person(s) aged under 24	4	6%
Yes - adult(s) aged 25 to 49	1	2%
Yes - person(s) aged over 50 years	17	27%
No	41	64%
Prefer not to say	2	3%
Base	*64*	
Gender identity		
Yes*	-	-
No	56	95%
Prefer not to say	3	5%
Base	*59*	

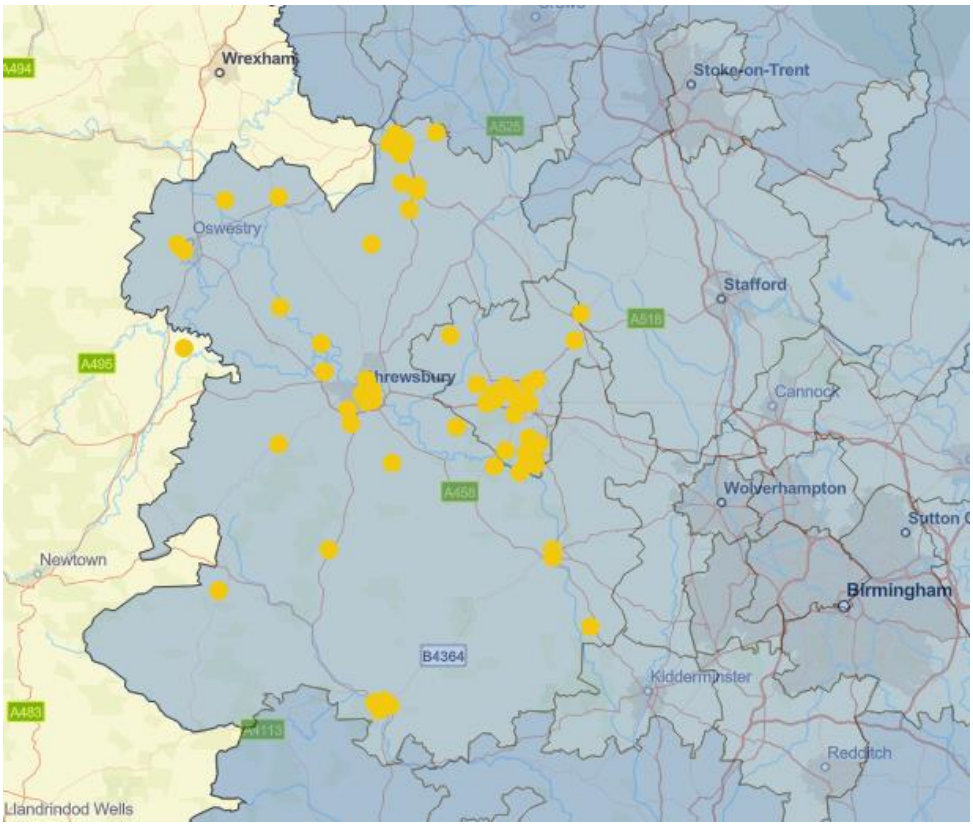
*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

Please see Appendix 1 for the version presented in the interim report of findings.

4.2 Mapping respondents

Figure 2 shows the location of those participating in the engagement. This map has been created using the respondents' postcode.

Figure 2. Map of respondent locations



Please see Appendix 3 for the version presented in the interim report of findings.

4.3 Index of Multiple Deprivation (IMD)

Table 2 shows the breakdown of postcodes provided by IMD decile.

Table 2. Index of Multiple Deprivation (IMD)

Decile	Total
1 (most deprived)	7%
2	-
3	8%
4	11%
5	20%
6	7%
7	16%
8	12%
9	9%
10 (least deprived)	3%
Out of area	4%
Postcode unable to be profiled or no postcode provided	4%
Base	*75*

Please see Appendix 3 for the version presented in the interim report of findings.

5 Findings

This section presents the findings from the survey.

5.1 Feedback on the level of support for the proposal

Table 3 shows how supportive respondents were of the proposed creation of a Single Commissioning Organisation. Overall, 56 (79%) respondents were **very or moderately supportive**, whereas 15 (21%) respondents were **somewhat, slightly or not at all supportive**. When comparing by CCG area, 36 (86%) respondents in the Shropshire CCG area were **very or moderately supportive**, compared to 15 (63%) in the Telford and Wrekin CCG area.

Table 3. Q1. How supportive are you of the dissolution of the two CCGs and the creation of a Single Commissioning Organisation?

	Total		Shropshire CCG area		Telford and Wrekin CCG area		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Very supportive	**37**	52%	26	62%	8	33%	2	67%	1	50%
Moderately supportive	**19**	27%	10	24%	7	29%	1	33%	1	50%
Somewhat supportive	**5**	7%	1	2%	4	17%	-	-	-	-
Slightly supportive	**5**	7%	1	2%	4	17%	-	-	-	-
Not at all supportive	**5**	7%	4	10%	1	4%	-	-	-	-
Base	*71*		*42*		*24*		*3*		*2*	

Table 4 shows the reasons respondents gave for selecting **very or moderately supportive**. The key reasons were: ***'a single CCG would reduce costs and is a better use of resources'*** and ***'a single CCG would increase efficiency and reduce bureaucracy'***.

Table 4. Q2. Please explain the reason for your answer: Respondents who selected very supportive or moderately supportive in Q1.

		Total	Shropshire CCG area	Telford and Wrekin CCG area	Out of area	Unknown CCG
Agreement	A single CCG would reduce costs and is a better use of resources (e.g. improve finances)	**17**	15	1	1	-
	A single CCG would increase efficiency and reduce bureaucracy	**15**	13	-	1	1
	A single CCG would increase consistency across the area and provide a more equitable service (e.g. stop postcode lottery)	**11**	8	1	2	-
	Consider the need for change to improve services in the area (e.g. waiting times, mental health provision)	**6**	4	1	-	1
	A single CCG would lead to more co-ordination and joined-up working (e.g. with voluntary sector)	**6**	1	2	2	1
	General comment in agreement with the proposal (e.g. I agree, think it's a good idea)	**6**	3	3	-	-
	A single CCG would improve commissioning with providers (e.g. increased buying power)	**4**	3	1	-	-
	A single CCG would be able to understand health needs across the county effectively	**2**	2	-	-	-
Neutral	Consider the need for the proposal to be implemented effectively	**5**	2	3	-	-
	Savings should be re-invested into services	**3**	2	1	-	-

	Consider the impact on neighbouring areas (e.g. Powys)	**1**	1	-	-	-
	Consider the need for a focus on prevention services	**1**	-	1	-	-
Disagreement	Proposal is focused on cost-savings	**2**	-	2	-	-
	Proposal may reduce local involvement and engagement	**2**	-	2	-	-
	Proposal may weaken existing relationships with the CCG	**1**	-	1	-	-
Base		*52*	*33*	*14*	*3*	*2*

Although respondents selected very supportive or moderately supportive in Q1, some commented with neutral themes or themes in disagreement.

Table 5 shows the reasons respondents gave for selecting **somewhat, slightly or not at all supportive**. The key reason was the ***'proposal may reduce focus on the needs of local people'***.

Table 5. Q2. Please explain the reason for your answer: Respondents who selected somewhat supportive, slightly supportive or not at all supportive

		Total	Shropshire CCG area	Telford and Wrekin CCG area	Out of area	Unknown CCG
Disagreement	Proposal may reduce focus on the needs of local people (e.g. smaller or rural areas)	**5**	3	2	-	-
	Proposal is focused on cost-savings	**3**	2	1	-	-
	Proposal will not deliver an improvement to health services in the area	**3**	3	-	-	-
	Proposal would adversely affect CCG finances	**2**	1	1	-	-
Neutral	Consider the demographic and geographic differences across Telford and Shropshire	**1**	-	1	-	-
	Consider the need for the proposal to be implemented effectively	**1**	-	1	-	-
Agreement	Consider the need for change to improve services in the area (e.g. waiting times, mental health provision)	**1**	-	1	-	-
	A single CCG would reduce costs and is a better use of resources (e.g. improve finances)	**1**	1	-	-	-
	A single CCG would improve commissioning with providers (e.g. increased buying power)	**1**	-	1	-	-
Base		*14*	*6*	*8*	-	-

Although respondents selected somewhat supportive, slightly supportive or not at all supportive in Q1, some commented with neutral themes or themes in agreement.

Verbatim quotes can be found in Appendix 2.

5.2 Feedback on concerns or issues raised in response to the proposal

Table 6 shows the concerns or issues raised by respondents. The key concerns or issues were: ***'the proposal may reduce focus and knowledge of local people's needs'***; ***'the proposal may not lead to change'*** and ***'consider access to local services'***.

Table 6. Q3. If you have any concerns or issues, please give details here.

	Total	Shropshire CCG area	Telford and Wrekin CCG area	Out of area	Unknown CCG
Proposal may reduce focus and knowledge of local people's needs (e.g. smaller or rural areas)	**9**	5	3	-	1
Proposal may not lead to change (e.g. same staff as former CCGs, no cost savings)	**9**	5	3	-	1
Consider access to local services (e.g. rural areas, for elderly and non-drivers)	**9**	8	1	-	-
A single CCG may be more complex and increase bureaucracy	**6**	5	1	-	-
Consider the need for effective consultation and engagement	**6**	3	3	-	-
Consider the need for the proposal to be implemented effectively	**6**	2	2	1	1
Consider the impact on staff and staff levels if the proposal is implemented (e.g. job losses)	**5**	2	3	-	-
Consider how budgets will be allocated	**5**	3	2	-	-
Consider the need for a focus on prevention services	**4**	3	-	1	-
Consider the need for adequate funding	**3**	-	2	1	-
Consider where offices will be located	**2**	1	1	-	-
No concerns or issues	**2**	1	1	-	-
Re-organising structures negatively impacts on patients	**2**	1	1	-	-
Proposal is focused on cost-savings	**2**	-	2	-	-
Proposal would lead to reduced representation for Telford (e.g. headquarters in Shrewsbury)	**2**	-	2	-	-
Consider the impact on provider service provision	**1**	-	1	-	-
Consider that the councils will still be separate organisations	**1**	1	-	-	-
Base	*52*	*30*	*18*	*2*	*2*

Verbatim quotes can be found in Appendix 2.

5.3 Feedback on potential benefits of the proposal

Respondents were given a list of potential benefits of the proposal and were to what extent they agreed or disagreed that the proposal would achieve these benefits (Table 7). Agreement[1] was high for all the statements, in particular ***'reduce duplication (e.g. one board/chair)'*** with 65 (90%) respondents in agreement, and ***'stronger negotiating powers with one single organisation when commissioning services'*** with 62 ((86%) respondents in agreement.

Table 7. Overall feedback: To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve.

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree		Base
	No.	%	No.	%	No.	%	No.	%	No.	%	
Reduce duplication (e.g. one board/chair)	45	63%	20	28%	4	6%	1	1%	2	3%	*72*
Stronger negotiating powers with one single organisation when commissioning services	30	42%	32	44%	3	4%	4	6%	3	4%	*72*
Improvements for providing co-ordinated services across the county aimed at those who need them	31	44%	27	38%	6	8%	3	4%	4	6%	*71*
Streamlining (e.g. easier to navigate through the CCG)	25	35%	32	45%	8	11%	3	4%	3	4%	*71*
Greater accountability (e.g. one governance – i.e. one Board, one set of policies)	32	45%	23	32%	9	13%	2	3%	5	7%	*71*
Cost saving/efficiencies (help achieve the 20 per cent national savings target)	29	41%	24	34%	8	11%	6	9%	3	4%	*70*

Breakdown by CCG area:

- ***Improvements for providing co-ordinated services across the county aimed at those who need them***: A greater proportion of respondents in the Shropshire CCG area agreed with this statement (36 / 84%), compared to 18 (75%) in the Telford and Wrekin CCG area.
- ***Streamlining (e.g. easier to navigate through the CCG)****:* A greater proportion of respondents in the Shropshire CCG area agreed with this statement (36 / 84%), compared to 17 (71%) in the Telford and Wrekin CCG area.
- ***Reduce duplication (e.g. one board/chair)***: A greater proportion of respondents in the Shropshire CCG area agreed with this statement (39 / 91%), compared to 25 (88%) in the Telford and Wrekin CCG area.
- ***Cost saving/efficiencies (help achieve the 20 per cent national savings target)***: A greater proportion of respondents in the Shropshire CCG area agreed with this statement (33 / 77%), compared to 16 (70%) in the Telford and Wrekin CCG area.
- ***Greater accountability (e.g. one governance – i.e. one Board, one set of policies)***: A greater proportion of respondents in the Telford and Wrekin CCG area agreed with this statement (19 / 79%), compared to 33 (77%) in the Shropshire CCG area.
- ***Stronger negotiating powers with one single organisation when commissioning services***: A greater proportion of respondents in the Shropshire CCG area agreed with this statement (39 / 91%), compared to 19 (76%) in the Telford and Wrekin CCG area.

For a further breakdown by CCG area, please see Tables 13-18 in Appendix 3.

[1] *Agreement / agreed: refers to the total number / proportion of respondents selecting 'strongly agree' or 'agree'.*

6 Conclusion

Overall, 56 (79%) respondents were **very or moderately supportive** of the proposal, whereas 15 (21%) respondents were **somewhat, slightly or not at all supportive** of the proposal. When comparing by CCG area, support was greater in the Shropshire CCG area, with 36 (86%) respondents **very or moderately supportive**, compared to 15 (63%) in the Telford and Wrekin CCG area.

Key reasons for supporting the proposal were that a single CCG would reduce costs, be a better use of resources, increase efficiency and reduce bureaucracy. Key concerns or issues raised were that the proposal may reduce focus and knowledge of local people's needs, the proposal may not lead to change' and that access to local services should be considered.

Respondents were given a list of potential benefits and were asked to what extent they agreed or disagreed with them (Table 8). The level of agreement was high across all statements, particularly with *'reduce duplication (e.g. one board/chair)'* and *'stronger negotiating powers with one single organisation when commissioning services'.*

Table 8. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve…

	% strongly agreeing or agreeing	*Base*
Improvements for providing co-ordinated services across the county aimed at those who need them	82%	*71*
Streamlining (e.g. easier to navigate through the CCG)	80%	*71*
Reduce duplication (e.g. one board/chair)	90%	*72*
Cost saving/efficiencies (help achieve the 20 per cent national savings target)	76%	*70*
Greater accountability (e.g. one governance – i.e. one Board, one set of policies)	77%	*71*
Stronger negotiating powers with one single organisation when commissioning services	86%	*72*

Appendix 1: Demographic data presented in the interim report of findings

Table 9. Interim report: Demographic profile of survey respondents

Ethnicity		
White: British	45	98%
White: Irish	-	-
White: Gypsy or traveller	-	-
White: Other	-	-
Mixed: White and Black Caribbean	-	-
Mixed: White and Black African	-	-
Mixed: White and Asian	1	2%
Mixed: Other	-	-
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	-	-
Base	*46*	
Age category		
16 - 19	-	-
20 - 24	-	-
25 - 29	1	2%
30 - 34	1	2%
35 - 39	1	2%
40 - 44	1	2%
45 - 49	1	2%
50 - 54	5	11%
55 - 59	4	9%
60 - 64	14	30%
65 - 69	4	9%
70 - 74	9	20%
75 - 79	5	11%
80 and over	-	-
Prefer not to say	-	-
Base	*46*	
Religion		
No religion	-	-
Christian	23	66%
Buddhist	-	-
Hindu	-	-
Jewish	-	-
Muslim	-	-
Sikh	-	-
Any other religion	3	9%
Prefer not to say	9	26%
Base	*35*	
Sex		
Male	15	35%
Female	27	63%
Intersex	-	
Prefer not to say	1	2%
Other	-	-
Base	*43*	
Armed services		
Yes	3	7%
No	39	91%
Prefer not to say	1	2%
Base	*43*	

Sexual orientation		
Heterosexual	38	90%
Lesbian	-	-
Gay	1	2%
Bisexual	1	2%
Other	-	-
Prefer not to say	2	5%
Base	*42*	
Relationship status		
Married	27	61%
Civil partnership	-	-
Single	2	5%
Divorced	3	7%
Lives with partner	4	9%
Separated	1	2%
Widowed	5	11%
Other	-	-
Prefer not to say	2	5%
Base	*44*	
Pregnant currently		
Yes	-	-
No	38	95%
Prefer not to say	2	5%
Base	*40*	
Recently given birth		
Yes	-	-
No	37	95%
Prefer not to say	2	5%
Base	39	
Health problem or disability		
Yes, limited a lot	4	10%
Yes, limited a little	8	19%
No	30	71%
Prefer not to say	-	-
Base	*42*	
Disability		
Physical disability	4	17%
Sensory disability	6	26%
Mental health need	2	9%
Learning disability or difficulty	1	4%
Long-term illness	*10*	43%
Other	*5*	22%
Prefer not to say	*4*	17%
Base	*23*	
Carer		
Yes - young person(s) aged under 24	4	10%
Yes - adult(s) aged 25 to 49	1	3%
Yes - person(s) aged over 50 years	12	31%
No	23	59%
Prefer not to say	-	-
Base	*39*	
Gender identity		
Yes*	-	-
No	34	94%
Prefer not to say	2	6%
Base	*36*	

*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

Figure 3. Interim map showing responses by location

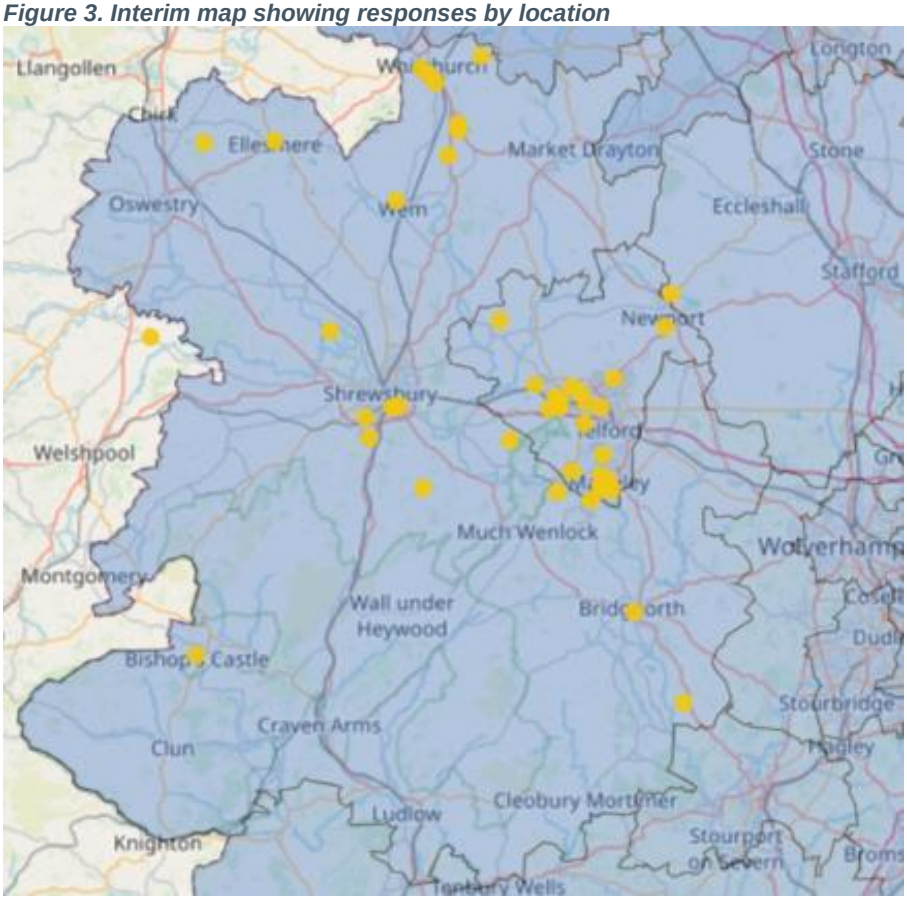


Table 10. Interim Index of Multiple Deprivation (IMD)

Decile	Total
1 (most deprived)	6%
2	-
3	11%
4	15%
5	21%
6	9%
7	6%
8	13%
9	6%
10 (least deprived)	4%
Out of area	4%
Postcode unable to be profiled or no postcode provided	4%
Base	*47*

Appendix 2: Verbatim comments

Table 11. All verbatim comments: Q2. Please explain the reason for your answer

Response	CCG area	Gender	Age band
The present commissioning organisations do not appear to be providing a good health service for Shropshire residents. The delays while Telford and Shrewsbury argue interminably are not in anyone's interest. Where are the community services needed to keep people out of hospital? Mental health provision for young people is poor.	Shropshire CCG	Female	60 - 64
Should result in joined up working across the county. Should reduce bureaucracy.	Unknown CCG	Male	70 - 74
Understand the need to save money. Not certain it will be reinvested in services as different messages from professionals in the room.	Telford and Wrekin CCG	Female	50 - 54
I appreciate the need to save administration costs. However the move to a greater geographic area must mean a lesser focus on particular requirements of patients in the smaller areas as now. The 2 CCGs already commission some services together so greater buying power may not outweigh the disadvantages. Larger areas lead to a greater remoteness from patients.	Telford and Wrekin CCG	Male	60 - 64
it is a requirement and opportunity to save money and focus resources	Shropshire CCG	Female	45 - 49
Consistent application and focus of resources across the area. Improved buying power. Better coordination with voluntary services.	Shropshire CCG	Male	60 - 64
Potentially a better vehicle for delivery	Telford and Wrekin CCG	Male	60 - 64
One organisation should be more efficient and less costly than two. The approach seems to be well managed and taking account of a wide audience.	Shropshire CCG	Male	75 - 79
I can see how one organisation can work well effectively and understand health needs across both areas as a whole, and how cost savings could be made to reinvest in services. I also support the equitable access to services.	Shropshire CCG	Female	50 - 54
There is a need to do things differently, to give the best service for the public if services in Shropshire Telford and Wrekin	Telford and Wrekin CCG	Unknown	60 - 64
Not sure we will keep our very supportive contact that we have in Telford with the Telford and Wrekin CCG.	Telford and Wrekin CCG	Female	70 - 74
Taking out a layer of management	Shropshire CCG	Male	70 - 74
Understand the need to save funds. Understand the need to reduce duplication but have concerns that the quality of patient engagement will become less.	Telford and Wrekin CCG	Unknown	60 - 64
Not sure bigger is always better. Still suspicious this is about saving money.	Telford and Wrekin CCG	Male	70 - 74
Not sure about ability of team to get the balance right across the whole county.	Telford and Wrekin CCG	Male	65 - 69
Economy, single source of communication. No post code lottery.	Shropshire CCG	Male	75 - 79
We are one country; we should have one CCG. Most of the providers serve both current CCGs - it will be much more efficient if one CCG commissions one service.	Shropshire CCG	Female	60 - 64
The current set up is not sustainable and not the most suitable for the whole of Shropshire in my opinion.	Telford and Wrekin CCG	Female	55 - 59
An integrated organisation should be cost affective and provide a better service for people	Out of area	Female	55 - 59
It will save money and be more efficient way of working	Shropshire CCG	Female	40 - 44
Need to demonstrate value for money and co-operation across T&W and Shropshire	Telford and Wrekin CCG	Female	55 - 59
Single voice, more equal treatment of the regions	Shropshire CCG	Male	60 - 64
Cost savings plus opportunity for a new ethos: less marker driven, more emphasis on public health, preventative medicine and integrated care, plus resources for care in the community.	Shropshire CCG	Male	75 - 79
Would offer support providing change is for the right reasons	Telford and Wrekin CCG	Male	65 - 69
Equity across both CCGs. Money saving on reduction of duplication of depts. (which should be redirected to the front line treatment of patients)	Shropshire CCG	Prefer not to say	65 - 69

it is about time competition for finite resources was stopped.	Telford and Wrekin CCG	Female	70 - 74
Am slightly dubious @ where Powys comes into this. Why do they not join with Wales as a country and if devolvement comes in will this happen.	Shropshire CCG	Female	60 - 64
Obvious financial benefits. Equality across whole county more likely	Shropshire CCG	Female	70 - 74
Don't want Shropshire debt	Telford and Wrekin CCG	Male	25 - 29
My concern is the needs of Telford and Wrekin as a growing industrial town with levels of deprivation and health issues against the traditional loud voices and pull of Shropshire hot to undermine valid rural issues.	Telford and Wrekin CCG	Male	70 - 74
Supportive if it provides better services to public	Telford and Wrekin CCG	Female	60 - 64
Sometimes it may be too much work for one person, as saying many hands make light work and important facts may be missed.	Telford and Wrekin CCG	Female	50 - 54
I am very supportive as I think it is a very good idea	Telford and Wrekin CCG	Female	35 - 39
It is all about saving money not improving cars	Shropshire CCG	Female	60 - 64
There is so much to gain from sharing ideas, cost saving etc	Shropshire CCG	Female	65 - 69
we need to have one voice speaking for the people of Shropshire. Currently, there are different policies and procedures in place in Telford and Wrekin and Shropshire CCG. The reorganisation will also help to save money as there will no longer need to be 2 boards and Executive Directors. There would also be a realignment of offices which will also release cash. .	Shropshire CCG	Female	60 - 64
Just wondering why a single organisation would be advantageous when the current organisation is failing miserably through lack of funding. We need to have much more information...particularly with regards to our GP services which, like our A & E services are clearly seriously overburdened.	Shropshire CCG	Female	75 - 79
affordability of management costs, and joined up commissioning across the county.	Out of area	Female	55 - 59
I'm concerned that standards of services that are commissioned will not improve. How are the two CCG's rated against their targets? If they are both already poorly rated what you will end up with is a poor larger CCG. Standards must improve.	Shropshire CCG	Male	60 - 64
Saves money and will mean a more joined up plan across the region	Telford and Wrekin CCG	Female	50 - 54
A single organisation will better meet the needs of the populations of the two local authorities at lower overheads and more frontline spending.....	Shropshire CCG	Male	65 - 69
I understand that the Shropshire group has insufficient funds and so hope that this burden would be shared by Telford & Wrekin.	Shropshire CCG	Female	45 - 49
30 years ago the NHS in Shropshire was delivered by Shropshire Health Authority one governing body. There have been so many costly changes with the break up of SHA and money could have gone into patient healthcare instead of the creation of several organisations. There are too many big bosses taking huge unrealistic salaries ... let's see the streamlining of those positions and the money saved going back into patient care	Shropshire CCG	Female	60 - 64
Working together should give us a better organisation and co-ordinate across all of Shropshire.	Telford and Wrekin CCG	Male	70 - 74
Combined purchasing power	Telford and Wrekin CCG	Female	70 - 74
Makes complete sense and allows access to best practice innovation and information sharing through efficiency measure achievements	Shropshire CCG	Female	40 - 44
Cost saving. \Postcode lottery eliminated hopefully. More measures for patient support.	Out of area	Female	80 and over
Primarily economies of scale	Shropshire CCG	Male	70 - 74
I cannot answer as I don't know the effects it would have. The individual gets lost.	Shropshire CCG	Female	80 and over
Avoid duplication. More efficient to have one large one than two separate bodies of administration. Cost.	Shropshire CCG	Unknown	65 - 69
It seems to be sensible to save money on 'back office' matters, but I wonder how it will be more suitable for patients.	Shropshire CCG	Female	65 - 69
In order for a combined CCG to function effectively, the problematic issues eg poor communication between depts. effectively working silos. If this culture is not addressed these you will be creating a bigger problem for yourselves. This will	Shropshire CCG	Female	70 - 74

loose any cost effectiveness of the merger and will not gain you support from an already frustrated public.			
If it gives up joined up thinking, it can only be good.	Shropshire CCG	Female	70 - 74
The current situation incurs higher costs in admin which is wasteful.	Shropshire CCG	Male	65 - 69
Should save money which can be used to improve services.	Shropshire CCG	Male	80 and over
It will make it easier to understand what is available to us to able to access what is needed	Telford and Wrekin CCG	Female	60 - 64
It makes sense to combine the two for efficiency and joined up management	Shropshire CCG	Female	70 - 74
A bigger population and a big county. When I was young we had several hospitals. Some people will have to travel 50 miles for a hospital.	Shropshire CCG	Male	70 - 74
The creation of two clinical commissioning groups within the area of Shropshire and Telford and Wrekin was never justified. In former years this geographical area was well served by the Salop Area Health Authority (from 1974) which became the Shropshire Health Authority in the early 1980s.	Shropshire CCG	Male	80 and over
Their actions should produce an increased standard of care and clearer pathways for referral.	Unknown CCG	Unknown	Unknown
the division into Shropshire and Telford and Wrekin has been the focus of dispute and competitive behaviour which has been a waste of money and effort.	Shropshire CCG	Female	65 - 69
The overall approach of a simple merger to save 20% of admin costs (which I hope are a small fraction of the CCG budget) will not result in better heath care of a new way of delivering this, as is claimed. It swill simply result in a larger CCG with all the deficiencies of the present two, with the added difficutly of having to comiision for both a very rural catchment and pockets of urban need. Commissioning efficiency results from the skills of the commissioners, not from scale.	Shropshire CCG	Prefer not to say	Prefer not to say
Reducing costs and improving efficiency	Shropshire CCG	Male	65 - 69
Sounds good but I'm of an age where I am cynical about large changes.	Shropshire CCG	Male	75 - 79
I feel county population base is too small for two CCGs to work as effective commissioners.	Shropshire CCG	Male	65 - 69
Combining the two CCGs will lead to more efficiency and economy of size when purchasing goods and services.	Shropshire CCG	Male	70 - 74
It will reduce waste in the system and also means that a county-wide approach is take to health and healthcare.	Shropshire CCG	Male	40 - 44
Need to ensure services are equitable across Shropshire, Telford and Wrekin and not sure if this will happen hope so. It will become a powerful organisation which is a concern in one respect and good in terms of commissioning Need to secure patient voice, funding for voluntary sector ans statutory services - especially preventative services.	Telford and Wrekin CCG	Male	50 - 54

Table 12. All verbatim comments: Q3. If you have any concerns or issues, please give details here.

Response	CCG area	Gender	Age band
Bigger may lead to loss of contact at local level	Unknown CCG	Male	70 - 74
Currently commissioned by both CCGS but providing different services in Telford to Shropshire. Are we also expected to make a cost saving.	Telford and Wrekin CCG	Female	50 - 54
Yes, bigger is not always better. Bigger can be much more complex and more difficult to steer. The new body is staffed by people from the old CCGs - a reality perception of "little change".	Telford and Wrekin CCG	Male	60 - 64
That it will focus only on 'big ticket' pieces of work in order to have biggest impact but not take the long view and invest in prevention.	Shropshire CCG	Female	45 - 49
Please focus on prevention. Not to abdicate responsibility for quality of service delivered.	Shropshire CCG	Male	60 - 64
That the new regime can't deliver 100% on the 1st April 2021. Failure on that or notified phased delivery failure will result in lost confidence and baggage that stays in the proposed "new model" CCG. Don't use either old HQs for the new CCG because that will create past ownership hassles.	Telford and Wrekin CCG	Male	60 - 64
That the networking events and public consultation is taken seriously, not just used as a box ticking exercise.	Shropshire CCG	Male	75 - 79
Ensuring that patients fully have a role in shaping the new organisation. Will the cost savings really take place? Does equity of service access mean having to travel further if services are made central?	Shropshire CCG	Female	50 - 54
That we still have strong links with the CCG through engagement patient leads and commissioners	Telford and Wrekin CCG	Unknown	60 - 64
Losing local knowledge and out lying areas missing out.	Shropshire CCG	Male	70 - 74
As above. Need to ensure funds are used for areas that need it. Seeking patient feedback on initiatives is imperative.	Telford and Wrekin CCG	Unknown	60 - 64
communication, understanding and situation of new offices because that will impact on thinking and connectivity.	Telford and Wrekin CCG	Male	70 - 74
Representing Wem and Prees. We are no where near any hospital or service, no access to Telford or Gobowen hospitals except by taxi or private volunteers. need local services - particularly for elderly and non drivers.	Shropshire CCG	Male	75 - 79
The elephant in the room is two councils. if the new CCG is truly effective, it will bring the leaders of Shropshi8re and T & W Councils together and get them to agree.	Shropshire CCG	Female	60 - 64
Concerned about timeline to have one CCG in place. Enough money has already been spent and wasted on Future Fit - let's not make the same mistakes again.	Telford and Wrekin CCG	Female	55 - 59
To make sure to commission an inclusive service that has a budget for preventive services and makes best use of the voluntary sector who have good local knowledge and access But voluntary services are not free you need to be funding them if you want their support and expertise.	Out of area	Female	55 - 59
Change for change sake don't do this!	Shropshire CCG	Male	60 - 64
The change would lapse with a large managerial exercise. Will there be real vision? Can the two very different areas work in real partnership?	Shropshire CCG	Male	75 - 79
Concerned that change is purely based on financial grounds rather than looking to provide a better service	Telford and Wrekin CCG	Male	65 - 69
Loss (through retirement/or job seeking/of some experienced staff. Unsettled and a period of bedding down taking a long time.	Shropshire CCG	Prefer not to say	65 - 69
That there doe snot appear to be a budget line for patient involvement That experts by experience will continue to be ignored. No information on the operation process available.	Telford and Wrekin CCG	Female	70 - 74
I have concerns around what happens to staff who are made redundant as a result of this proposal - will they be redeployed elsewhere in the NHS to use their skills experience. What about redundancy costs? Will resources be spread equitably across the whole of T & W and Shropshire	Telford and Wrekin CCG	Female	60 - 64
Where is the single CCG going to be situated? How much is the redundancy going to cost us or the NHS. How many staff will be made redundant, what will happen to them.	Shropshire CCG	Female	60 - 64
Bigger isn't necessarily better. Patient/users likely to be forgotten or get lost. Communication - lack of. Transparency - lack of.	Shropshire CCG	Female	70 - 74

Avoid pollical interference	Shropshire CCG	Female	70 - 74
How will the needs of Telford population be advanced and covered Has the agreed staffing covered both T & W and Shropshire staff and their knowledge basis How will budget allocations be apportioned.	Telford and Wrekin CCG	Male	70 - 74
Staff cut backs (lose of jobs)	Telford and Wrekin CCG	Female	60 - 64
Blinkered views by one individual	Telford and Wrekin CCG	Female	50 - 54
No concerns or issues	Telford and Wrekin CCG	Female	35 - 39
Providing it is getting efficiency Not Shrewsbury dominant Where will you be based? Shrewsbury? Wouldn't like this.	Telford and Wrekin CCG	Unknown	70 - 74
Fearful that Telford will lose its voice once again.	Telford and Wrekin CCG	Female	75 - 79
Concern is that in a time of trying to achieve savings the boards will be diverted from this by this reorganisation.	Shropshire CCG	Female	60 - 64
Our Whitchurch GP services are overburdened - we were promised a new surgery at Pauls Moss but that seems in doubt now. We are not given any information about this. It is difficult to get to see a GP - and very difficult to telephone for an appointment the as the switchboards are constantly busy. People very often just give up trying - especially old people - that could be one of the reasons A & E is at breaking point ie not getting to see a GP and then the condition becomes an emergency.	Shropshire CCG	Female	75 - 79
the time it will take to achieve an integrated, functional team	Out of area	Female	55 - 59
I'm a type one diabetic and have been for 62 years. I fall under the Shropshire CCG and have seen preventative health care deteriorate over the last 10 years. Foot screening and eye photography which should be every 12 months are now every 15-18 months and the timescale is lengthening. Providing libre freestyle blood monitoring was largely rejected by this CCG on cost grounds prior to the Governments intervention in November 2018 that as from April 2019 all CCG' would provide this, subject to conditions being met. Good provision was decided by postcode. I'm not sure this merger will help in this respect.	Shropshire CCG	Male	60 - 64
It is essential that the local populations needs are not lost and are still considered	Telford and Wrekin CCG	Female	50 - 54
Services required in rural areas may well be different to those used in larger towns and cities, and these should be protected.	Shropshire CCG	Female	45 - 49
The CCG should listen to the people on the ground doing Band 2,3 and 4 jobs and ask them where savings could be made and how services could be run more efficiently. These are the people that have a common sense attitude and manage their lives on low pay and the Fat Cats could learn a lot from them... CCG take note !!	Shropshire CCG	Female	60 - 64
As above the individual gets lost. I asked at the desk of one of the surgeries if I could make an appointment to see a doctor and was told to come back at 8.00 am the next day. Previous to the reorganisation this would never have happened. I'm scared. I'm a reasonably healthy 87 year old but!!!	Shropshire CCG	Female	80 and over
We have had a very good experience of healthcare in Shropshire throughout our own lives and those of our children and parents. We really appreciate our small local hospital in Whitchurch, which is invaluable. The only problems have been with administration.	Shropshire CCG	Unknown	65 - 69
May current concern is that a referral to the rapid access chest pain clinic on 7 Jan has not provided a 14 days time appointment rather an appointment in 70 days time on 18 March! Shocking! And its in Telford - miles aware from my home in Ruyton XI Towns.	Shropshire CCG	Female	65 - 69
My concern is there will still be an imbalance in the County between east, west and south and priority issues in each of these area need addressing evenly. Cost saving issues need careful handling as those can lead to unforeseen problems and suffering, eg. transport.	Shropshire CCG	Female	70 - 74
Lack of joined up thinking on diabetes care.	Shropshire CCG	Female	70 - 74
None particular.	Shropshire CCG	Male	65 - 69

It may make it difficult for members to represent the whole county as not either Shrewsbury or Telford. However it was not a problem for the old Shropshire Health Authority so it can be done again.	Shropshire CCG	Male	80 and over
The problem may be two unitary authorities with one trust and one CCG having conflicting interests.	Shropshire CCG	Female	70 - 74
Budget. If co-operation is not highlighted and practised across the site it will eventually be a very expensive move.	Unknown CCG	Unknown	Unknown
The balance of the Board of Directors must fairly reflect the two former areas, and THERE SHOULD BE A SPECIFIC REPRESENTATIVE FOR RURAL AREAS … something which has been missing on both of the current CCGs. there must be fair allocation of resources to the huge rural areas as well as the more densely populated urban areas. policies must move resources from secondary care into primary care.	Shropshire CCG	Female	65 - 69
Concern that the needs of rural and low density areas are fully considered.	Shropshire CCG	Male	65 - 69
Any savings should be used for frontline staff.	Shropshire CCG	Male	75 - 79
I still think for 'strategic' planning the population size is too small. Service is too Shropshire centred in its thinking - in our area South Shropshire we share issues and services with Herefordshire and Worcestershire.	Shropshire CCG	Male	65 - 69
Local authority commitment across Shropshire, Telford & Wrekin voluntary sector service we have lost due to a lack of funding. Patient voice not fully recognised or meaningfully considered by new organisation, loss of experienced staff. People accessing services who have no transport and reliant on public transport which is not good. MP's views are balancing views.	Telford and Wrekin CCG	Male	50 - 54

Appendix 3: Feedback on potential benefits of the proposal

Table 13. Q4a. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Improvements for providing co-ordinated services across the county aimed at those who need them

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	31	44%	21	49%	8	33%	2	67%	-	-
Agree	27	38%	15	35%	10	42%	1	33%	1	100%
Neither agree nor disagree	6	8%	2	5%	4	17%	-	-	-	-
Disagree	3	4%	2	5%	1	4%	-	-	-	-
Strongly disagree	4	6%	3	7%	1	4%	-	-	-	-
Base	*71*		*43*		*24*		*3*		*1*	

Table 14. Q4b. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Streamlining (e.g. easier to navigate through the CCG)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	25	35%	18	42%	6	25%	1	33%	-	-
Agree	32	45%	18	42%	11	46%	2	67%	1	100%
Neither agree nor disagree	8	11%	3	7%	5	21%	-	-	-	-
Disagree	3	4%	2	5%	1	4%	-	-	-	-
Strongly disagree	3	4%	2	5%	1	4%	-	-	-	-
Base	*71*		*43*		*24*		*3*		*1*	

Table 15. Q4c. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Reduce duplication (e.g. one board/chair)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	45	63%	29	67%	13	52%	3	100%	-	-
Agree	20	28%	10	23%	9	36%	-	-	1	100%
Neither agree nor disagree	4	6%	2	5%	2	8%	-	-	-	-
Disagree	1	1%	1	2%	-	-	-	-	-	-
Strongly disagree	2	3%	1	2%	1	4%	-	-	-	-
Base	*72*		*43*		*25*		*3*		*1*	

Table 16. Q4d. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Cost saving/efficiencies (help achieve the 20 per cent national savings target)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	29	41%	20	47%	7	30%	2	67%	-	-
Agree	24	34%	13	30%	9	39%	1	33%	1	100%
Neither agree nor disagree	8	11%	4	9%	4	17%	-	-	-	-
Disagree	6	9%	4	9%	2	9%	-	-	-	-
Strongly disagree	3	4%	2	5%	1	4%	-	-	-	-
Base	*70*		*43*		*23*		*3*		*1*	

Table 17. Q4e. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Greater accountability (e.g. one governance – i.e. one Board, one set of policies)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	32	45%	19	44%	11	46%	2	67%	-	-
Agree	23	32%	14	33%	8	33%	-	-	1	100%
Neither agree nor disagree	9	13%	5	12%	3	13%	1	33%	-	-
Disagree	2	3%	2	5%	-	-	-	-	-	-
Strongly disagree	5	7%	3	7%	2	8%	-	-	-	-
Base	*71*		*43*		*24*		*3*		*1*	

Table 18. Q4f. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Stronger negotiating powers with one single organisation when commissioning services

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	30	42%	22	51%	6	24%	2	67%	-	-
Agree	32	44%	17	40%	13	52%	1	33%	1	100%
Neither agree nor disagree	3	4%	-	-	3	12%	-	-	-	-
Disagree	4	6%	2	5%	2	8%	-	-	-	-
Strongly disagree	3	4%	2	5%	1	4%	-	-	-	-
Base	*72*		*43*		*25*		*3*		*1*	

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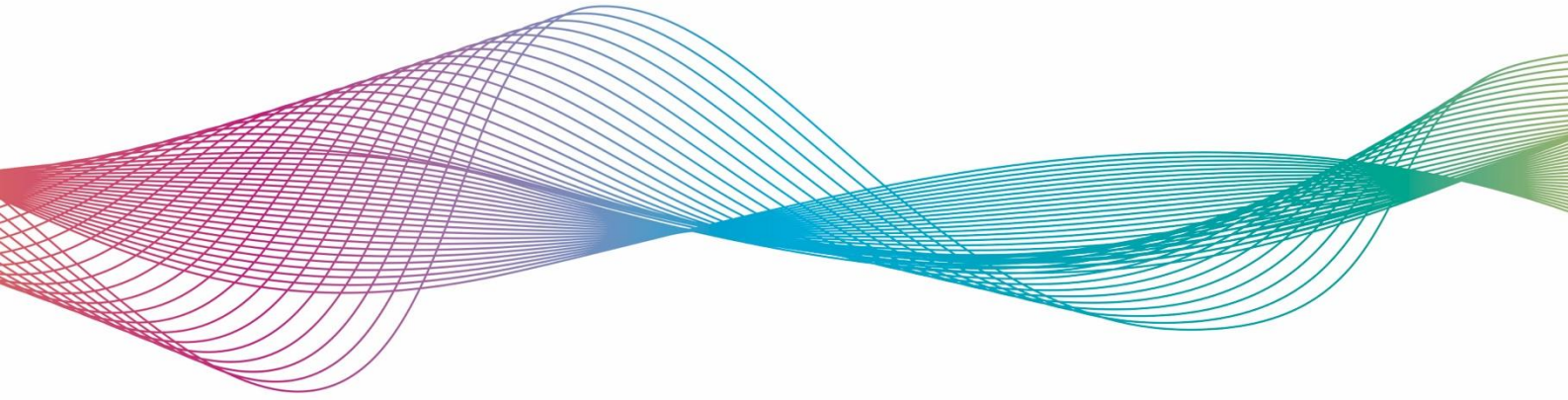

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Single Strategic Commissioning Organisation Public Engagement Themes and Considered Response Record			
Theme Area	**Feedback for consideration**	**Feedback source**	**Response - highlighting any mitigation and how considered**
		Survey/pop-ups/stakeholder event	
Corporate	May not be change - same staff no savings.	Survey	The development of a single strategic commissioning organisation involves the formation of a single Governance Board, where currently there are two, a single Executive structure, where previously there have been two, and a single staff structure. These structures are being developed to ensure the work of the organisation is delivered to a high standard, but that it fits within the new (reduced) running cost budget.
	Single CCG may be more complex and increase bureaucracy.	Survey	The development of the new organisational structure takes into account the work that needs to be performed by the commissioning organisation and the need to be as efficient and streamlined as possible, to reduce unnecessary bureaucracy and complexity.
	Reduced representation for Telford i.e. HQ in Shrewsbury.	Survey	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need by taking an evidence-based approach to understanding what the need in the population is and what the best service for that need is. This is not something that will be negatively affected by the change and it unlikely that patients will notice any difference in the day-to-day receipt of services, apart from the name and contact number of the Commissioning organisation should they wish to contact them.
	Consider the Councils will still be separate organisations.	Survey	The two local authorities are our key partners in commissioning differently in the future and it is for this reason we have taken time to consider the operating model the new CCG will use to commission both strategically and also at a place level in Shropshire and Telford and Wrekin.
	Proposal is focussed on cost savings.	Survey	The financial deficit of both CCGs and the wider system is well publicised and we have to work to return to spending within our means. That said, we do not allow this to happen at the expense of quality and patient care. Patients

			are at the forefront of CCG decision making and we have processes in place to check the impact of our proposed decisions on quality and equality.
	What efficiencies are you hoping to achieve?	Darwin SC	We are required to reduce our overall cost of running the CCG by 20% compared to 17/18 levels. Our current plans achieve this.
	Is bigger better? We should be moving towards more localised decision making.	Darwin SC	We agree, bigger is not always better. However, the decision taken here was that there is no real benefit from doing the work twice in two organisations, when it can be done once, in one, and that by combining our respective voices , the commissioning organisations can provide a more unified and influential voice in helping to determine the best models of care and safeguard quality of care.
	What about these private contracts - can we get rid of them? Only a left wing Government will sort this out?	Darwin SC	Most of our spend lies with NHS providers. Where we do have arrangements with private companies these are managed through a contract and they are held to the same high standards as their NHS peers.
	Councillor worried that focus on Telford and Wrekin to be watered down.	Tesco	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need, by taking an evidence- based approach to understanding what the need in the population is and what the best service for that need is regardless of where the need is geographically the new CCG will focus upon meeting that need.
	Will there be enough of a population to warrant being one organisation?	Park Lane	Currently the total population across Telford and Wrekin and Shropshire is just under 500,000. The guidance in the NHS Long Term Plan is that there is an expectation that there will only be one strategic commissioner in a Strategic Transformation Partnership (STP) area so on this basis it would be expected that only one CCG covers the geographical areas of Shropshire and Telford and Wrekin.
	In my opinion the proposals don't go far enough as I think commissioning needs to be at a regional level.	Ludlow	Although the Long Term Plan outlines that a single strategic commissioner will exist in each STP area, there are still some very specialised services that we will need to collaborate with other single strategic commissioners in neighbouring STP areas to commission together on a regional basis, like ambulance services, specialist children's

			services etc.
	Do we get a bonus if we get bigger?	Ludlow	There are no bonus arrangements associated with a move to become a single organisation.
	Will your computer systems speak to one another?	Ludlow	As a single commissioner we will operate one set of computer systems. As part of our system digital strategy, we will continue to ensure that, where necessary, our systems can be shared or linked as appropriate.
	How much efficiency do you anticipate?	Ludlow	We are required to reduce our overall cost of running the CCG by 20% compared to 17/18 levels. Our current plans achieve this.
	How will you change the mind set to encourage new ways of thinking?	Stakeholder event	The development of a single CCG allows us to look at best practice in both CCGs to adopt this across a wider footprint where it will add greater value. The Strategic Commissioner will also be helping to support more localised innovation at a more local level with the creation of Primary Care Networks (PCN) and Integrated Care Providers (ICP) who will determine how local services should be delivered.
	Will the CCG come to individual PPGs to explain the rationale and progress of the new CCG?	Stakeholder event	A further stakeholder event is planned for PPGs and updates will be provided through their respective Shropshire and Telford groups for cascading through their channels.
	Will the responsibilities shared between Shropshire Council, Telford and Wrekin Council and new CCG be any different from now?	Stakeholder event	Initially the responsibilities will remain the same until a new legislation is introduced by the Government to underpin the guidance set out in the NHS Long Term Plan.
	Councillors not being kept in the loop.	Oswestry	Databases have been reviewed and Oswestry Council Town Council included.
	Why no pop up in Wem?	Stakeholder event	Geographically there was a spread of pop ups to ensure a spread across the County within the resource available.
	Have pop ups been promoted on social media and shared with stakeholders inc. VCS?	Stakeholder event	Yes the pops up were promoted through stakeholders and attendees at the stakeholder event which included VCS members as well as at venues and across both CCG web sites and local media and extensively across social media.
Finance	Consider how budgets will be allocated.	Survey	We already have consideration of budget allocation in our work plan for finance. We will align our budget models to our place based models as they emerge.
	Consider the need for adequate funding.	Survey	The CCG has little ability to influence national policy on budget allocation. We will continue to present our case

			about funding however must also work hard to live within our means.
	What are the cost savings?	Ludlow	We are required to reduce our overall cost of running the CCG by 20% compared to 17/18 levels. Our current plans achieve this.
	What does 20% look like in figures?	Ludlow	The target reduction to current running cost expenditure (2019/20) to meet the 20/21 allocations will be £1.6m. The 20% reduction quoted has been calculated on 2017-18 levels and includes adjustments for year on year pay awards/pension changes etc.
	Money is the elephant in the room - one CCG vs 2 won't solve this. How to invest in community services, prevention etc. when there is no money?	Stakeholder event	This point is noted. Our out of hospital programme is designed to reduce spend at the hospital. In part, we recognise that some of these savings will be required to increase our community based services.
	Will the money saved be put back in the services?	Ludlow	All CCGs nationally have had their funding allocation for running costs reduced. This means that the savings have been retained centrally by the NHS for investment in other areas.
	What happens to the debt that the two organisations have built up?	Stakeholder event	We are still awaiting clarification on this from NHSE/I.
Operational	May reduce focus/knowledge of local people's needs (smaller rural areas).	Survey	We agree, bigger is not always better. However, the decision taken here was that there is no real benefit from doing the work twice in two organisations, when it can be done once, in one, and that by combining our respective voices , the commissioning organisations can provide a more unified and influential voice in helping to determine the best models of care and safeguard quality of care.
	How can you be sure your data is accurate when making future decisions?	Stakeholder event	The NHS already has robust processes for capturing and using data to predict future activity levels within services. We also rely on key demographic data held by public health departments in our local authorities to provide information on health inequalities. We believe that in creating a single CCG we can actually start to utilise other services of data held by our partners i.e. local authority that will help to model our population's health needs in more detail.

Patients	Re-organising structures negatively impacts on patients.	Survey	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need, by taking an evidence-based approach to understanding what the need in the population is and what the best service for that need is. This is not something that will be negatively affected by the change and it unlikely that patients will notice any difference in the day-to-day receipt of services, apart from the name and contact number of the Commissioning organisation should they wish to contact them.
	How would changes affect patients?	Whitchurch	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need, by taking an evidence-based approach to understanding what the need in the population is, and what the best service for that need is. This is not something that will be negatively affected by the change and it unlikely that patients will notice any difference in the day-to-day receipt of services, apart from the name and contact number of the Commissioning organisation should they wish to contact them.
	Would patients see a difference?	Whitchurch	
	Is bigger better? Concerns over doctor appointments and that individual were being lost.	Whitchurch	We agree, bigger is not always better. However, the decision taken here was that there is no real benefit from doing the work twice in two organisations, when it can be done once, in one, and that by combining our respective voices , the commissioning organisations can provide a more unified and influential voice in helping to determine the best models of care and safeguard quality of care.
	Welsh patients getting whatever they want but not contributing.	Oswestry	The CCG does not fund care for Welsh patients. Where they are treated in our local hospitals this is funded by Welsh commissioners.
	What will change for patients?	Polish Support Group/Meeting Point House	No noticeable change for patients, but may be a change to telephone numbers if public facing services move i.e. prescription ordering, PALS.
	Will people have to change their doctor or hospital?	Meeting Point House	No people will still keep the same GP and continue to use their registered GP practice.

	As one bigger organisation will you still be responsible for what you have commissioned in the past e.g. how we get our repeat prescriptions?	Ludlow	The aim is a single and bigger CCG would cut down on duplication and it would give greater buying power as well as more efficiencies and one voice.
	What are the plans and benefits of a single CCG?	Ludlow	We believe the creation of a single CCG will have a number of benefits for both the CCGs, patients and the health system as a whole as set out in our engagement statement.
	Please consider family carers as well as patients/service users when planning services and making changes.	Stakeholder event	These are being researched and added to our database.
Services	Consider the need for focus on prevention services.	Survey	The need to further develop place based working and the prevention agenda is key within the commissioning strategy being developed for the new organisation.
	Consider the impact on provider service provision.	Survey	Our local providers have in the past had to deal with two sets of contracts, often describing similar/subtly different types of services, with all the paperwork monitoring and negotiation this entails. In the case of a single commissioning organisation, they will be working in a more collaborative manner, with a single commissioner, which will be a beneficial change to provider colleagues. As above, the move to single commissioning organisation should not impact on day-to-day delivery of services to patients.
	With the creation of a new CCG, will there be an improvement to Shropshire's mental health services?	Darwin SC	The new strategic commission organisation, in line with the existing CCGs, recognises the importance of good mental health services and will work with providers to see improvements in this area.
	Audiology/Neurology services are a lot better in Shropshire than Telford and Wrekin - how will you ensure these services are not negatively impacted when the CCGs come together?	Darwin SC	Currently audiology services and neurology services are jointly commissioned by Shropshire and Telford and Wrekin CCGs. There is no inequity of service at present and we do not expect there to be any inequity of service following the creation of the new organisation.
	Struggling to know what is out there - desperate for day services/group activities for memory loss.	Tesco	We now have in post a newly appointed Director of Partnerships and their role will involve working with the voluntary sector to see what is available and identify gaps.
	Will provision of hearing aids be any different in the new CCG?	Stakeholder event	Provision of services is always under review by CCGs so there may be changes to services although these will not be linked to the creation of the new organisation.

Transport	Consider access to local services (rural areas/for elderly and non-drivers).	Survey	Shropshire, Telford and Wrekin is an area with a mix of some quite densely populated urban areas and quite marked rurality and low population density in other areas. We recognise that availability of and access to local services varies across the Shropshire, Telford and Wrekin, and that (as do the existing CCGs) a new strategic commission organisation will need to reflect this important consideration when planning and buying services and this will continue to be part of what is.
	How would the elderly get to appointments in Telford? - Concern noted.	Whitchurch	
	Those with mobility issues have problems with transport, especially if services are moved.	Tesco	Initially services will not change venues however they may in the future. If people have mobility issues there is help available and they may meet the criteria for NEPTS.
	We're in our 80s and need more outpatient appointments in Ludlow Hospital.	Ludlow	With the creation of the new single commissioner we are looking to move focus away from hospital and bring health and social care into the community.
	Questions from named individuals from the Stakeholder event for action.		
	NHS England wants great savings on Stoma Care. Shropshire CCG has been doing a pilot study on stoma care and has had stoma nurses seeing patients in a number of surgeries. However patients with urostomies were moved to urinary specialist nurses about four years ago (these nurses do not have training or experience of post-operative care). Who will be bringing about these savings and will the stoma charities be involved - Toni Haynes, Shropshire and Wales branch of the Urostomy Association.		The pilot has now come to a close. We will produce a report on the outcomes, and the CCGs will work to realise any highlighted opportunities for improvement of the patient pathway, which will include appropriate engagement.
	We are an association currently commissioned by each CCG to provide a different service in the community in Telford and Shropshire. What will the process be in 2021? How will we move forward as a commissioned service? Re-tender? Make services the same?		Any services that are currently delivered differently across the two organisations are likely to be reviewed to determine if they should be merged into a single service for the whole population or if the differences need to remain to meet the needs of the differing populations.

	Dianne Beaumont, Alzheimer's Society.		
	How were people invited to this event? Telford voluntary sector invited by email letter from Sharon. Not the same in Shropshire leading to lack of representation from wider voluntary sector.		Stakeholder databases were used to identify appropriate groups along with desk research and these were sent by the respective organisations from different sources to support capacity.
	Reduced representation for Telford i.e. HQ in Shrewsbury.	Survey	We acknowledge that many people living in different parts of Shropshire and Telford and Wrekin are concerned that in creating a single much larger CCG across the whole county may diminish the focus on their communities health needs. We have thought carefully about how we can ensure we have equal clinical representation on the proposed new governing body and address these issues more directly. Both memberships have agreed that 6 GP/Primary Health professional will sit on the governing Body - 3 elected from the practices in Shropshire and 3 form the practice in Telford and Wrekin. From these elected six 1 will be elected by these individuals to become the chair of the single CCG. We believe this is a pragmatic solution that retains local clinical knowledge but does not undermine streamlined decision making.
	Who does what at the moment?	Whitchurch	The two CCGs receive money from the Secretary of State to buy (commission) health care services for their respective local populations which includes hospital care, ambulance, mental health, community services, out of hours and primary care. We are proposing in the future that one CCG will receive the total budget to buy these services from the whole population of people living in the county of Shropshire.
	Where will the new Board be located?	Stakeholder event	Currently there are two CCG bases for each CCG, one in Shrewsbury and one in Telford. At the moment our plan is to retain bases in both localities as neither accommodation allows consolidation of staff on either site.
Corporate - Estates	Consider where offices will be based.	Survey	
	Concerns about where new CCG would be based.	Whitchurch	

Implementation	Consider the need for effective implementation.	Survey	This is a recognised risk in undertaking this level of reconfiguration and so we have a number of safeguards in place: NHS England have a robust application process that CCGs have to adhere to which tests our strategy and the financial basis of our plan, it also tests whether we have some fundamental building blocks in place prior to becoming a new statutory body. In addition we also have to develop a benefits realisation plan which sets out what benefits we think the change will afford us and then how we will measure the progress against each stated benefit. In the year following the creation of a new CCG the plan will show whether we have gained a benefit or not and in what area.
	CCGs are rubbish and a merger isn't about to help that.	Ludlow	We believe the creation of a single CCG will have a number of benefits for both the CCGs, patients and the health system as a whole as set out in our engagement statement.
Staff	Consider the impact on staff and staff levels e.g. job losses.	Survey	The proposal to create a single CCG has had a number of drivers, one of which is the need for CCGs to make 20% savings in their running costs. This is significant and we have been clear with our staff that although we will do everything to avoid redundancies, with this level of saving required it cannot be ruled out. We have started preparing new staff structures to consult upon with staff but this has now been put on hold due to the impact COVID 19 is likely to have on the health system. The structures will seek to focus on the new role of strategic commissioner and identifying the skills sets that will be required moving forward. We believe that this will ensure that we can retain and continue to attract talented staff, but particularly utilising clinicians more effectively at both a strategic and place level.
	Concern that talent is lost during the process and this should be avoided at all costs.	Darwin	
	Won't it mean extra work for staff who won't be able to do their work properly and there will be a knock on effect on patients?	Park Lane	
	How do you intend to attract the right staff - both medical and professional?	Stakeholder event	

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TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD – 10 JUNE 2020

INTEGRATION OF HEALTH AND SOCIAL CARE – TELFORD'S 'PLACE' APPROACH AND PROGRESS

REPORT OF DIRECTOR OF ADULT SOCIAL CARE, TWC, DIRECTOR OF HEALTH, WELLBEING AND COMMISSIONING, TWC & DEPUTY EXECUTIVE INTEGRATED CARE, CCG

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1. Following the release of the NHS Long Term Plan in January 2019, joint working between the Council and CCG led to the development of the Telford & Wrekin Integrated Place Partnership (TWIPP). This built on joint work previously undertaken by Telford and Wrekin Council (TWC) and Telford and Wrekin Clinical Commissioning Group (TWCCG).

1.2. The purpose of TWIPP is to drive directional change to the delivery of support to the people living within the boundaries of Telford and Wrekin, ensuring it is based around 'place' and enables further integration of services/teams.

1.3. This report outlines the progress made by TWIPP over the last 6-9months and the difference it has made to our residents and the system as a whole. The report also focuses on the work of the pilot Health and Social Care Rapid Response Team which started in November 2019.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

2.1 Note the progress set out in this report and request a further update report in December 2020;

2.2 Support and promote the local, place based work, of the Telford & Wrekin Integrated Place Partnership; and

2.3 Support the need for the Telford & Wrekin Integrated Place Partnership, to remain a key part of the STP / and emerging Integrated Care System.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	No	• Protect and support our most vulnerable children and adults

		• Support communities and those most in need and work to give residents access to suitable housing • Improving health & wellbeing across Telford and Wrekin)
	Will the proposals impact on specific groups of people?	
	No	The programme of work will impact on all residents.
TARGET COMPLETION/ DELIVERY DATE	Ongoing programme of work aligned to the Sustainability and Transformation Partnership (STP) and the Health and Wellbeing Board Strategy.	
FINANCIAL/ VALUE FOR MONEY IMPACT	Yes	The Council's contribution to the delivery of this programme is met from within existing resources, including the Better Care Fund and the Public Health Grant. In addition the Council has provided extra investment from one off resources to support some elements of the TWIPP work. It is anticipated the Council will need to find further savings estimated to total £18m over the period 2021/22 and 22/23 and this may impact on the funding for this programme. Whilst it is not possible at this stage to identify the financial benefits of this programme in the longer term, its successful development and implementation should result in better outcomes for individuals and the community, resulting in longer-term financial benefits across the whole system by reducing the pressure on acute services. *(TS, TWC 28/05/2020)* NHS Telford and Wrekin CCG contributes to the support of this programme from within existing management costs. The delivery costs of the programme are within the current NHS Shropshire Community Trust Budget and the health contribution to the Better Care Fund and Primary Care Budgets. Whilst there are no plans to disinvest from commissioned services for 2019/20 HWBB will be aware that as a system further savings are required to maintain financial sustainability going forward. *(TJ, CCG,27.05.2020)*
LEGAL ISSUES	Yes	S.195 of the Health and Social Care Act 2012 places a duty upon the Health and Wellbeing Board to encourage integrated working in the provision of health and social care services. The HWB is also required to provide advice, assistance and other support as it thinks appropriate for the purpose of encouraging arrangements that improve the delivery of health functions undertaken by the NHS or the local authority. The Board may also encourage commissioners of health-related services in its area to work closely with

		the Board and encourage commissioners of any health or social care services and commissioners of health-related services in its area to work closely together The proposals set out in this report will assist the Board in meeting its legal obligations. *(AL, TWC 27/05/2020)*
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	There are opportunities relating to sustainability and improved efficiencies through delivering on the integration agenda.
IMPACT ON SPECIFIC WARDS	Yes	The programme of work impacts across the population of the Borough and includes targeted activity within those wards reporting higher levels of health and wellbeing need and inequalities.

PART B) – ADDITIONAL INFORMATION

5. BACKGROUND INFORMATION

5.1. Following the release of the NHS Long Term Plan in January 2019, joint working between the Council and CCG led to the development of the Telford & Wrekin Integrated Place Partnership (TWIPP). This built on joint work previously undertaken by Telford and Wrekin Council (TWC) and Telford and Wrekin Clinical Commissioning Group (TWCCG). The Partnership comrpises senior officers from TWC, TWCCG, Primary Care Networks, Midlands Partnership Foundation Trust, Shropshire Community Health Trust, Shrewsbury and Telford Hospital Trust and Healthwatch; it also links into the Voluntary, Community and Social Enterprise Sector through bi-annual network meetings.

5.2. The purpose of the (TWIPP) is to drive directional change to the delivery of support to the people living within the boundaries of Telford and Wrekin, ensuring it is based around 'place' and enables further integration of services/teams.

5.3. The TWIPP is accountable to the Telford & Wrekin Health and Wellbeing Board (HWB) and the Shropshire and Telford & Wrekin Sustainability and Transformation Partnership (STP). Whilst the TWIPP is not accountable to the Safeguarding Partnership, it does include aspects of work that deliver the prevention agenda for safeguarding and as such will engage with them when required.

6. OUR STRATEGIC APPROACH

6.1. The Integrated Place Programme is a complex set of activities bringing together all aspects of community centred approaches under the same strategic vision and principles of working to achieve the following outcomes:

- **Communities will be connected and empowered**
- **People will stay healthy for longer**
- **Clinical outcomes for patients will be optimised**
- **Services will be available closer to home**
- **People will feel supported during times of crisis**
- **People and their carers will be supported at the end of their lives**

6.2. To ensure there was a consistent narrative across the Borough, a strategic plan for the programme was developed and agreed at the TWIPP by all members in June 2019. This plan has 6 strategic priorities:

- **Building Community Capacity and Resilience** - strengthening communities through community development, asset based methods, developing social networks, volunteer and peer roles, developing collaborations and partnerships and improving access to community resources.

- **Prevention and Healthy Lifestyles -** support people to stay healthy with a combination of individual and whole population approaches.

- **Early Access to Advice and Information** - integrated approach to information and advice, including use of the voluntary sector, online directories, development of locality hubs and an independent living centre.

- **Integrated Care and Support Pathways (including out of hospital)** - all organisations in Telford and Wrekin delivering services which connect and empower people to stay healthier for longer and preventing unnecessary admission to hospital.

- **One Public Estate** - developing and using existing and new estate to enable delivery of integrated support.

- **Governance** - shared local commitment, leadership, accountability, performance metrics and governance.

6.3. The Strategic Plan for the programme will be updated over the coming months to reflect the changes and opportunities for further integration brought about through changes in delivery and opportunities developed through dealing with the COVID-19 pandemic.

7. PROGRESS OVERVIEW

7.1. In the last 9 months, work has continued at pace to deliver the Integrated Place Programme. This section of the report highlights some of the progress (please note that this is as at 12 March 2020, pre-COVID-19).

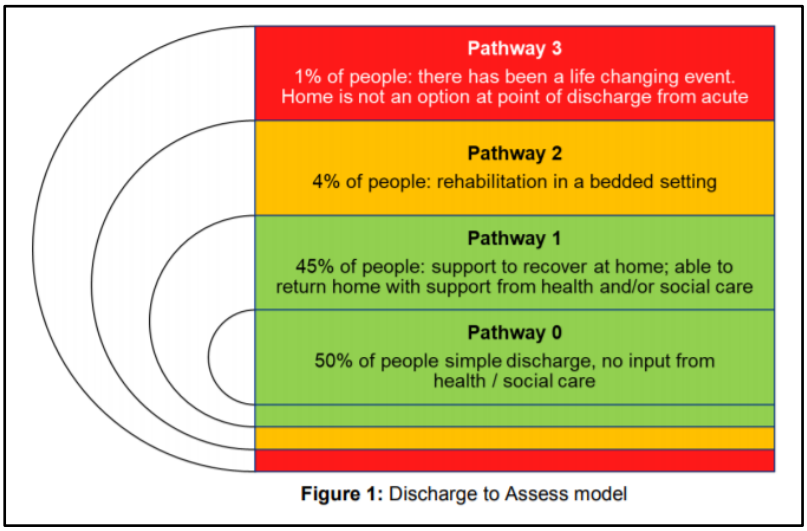
Nº	Deliverable	Timescale	Progress update March 2020
Building Community Capacity and Resilience			
1.1	Grant Rounds to develop provision of additional community groups	2019-2020 **Completed**	Our Capacity Building Fund has two grants that are open throughout the year for applications at any time, they are; • "Get started" – awarding up to £2,000 to support the development of grass roots community and voluntary organisations which facilitate community self-help, create resilient communities and reduce demand on council services. In 2019-2020 4 grants were approved for a total of £4,274. • "Develop" - Up to £10,000 helping communities to build capacity, in order to empower and encourage them to self-help and rely less on Council and other public services. This grant does not support the development of new groups but supports those that are existing to

			develop their organisation or their "offer". In 2019-2020 2 grants were approved for a total of £14,480.
1.2	Increased volunteering capacity within the community	2019-2024	The Council leads on volunteering by: • Delivering volunteer schemes on behalf of the Council – currently the Council manages 21 different volunteer schemes that support service delivery ranging from environmental, health and wellbeing, care and support to young people, arts and culture, leisure and libraries. To put this into context the total number of Council volunteers that we support is just over 1500. • Providing advice and guidance to services that identify opportunities for working with volunteers. • Make sure our volunteers are well looked after and supported. As part of developing volunteer roles/schemes, all Council volunteers are supported by dedicated Volunteer Co-ordinators. • Provide support, advice and partnership working externally to individuals, community groups and organisations. So far this year we have supported 40 voluntary and community organisations with planning and setting up volunteer schemes and attended 14 community events to promote what is available. • Manage the Volunteer Telford website – currently we have over 80 organisations registered on the site, with over 180 opportunities being promoted and typically we get over 3,000 hits a month from people searching the site. During Covid-19 pandemic, volunteering has become an instrumental part in supporting the Council to help those who are shielding or vunerable in the Borough. 1,147 volunteers registered with the Council and have been supporting the borough's residents in a variety of ways: • Guardian and Keep in Touch calls to vulnerable residents • Dog walking • Collection/Delivery of prescriptions • Shopping/food deliveries • Supporting food banks • Home Library Delivery Service The whole community response, which includes support from volunteers, community groups and TWC staff, have supported, or offered support, to over 18,000 households.
1.3	Development of the Personal Assistant (PA) role and support development of a PA+/Micro-provider role	2019-2021	Project team and action plan in place. Currently progressing: • Development of Live Well Telford PA pages to support information and advice needs, and includes a new PA register to assist recruitment. • Use of Care Certificate and Skills for Care training provision. • Well-developed marketing plan and materials ready to go.

			Next steps: • Formalisation of a new PA pay rate agreement. • Developing the in-house PA support offer. • Consider further ways of offering paid support
Prevention and Healthy Lifestyles			
2.1	British Heart Foundation community blood pressure testing programme	2019-2021	Telford and Wrekin were on stage at the National CVD Prevention conference in London on 06 Feb 2020, show-casing our BHF funded Community Blood Pressure Programme and sharing early findings with delegates from across England. In a session chaired by Jacob West, Director of Healthcare Innovation at BHF, Ann Marie McShane, the programme lead, described how the Telford Community programme is raising awareness of the importance of blood pressure, motivating people to get tested and loaning monitors for people to carry out home monitoring where they have a high initial reading. The conference was an opportunity to show how primary care in Telford are supporting this work and responding when patients are signposted with a new diagnosis of hypertension. The project has now tested over 2250 people in community venues and workplaces in Telford. If you have any questions about the programme please contact ann-marie.mcshane@telford.gov.uk
2.2	Living with and Beyond Cancer Programme	2020	Community based delivery of living well sessions are continuing in 2020. Patients are signposted during the treatment phase but no referral is necessary – the session are open to patients at any stage of the cancer pathway also relatives friends or family can attend. Living Well Video has been produced and was launched on World cancer day on 04 February 2020. The video is available at: https://www.sath.nhs.uk/wards-services/az-services/cancer-services/livingwithandbeyond/videos/
2.3	Development of the social prescribing role in PCNs	2020	• South East Telford, PCN – two link workers recruited / established social prescribing model in place (coordination via Court Street Medical Practice in partnership with Telford MIND) • CET / TELDOC and Newport PCN's are still in the planning phase • Donnington Medical Practice (via Jim Hudson) have been identified as a priority area for the STP Integrated Volunteering Project (bid has been submitted to NHS England for funding) • Public Health Team are working with the Sutton Hill Community Trust (part of SET) to embed a Community Sport and Health Apprentice within the partnership to support local arrangements for social prescribing and community support with a focus on physical activity

2.4	Implementation of Telford & Wrekin Smoke Free Plan	2019-2022	Telford & Wrekin Council continues to offer high quality stop smoking services, achieving better than average quit rates since April 2013. The local smoking prevalence has been reducing, which demonstrates the impact of our local service offer and our work with partners on the smoke free plan. The Council's Public Health Team lead work with the local NHS to reduce smoking, particularly with maternity services, to tackle the high local rates of smoking in pregnancy. The Council's Trading Standards Team are especially proactive, working closely with partners, such as HMRC to disrupt activities around illicit tobacco, provide vital intelligence to other partners to take action on illicit supplies and to tackle under age sales.
2.5	Delivery of whole system approach to reduce obesity	2019-2022	Work is ongoing to deliver our whole system approach to reducing excess weight and obesity (in line with the actions set out in our Annual Public Health Report). Over the last 12 months our work with local schools and nurseries has been encouraging and we are seeing an increasing number of settings take a whole school approach to encouraging healthy eating and physical activity. TWC were the top local authority for seeing the biggest improvement in physical activity levels for adults and we also reported a significant increase in children's physical activity levels. We are working with Shropshire Council and the STP Programme Management Team.
Early Access to Advice and Information			
3.1	Ongoing development and promotion of Live Well Telford. (Information Portal)	2020-2021	• A review of the categories has taken place to refine results presented to users, for example 'Community & Leisure' has a category named 'Things to do – Adults' with a large number of results presenting this has now been split into various themes such as Dance, Nature & Gardening, Reading & Poetry to ensure that users are presented with relevant results. • We are working with the CCG to deliver Chatty Pals, Health & Social Care information drop ins across Telford. • We are currently booking to attend Carers Wellbeing Groups across Telford. Attendance at three groups has been confirmed, these are in Dawley, Newport and Hadley. • We continue to attend Council libraries and have booked to attend community libraries to promote Live Well Telford to local residents. • A new Live Well Telford marketing campaign is currently being developed which will include testimonials/case studies from services registered on Live Well Telford these will be written quotes but also some short video clips. We will also be using telephone campaigns to

			encourage services such as opticians, dentists and pharmacists to register with Live Well Telford.
3.2	Establishment of an Independent Living Centre/Smart House	2019-2020	Due to ensuring the right central location was found the timescale for completion of this project has been set back until Summer 2020. Since the first iteration of plans the inclusion of the voluntary sector in centre has been further developed. CVS are now an integral part of the centre's development and a central location has been identified which will become available at the beginning of July. Detailed implementation planning is now taking place.
Integrated Care and Support Pathways (including out of hospital)			
4.1	Implement the Health and Social Care Rapid Response Team (HSCRRT)	2019-2020	Please refer to the following section which provides an in depth look at the progress of the HSCRRT.
4.2	Rollout of Care Home Team & exploring early intervention team for care homes	2019-2020	The Care Home team is part of the wider Telford and Wrekin CCG Integrated Care programme of work to enable people to remain in their own homes to receive care whenever possible. Whilst the data shows a positive trend in admission reduction, the ambition is to decrease this further and to ensure links across system working. The current actions the team have undertaken are a renewed focus on promotion of ensuring all care homes know of admission avoidance support services and alternative pathways to 999 such as the Health and Social Care Integrated Rapid Response Team. The team have also been working collaboratively with WMAS and care homes to support the use of 111 *6 and 111 for residential homes with a specific aim at out of hours.
4.3	Hospital pathways development – inc Pathway Zero	2019-2020	Pathway Zero is a preventative pathway, pre-empting and identifying those who may be readmitted to hospital without a level of support. At the start of the pilot a target was set of 5% of discharges to occur through this pathway. Over the first 5 months of the pilot the approach has exceed expectations with: ✓ 9% being discharged home on Pathway Zero, which has decreased the number of people being discharged into bed-based enablement by 2%-point. ✓ A 22%-point reduction in rate of re-admissions. ✓ 27%-point increase in people discharged with equipment or assistive technology (e.g. community alarms, fall prevention…etc) ✓ 37%-point increase in number of people booked into a local community based social care hub for a follow up appointment – helping to maintain independence

			✓ 14%-point increase in number of carers support inventions and formal assessments. In January 2020, the senior leaders reviewed the progress made and agreed to roll the pilot out, taking it from one ward at the hospital to all wards. This is being monitored through the A&E Delivery Group. Following the embryonic work started in Telford & Wrekin Adult Social Care in September 2019, which became Pathway Zero, it was further developed across Telford & Wrekin Council and Shropshire County Council. The model has been adopted Nationally and is included in the Department of Health and Social Care's COVID-19 document: Hospital Discharge Service Requirements (March 2020) as the below diagramme illustrates.  **Figure 1:** Discharge to Assess model *Diagram taken from DoHSC Hospital Discharge Service Requirements, March 2020, page 4*
4.4	Development of a telehealth option to deliver care for long term conditions.	2020-2021	Funding secured for small scale pilot in Telford working with ShropCom respiratory service for patients with COPD, due to go live April 2020. Evaluation of impact 3 months after implementation.
4.5	Delivery of national service specifications for PCNs	2020-2021	Initial guidance advised of five services to be delivered was released on 23 December 2019. After national feedback the 'PCN DES' these have been reduced to three; structured medication reviews, enhanced care in care homes and early cancer diagnosis. During the covid 19 period the work on progressing the national DES has been stepped down. However, as part of the response to supporting individuals in care homes, work has been on going in strengthening the community and Primary care response to care homes.

4.6	Consolidation and further development of domiciliary care zone model	2020-2021	We are 5 months into the Zones and can see from our mapping and client data that clear 'zones' are now starting to take effect. There is still work to integrate providers with voluntary organisations and we continue to promote #everydayisdifferent #caringmatters to support recruitment and retention with our zonal providers. The 6-month cycle of contract management will commence in April 2020 and we will assess the level of integration and plans in increase this.
One Estate			
5.1	Development of new integrated estates/extra care facilities	2020-2024	Progressing New College site with partners. Next steps include developing a master plan and requirements list with partners and ensure the onsite provisions are complimentary.
Other TWIPP Deliverables			
6.1	Implementation of the Hertfordshire Family Safeguarding Model (CYP)	2020-2022	The following are basic elements of the Family Safeguarding Model, how Telford & Wrekin Council became involved in the programme and the proposed timeline for implementation: • The DfE Strengthening Families, Protecting Children Programme: grants to local authorities to adopt one of the three successful innovation projects. • Relevant children's services departments in England were invited to bid for one of these projects to be launched in their area. TWC are one of five local authorities that have been successful in securing grant funding to implement the Family Safeguarding Hertfordshire Model – Walsall Council, Lancashire County Council, Telford & Wrekin Council, London Borough of Wandsworth and Swindon Borough Council. • The Hertfordshire programme team visited on 18th – 19th February to meet key team members of the team in Telford & Wrekin Council. • The programme team will return early summer 2020 to undertake an updated diagnostic and to finalise budget proposals for the Department for Education in readiness for the programme implementation. • The programme team will be here in Telford & Wrekin doing the bulk of work in September/October 2020.
6.2	Mental Health - place based approach	2020-2023	*STP work stream priorities include – All age out of hours crisis services, redesign of rehab pathways to reduce out of area placements, improving access to services for people with autism and LD, and digital solution to support trauma informed care.* A planning session with the leads was arranged for early April, with a place based workshop planned for May. Due to Covid-19 this did not take place and will be rescheduled in due course.

			One place based pilot approach, Calm Cafes, were launched in January 2020 providing 4 sessions in three venues across the Borough. The Calm Cafes utilised short term funding to test the impact of proactive and local engagement on people's mental health and maintaining and improving their outcomes. Professionals from different agencies are on hand, including a social worker, to listen, signpost and help calm situations so people are able to leave feeling more in control and less anxious. The pilot will also inform future commissioning intentions.

8. INTEGRATION HIGHLIGHT - THE HEALTH AND SOCIAL CARE RAPID RESPONSE TEAM

8.1. Telford and Wrekin have continued to see increasing demands on health and social care services, with no additional resources. Senior Leaders across the local sector recognised that in order to achieve a sustainable and successful health and social care system new ways of working needed to be considered.

8.2. In August 2019, Senior Leaders through the Telford & Wrekin Integrated Place Partnership, agreed for an integrated community rapid response pilot service to be developed. This was influenced by multi organisational workshops held in June 2019. The purpose of this pilot was to establish whether, through integrated community working, avoidable unplanned admissions could be reduced and patient experiences and outcomes improved. Simultaneously, the pilot would also enable senior leads to understand the benefits of joined up working to help inform system wide integration moving forward.

8.3. On 18 November 2019, the Health and Social Care Rapid Response Team (HSCRRT) was launched. The aim of the service is to:

- Improve the person's experience,
- Reduce avoidable unplanned admissions to hospital or care homes,
- Reduce the number of crisis referrals,
- optimise follow up care to reduce re-admissions,
- Improve access to a range of community services,
- Happy and productive staff, and
- Provide data and information to support future decision making and service models.

8.4. The co-located service is comprised of Community Nurses, Social Workers, Physiotherapists, Occupational Therapists, General Practitioner Clinical Advisors and Call Handlers. The team also has access to equipment and assistive technology.

8.5. The service supports any person aged over 18 who are experiencing a rapid decline of their health and are in crisis. Some examples of presenting needs have been unexplained falls, urinary tract infections, deteriorating palliative care, reduced mobility, struggling at home and no end of life provision/pathway.

8.6. Individuals referred to the team are assessed within two hours of being referred; following which the team will then put in place a plan to resolve the immediate health crisis, work to help prevent crisis recurrence, and allow the individual to remain as independent as possible in their own homes. This can include:

- Urgent calls will be dealt with by direct professional to professional contact,
- Assessments within two hours,
- Provision of urgent health care response to avoid admission,
- Provision of urgent equipment to avoid admission,
- Assessment for domiciliary care,
- Admission to community bed-based services where appropriate,
- Liaison with the person's GP to effectively manage clinical care at home, and
- Liaison with the wider health and social care system to support the person at home.

8.7. Between 18 November and 22 May 2020, the service has received 895 referrals (averaging 33 referrals a week), of which 876 were accepted. The 19 referrals were declined because they did not meet the service criteria as outlined in 8.5, e.g. they were from out of area.

8.8. The referrals received were from a wide variety of agencies. As at 22 May 2020:

- 28% from GPs, Practice Nurses and GP Out of Hours,
- 19% from Family Connect,
- 15% from Community Health and Social Care Services,
- 15% from WMAS,
- 3% from Care Homes,
- 2% from VSCE sector, and
- 2% from carers or care agencies.

With the remaining 16% from a wide range of agencies/services, including the hospital, 111, CCC, Hospice, Mental Health Teams, ShropDoc, Wrekin Housing Trust and Urgent Care Practitioners.

8.9. One of the key aspects of the team is providing a 2 hour response to a referral. This means that from the point of accepting the referral, the team have two hours to make contact with the person to ascertain next steps. 80% of all of the accepted referrals were completed within the two hour timescale. The timeliness has been impacted by the change in type of referrals that have come as a result of Covid-19. E.g. there have been more lower level referrals to support the TWC's Community Support Service which have not required a 2 hour response, so other cases were prioritised and this has impacted on the overall timeliness measure.

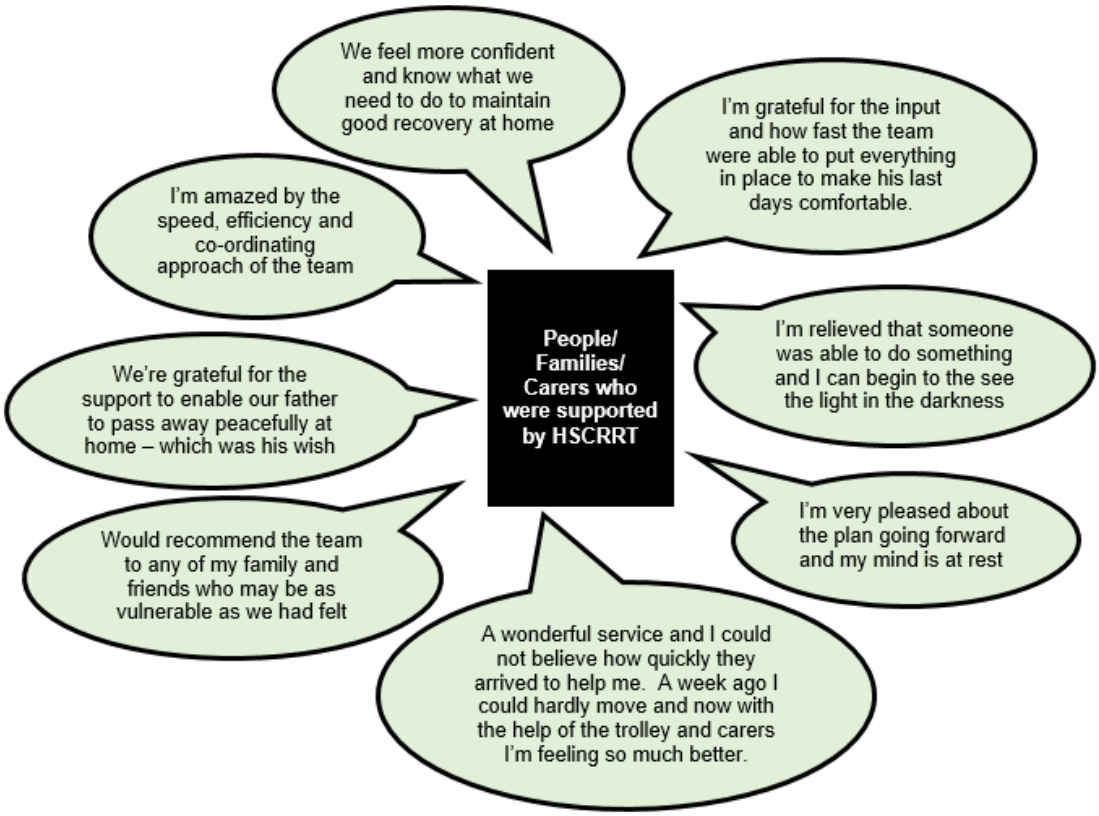
8.10. One of the main aims of this pilot was to avoid admission to an acute setting, either hospital or beds. Of all of the accepted referrals the recorded admission avoidance rate was 96%.

8.11. Over the course of the pilot the team have also seen additional impacts, including:

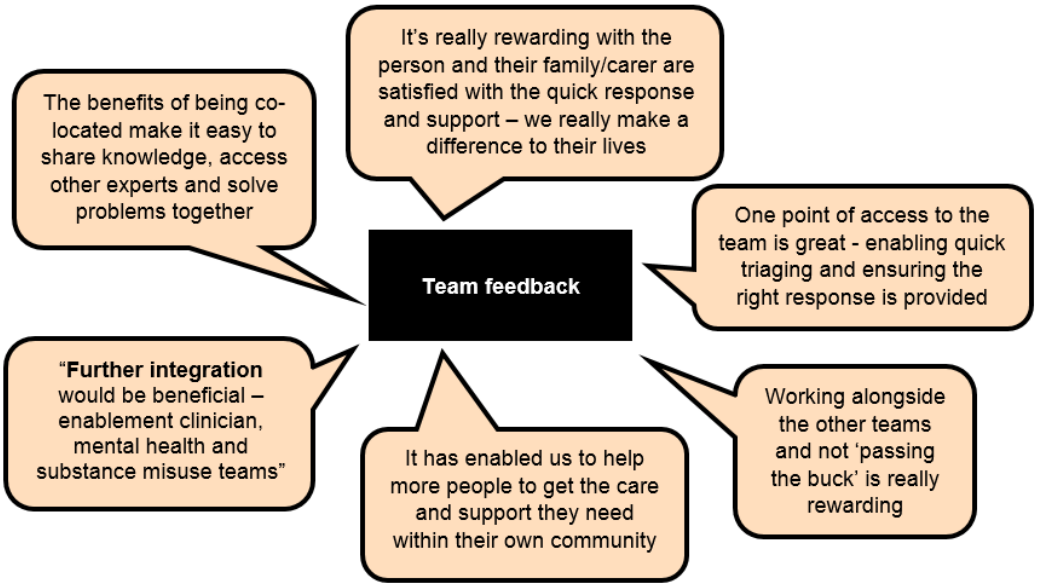
- ✓ More referrals from the ambulance service who would have previously conveyed to hospital;
- ✓ Overcoming information sharing and governance issues to share patient information in real time as part of assessment and treatment planning;
- ✓ Joint working across the specialist teams; and
- ✓ The motivation to look for solutions in a positive way to overcome and obstacles that arise.

8.12. **What difference has it made to people?**

As part of the pilot, feedback from those receiving a service, their family/carers, staff and stakeholders was gathered to enable continuous improvements to be made to ensure the service is efficient and making a difference.


People/ Families/ Carers who were supported by HSCRRT
We feel more confident and know what we need to do to maintain good recovery at home
I'm grateful for the input and how fast the team were able to put everything in place to make his last days comfortable.
I'm amazed by the speed, efficiency and co-ordinating approach of the team
I'm relieved that someone was able to do something and I can begin to the see the light in the darkness
We're grateful for the support to enable our father to pass away peacefully at home – which was his wish
I'm very pleased about the plan going forward and my mind is at rest
Would recommend the team to any of my family and friends who may be as vulnerable as we had felt
A wonderful service and I could not believe how quickly they arrived to help me. A week ago I could hardly move and now with the help of the trolley and carers I'm feeling so much better.


Stakeholder feedback
They have been instrumental …to reduce the avoidable admissions
It enables the person to get the best support in a timely manner
Being able to refer people to this services has certainly been a benefit and provided timely support and avoided hospital admissions
Very impressed with how quick the team responded. We like calling the team as they get things done and we can call for advice too
Thank you for your help
They have given good advice, and support which has enabled the resident to be cared for in the care home
Always get a prompt response and the staff are really helpful



8.13. **Where next?** As we progress out of this phase of Covid-19 and into the resettling of the system we will be looking at moving forward with HSCRRT.

9. CONCLUSION

9.1. Building on the strong foundations of Neighbourhood work started by TWC and TWCCG, TWIPP has developed strong partnerships, designing and delivering integrated place based services in Telford and Wrekin. Progress has been rapid with learning and change developed within the projects as evidenced within this paper.

9.2. The cross-system learning that is being captured during the COVID-19 period will be crucial to developing the approaches moving forward.

9.3. TWIPP is integral to ensuring that the developments are place based and improve outcomes for Telford and Wrekin residents.

10. PREVIOUS MINUTES

Health and Wellbeing Board – 21 March 2019
Health and Wellbeing Board – 12 September 2019

11. BACKGROUND PAPERS

Health and Wellbeing Board – 21 March 2019 – Agenda Item 4 and 5.
Health and Wellbeing Board – 12 September 2019 – Agenda Item 7.
NHS Long Term Plan
Sustainability and Transformation Partnership Plan

Report prepared by:
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TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD – WEDNESDAY 10 JUNE 2020

TELFORD & WREKIN COMMUNITY SAFETY PARTNERSHIP - DOMESTIC ABUSE PROGRESS REPORT

REPORT OF LIZ NOAKES, DIRECTOR HEALTH, WELLBEING & COMMISSIONING (STATUTORY DIRECTOR OF PUBLIC HEALTH)

LEAD CABINET MEMBER – CLLR RICHARD OVERTON

CABINET CHAMPION - CLLR RAE EVANS

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report updates the Health & Wellbeing Board on the work of the Domestic Abuse Subgroup in terms of the local response to the coronavirus pandemic, as well as the progress being made towards implementation of the Domestic Abuse Strategy 2019-2021.

- The coronavirus pandemic has clearly been an especially worrying time for victims of domestic abuse. Therefore the Council and partners have ensured a particular focus as part of the COVID-19 response at both the Council's internal gold command group and the multi-agency Shropshire, Telford & Wrekin Tactical Coordinating Group.
- Regular data updates from West Mercia Police indicate that there has not to date been an increase in the number of domestic abuse crimes and incidents reported compared to the equivalent period in 2019/20.
- Research suggests that there is likely to be an increase in domestic abuse reports once the Government's 'Stay at Home' guidance is lifted. In anticipation of an increase Telford & Wrekin Council has committed additional funding to directly support victims of domestic abuse, including for West Mercia Women's Aid Live Chat Service and Shropshire Domestic Abuse Service – Supporting People 1:1 and Helpline Service.
- As part of the Government's public awareness raising campaign 'You are not alone' the Council launched a number of initiatives, including: refresh of the web pages, promotional video by Shropshire Domestic Abuse Service, press release with a call to action for people to share a heart palm symbol on social media and posters highlighting local and national support for supermarkets for NHS hospital and community settings.
- Progress continues on key priorities within the local domestic abuse strategy, including identification of funding: to support children and young people affected by domestic abuse, for the commissioning of pilot family and perpetrator programme and improved support in safe accommodation for victims, linking to the Domestic Abuse Bill.

2. RECOMMENDATIONS

The Health & Wellbeing Board is asked to recognise: the arrangements in place to assess the impact of domestic abuse locally in light of the pandemic, the additional support and awareness raising and the further progress being made in implementing the Telford & Wrekin Domestic Abuse Strategy 2019-2021.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective (s)?	
	Yes	• Protect and support our most vulnerable children and adults • Put our children and young people first • Improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	Domestic Abuse can affect anybody, regardless of their gender or sexual orientation, and it occurs across all of society. However certain people are disproportionately affected, such as women, young people under 25, those with disabilities or mental health problems. Domestic Abuse can have a long-term and devastating impact on families and particularly children.
TARGET COMPLETION/DELIVERY DATE	Fortnightly meetings are in place with police and safeguarding colleagues to understand local intelligence and analyse data. This arrangement will stay in place until agreed to step down the local response by the Safeguarding Partnership Executive. The domestic abuse action plan is being regularly updated and implementation will continue to be monitored and reported over the lifetime of the strategy until March 2021.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	In 2020/21, the Council has invested an additional £40k from its resources in services that directly support domestic violence victims as part of the local response to the Coronavirus pandemic. In support of some of the key priorities of the Domestic Abuse strategy additional funding is also available: • £250k from Council resources over a two-year period to support children and young people affected by domestic violence and a pilot perpetrator scheme. • Grant from the Council's successful bid to the MHCLG 2020-2021 fund, (circa £65,000) to support victims of Domestic Abuse within safe accommodation linking to the prospective Domestic Abuse Bill.

		Any additional services identified as being required as the action plan is progressed will need to be met from within the partners existing resources. If additional funding is required, there will be discussion amongst partners and a request will have to be made through the relevant governance arrangements of each organisation. TS 01/06/2020
LEGAL ISSUES	Yes	The Council has a duty to take steps to improve the wellbeing of those within its borough. The DA strategy assists the Council in meeting this statutory obligation. The strategy will also assist the Council in being able to work with partners in implementing the Domestic Abuse Bill which is anticipated to be brought into force within the next 12 months. AL 03/02/2020
OTHER IMPACTS, RISKS & OPPORTUNITIES		
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact is expected, but particularly wards with highest levels socioeconomic deprivation and health inequalities.

4. PART B) – ADDITIONAL INFORMATION

4.1 COVID-19 Response

The Stay at Home guidance element of the Government's COVID-19 response, is well recognised as potentially causing levels of stress which impacts on mental health in families. It is recognised this is likely to lead to an overall increase in domestic abuse incidents, with national charities warning of a potential 30% rise in domestic abuse reports once the lockdown ends.

Domestic abuse has been a particular focus at both the Council's internal gold command COVID-19 response group and the multi-agency Shropshire, Telford & Wrekin Tactical Coordinating Group.

The Domestic Abuse Subgroup is a wide partnership group, therefore a smaller core group has been formed during the pandemic, with representatives from the police and safeguarding teams meeting fortnightly to understand the local picture and any changes.

In anticipation of the increased demand for local support services the Council has allocated additional funding to support victims of domestic abuse, in partnership with specialist domestic abuse services such as;

- West Mercia Women's Aid – Live Chat Service
- Shropshire Domestic Abuse Service – Supporting People 1:1 and Helpline Service

In light of the Government's announcement for a public awareness raising campaign 'You are not a lone' and to promote local support services, the council launched a number of initiatives;

- New content on the councils COVID-19 web page, which has been viewed 3,300 times. The website also including a video developed by Shropshire Domestic Abuse Service promoting the local support, as well as advising people on how to stay safe. The video has been viewed 8,000 times since the 'stay at home' guidance was launched
- Joint press release with Shropshire Council with a call to action for people to share a heart palm symbol on social media
- Posters highlighting Local and National support displayed in Telford's supermarkets, GP practices and NHS hospital and community settings

4.2 Incident Reporting

We are receiving regular data updates on crimes and incidents involving domestic abuse recorded by West Mercia Police as follows;

- Data does not show an increase in the number of crimes and incidents reported compared with the equivalent period in 2019/20
- The number of recorded crimes involving domestic abuse and domestic abuse incidents in the 2020/21 financial year is 9% fewer than in 2019/20
- Data for the 2020/21 financial year to date (1 April to 18 May) shows that the number of recorded crimes involving DA was 13% lower (53 crimes) than in 2019/20
- The number of domestic abuse incidents (i.e. where no crime was recorded) over the same period was 3% (8 incidents) lower than the equivalent weeks in 2019/20
- Compared with March 2020 there was a decline in referrals into Shropshire Domestic Abuse Service in April, with referrals into the service in April 42% lower than they had been in March

4.3 Domestic Abuse Strategy Implementation 2019-2021

The Telford & Wrekin Domestic Abuse Subgroup works to develop and deliver on the action plan to address the safeguarding issues and challenges defined by the Telford and Wrekin Safeguarding Partnership Executive and Community Safety Partnership. Progress is being made on the key priorities of the strategy as follows;

- Funding has been secured to support children and young people affected by domestic abuse linking to existing programmes delivered by the council such as 'power to change' and 'freedom programme'. This Funding will also allow for the commissioning of an evidence based pilot perpetrator programme with a family focus

- Telford & Wrekin Council has been successful in gaining MHCLG 2020-2021 fund, (circa £65,000) to support victims of Domestic Abuse within safe accommodation linking to the prospective Domestic Abuse Bill

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

6. PREVIOUS MINUTES

HWB Telford & Wrekin Domestic Abuse Strategy 2019-2021 – Progress report - 11 February 2020

7. BACKGROUND PAPERS

None.

Report prepared by Stacey Norwood, Senior Public Health Commissioner and Helen Onions, Consultant in Public Health Email: Helen.Onions@telford.gov.uk

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Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Mental Health & Inequalities - STP Trauma & Adversity Work Stream

Presentation for T&W Health and Well-being Board
Steve Trenchard
10th June 2020

Mental Health and Inequalities

- On average, men and women in contact with specialist mental health services (with a serious mental health condition) have a life expectancy 22.8 years and 19.6 years (respectively) less than the rest of the STP population. This is amongst the largest life expectancy gap in the country and equates to amlost 40,000 years lost every year.
- Furthermore, life expectancy for both men and women has deteriorated over time showing that the inequality gap has increased over the last five years. People with mental health conditions are dying from preventable diseases.
- People with mental health conditions accounts for 7% of the total Shropshire and Telford & Wrekin population and they use:
  - 25% of emergency attendances
  - 18% of all A&E attendances
  - 14% of all diagnostic examinations.

What contributes to poor mental health?

- Deprivation
- Domestic abuse
- Break down of families resulting in children entering the care system
- Alcohol and substance misuse
- Trauma (and multiple traumas)
- Lack of employment
- Lack of appropriate, accessible, affordable and safe housing
- Loneliness and isolation

Long Term Plan Ambition

For the people of Shropshire and Telford & Wrekin we have four strategic ambitions:

- Promote good mental and physical health and prevent poor mental health
- Develop resilient, emotionally healthy communities where people are open about their emotional and mental wellbeing
- When people need care and support, we will provide it in in the right place, at the right time
- Fewer people will experience a mental health crisis and if they do, they will receive care at home or in a place close to their home.

System Trauma Informed Approach

- Long Term Plan ambition to create trauma aware and informed pathways across all services
- Based on the evidence base of Adverse Childhood Experiences
- Spanning all sectors: social care, health, police, education, fire service, voluntary and community, business
- Highly engaged system group representing all sectors
- Had an agreed approach based on digital utilisation showing a film Resilience through workshop format
- COVID-19 means system group stood down but linked the approach to workforce support on trauma given likely distress people faced

System approach to raise awareness of Adverse Childhood Experiences

- A 3 year licence for the Resilience film screenings has been purchased and this is being coordinated Midlands Partnership NHS Foundation Trust.
- The screenings will be accompanied by a facilitated workshop to inform the trauma informed approach and action plan. An initial screening for the task and finish group to identify and train facilitators for the screenings and accompanying workshops was planned for 18th May but had to be postponed due to current pandemic. This will be re-arranged as soon as possible.
- Shropshire HWB have agreed ACEs and the wider trauma informed approach across the system as a priority. One of the first screenings and workshops was planned for system leaders within HWBB across Shropshire and Telford and Wrekin to launch the approach and start building a system wide action plan. A further date needs to be identified as the original had to be postponed due to pandemic.
- A group are meeting virtually with colleagues in Wales next week to look at how they have implemented their trauma informed approach.
- As part of the COVID response areas are looking at how they can support people using trauma informed approaches in particular support for professionals in care homes etc. This is being worked up through the MH workforce group.

Shropshire, Telford & Wrekin

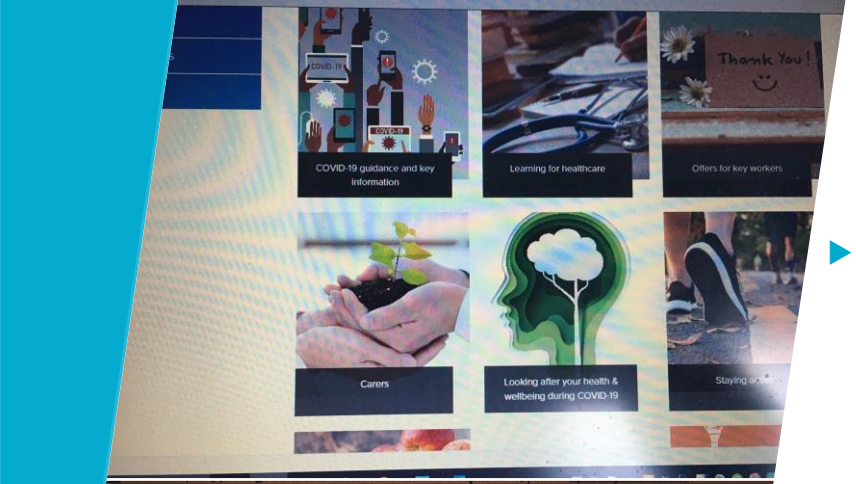
Sustainability and Transformation Partnership

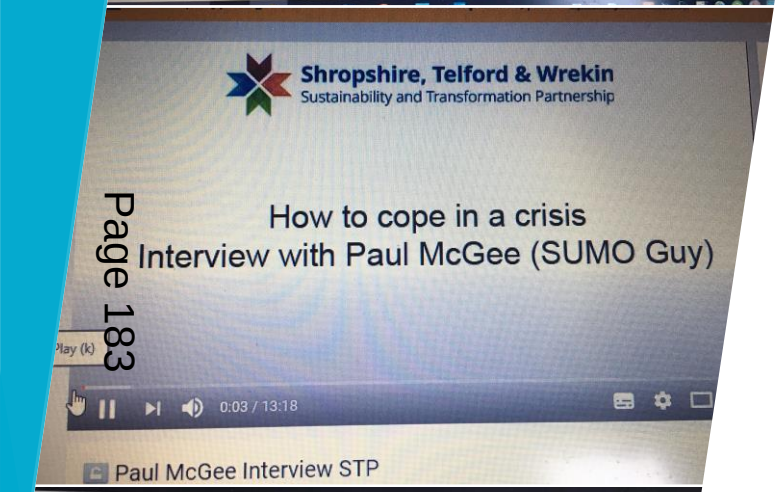
Caring for our people:

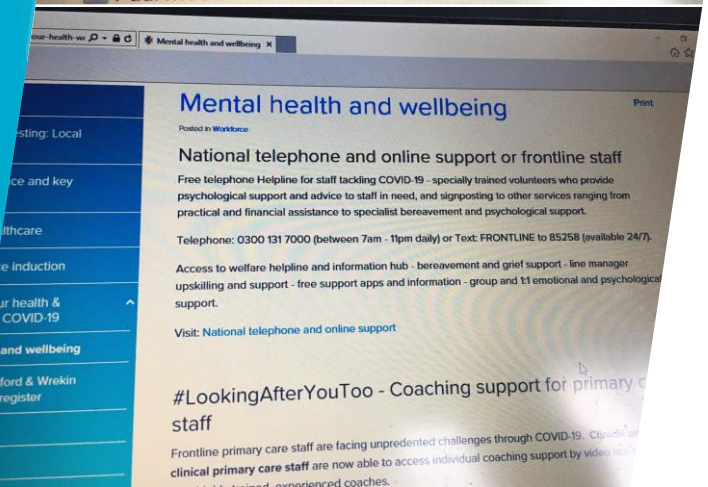
Psychological support

Support Offer

- Mixed economy of offers across system, how do we compliment and in some cases be the main provider. Therefore offer needs to enhance and provide full support.
- Make this every day business, not just for Covid but for life.
- Ensure system approach
- Support areas identified by clusters as priorities – Mental Health.







HWB - Psychological support

- **Developing a TRiM Model open to all staff**
  - 50 TRiM practitioners to be trained. (Further funding to extend by 100)
  - Fire service will offer support sooner.
  - System coaching register.
- **Mental Health First Aiders**
  - Refresher Training (27 completed)
  - Peer support
- **STW People Pages**
- **POD casts - quick access**
  - Paul McGee (SUMO Guy)
- **Stress and Anxiety Workshops**
  - Sessions ran weekly
  - Follow up support for all those who ask
- **Bereavement support**
  - In Care Homes now
  - Booklet developed to support
  - Work in progress to roll out across STW.

Proactive Response during Covid-19 outbreak

- Telford and Wrekin have taken proactive approach to know antecedents for at risk groups e.g. domestic abuse (a common ACE)
- Web-pages in response to COVID set up: https://www.telford.gov.uk/info/20291/domestic_abuse to support the increase we expect to see.
- Work from the CVS info can be found here: http://newsroom.telford.gov.uk/News/Details/14978
- Stepped care psychological approach being developed in line with professional guidance (British Psychological Society: Meeting the psychological needs of people recovering from Covid-19 1; 16-04-2020)