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