

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 will 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 through 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 speak 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 an 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 public 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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